

# ADULTS COMMITTEE



**Date: Thursday, 07 July 2016**

**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/cccd-dec-of-interests>*

**3 Minutes - 17th May 2016**

**5 - 20**

**4 Petitions**

### DECISIONS

**5 Domiciliary Care Deferred Payment Agreements for Older People 21 - 24**

**6 Cambridgeshire & Peterborough Foundation Trust Annual Report - 25 - 38  
2014/15**

<b>7</b>	<b>Falls Prevention Programme</b>	<b>39 - 46</b>
<b>8</b>	<b>Health and Care Executive Governance Framework</b>	<b>47 - 82</b>
<b>9</b>	<b>Risk Register - Children Families &amp; Adults</b>	<b>83 - 108</b>
<b>10</b>	<b>Revised Adult Social Care Complaints Policy</b>	<b>109 - 178</b>
<b>11a</b>	<b>Children Families &amp; Adults Finance &amp; Performance Report Outturn 2015-16</b>	<b>179 - 232</b>
<b>11b</b>	<b>Finance &amp; Performance Report May 2016</b>	<b>233 - 272</b>
<b>12</b>	<b>Adults Committee Agenda Plan</b>	<b>273 - 280</b>

The Adults Committee comprises the following members:

Councillor Michael Tew (Chairman) Councillor Anna Bailey (Vice-Chairwoman)

Councillor Chris Boden Councillor Sandra Crawford Councillor Lorna Dupre Councillor Derek Giles Councillor Lynda Harford Councillor Samantha Hoy Councillor Gail Kenney Councillor Richard Mandley Councillor Lucy Nethsingha 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

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**ADULTS COMMITTEE: MINUTES**

**Date:** Tuesday 17<sup>th</sup> May 2016

**Time:** 2.00 p.m. to 16.40 p.m.

**Present:** Councillors A Bailey (Vice-Chairwoman), C Boden, S Crawford, L Dupre, D Giles, L Harford, R Mandley, L Nethsingha, T Orgee (substituting for Councillor Hoy), M Tew (Chairman), G Wilson and F Yeulett

**Apologies:** Councillors S Hoy and G Kenney

Members noted the appointment of Councillor Tew and Councillor Bailey as Chairman and Vice-Chairwoman for the municipal year 2016/17.

The Chairman welcomed recently elected Councillor Dupre to the Adults Committee.

**161. DECLARATIONS OF INTEREST**

None.

**162. MINUTES – 1<sup>ST</sup> MARCH 2016 AND ACTION LOG.**

The minutes of the meeting held on 1st March 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted following the verbal update regarding minute 121. Officers informed Members that a report would be presented to the September meeting of the Committee. It was agreed for the action to be removed from the log along with minute 126.

**163. PETITIONS**

No petitions were received.

**164. CAMBRIDGESHIRE LOCAL ASSISTANCE SCHEME (CLAS) FOR 2016/17**

Members considered a report that provided an update to Members on the Cambridgeshire Local Assistance Scheme (CLAS) and sought outline agreement to engineer a new approach to CLAS arrangements that provided information and advice as well as goods and services.

During discussion of the report Members:

- Referred to paragraph 2.10 of the report and expressed disappointment that more than one third of CLAS funding was not used for the direct delivery of services. Officers explained that the distribution of funds was under review and would be addressed within the planning for the coming year.

- Questioned the audit arrangements regarding the use of Authorised Agents and suggested that those agents whom the Local Authority had cause for concern regarding their quality should be audited more frequently. Officers advised that audits were carried out on a random basis but greater consideration would be given to auditing failing Agents more frequently.
- Expressed surprise that only 3.5% of clients of the Peterborough scheme received recycled white goods when the Cambridgeshire scheme made awards of white goods to 46% of clients. Officers explained that the Peterborough scheme was an advisory model whereas the Cambridgeshire scheme was geared more towards distributing goods. There were plans to align the Cambridgeshire scheme to an advisory service but there was a balance between the two to be struck.
- Questioned how Food Bank volunteers had been encouraged to apply to become CLAS Agents. Officers had contacted Food Bank leads and provided information to be shared with volunteers. Officers requested Members inform them of any Food Banks in their area to ensure that all had been contacted. **ACTION**
- Expressed disappointment regarding the number of initiatives that had not taken off but highlighted the prevention work carried out by East Cambridgeshire District Council by providing early intervention before a crisis could escalate.
- Confirmed that officers were awaiting the publishing of research into furnished lettings for vulnerable people. Members requested that the report be circulated to them when received. **ACTION**
- Noted that a contingency fund of £163k remained in 2016/17 and would require the agreement of the General Purposes Committee for the money to be reallocated.
- Expressed interest in exploring further the Peterborough model that focussed on prevention given the pressure on the CLAS budget and questioned whether the Transformation Fund could be incorporated into it. Officers agreed that it could be looked into but reminded Members of the importance of comparing like with like when assessing different schemes.
- Confirmed that reports would be presented to Spokes and a further report would be presented to the Committee in the autumn in preparation for the new financial year.

It was resolved unanimously to:

- a) Consider the proposed alternative approach to providing a Cambridgeshire Local Assistance Scheme as outlined in Section 4.
- b) Support further investigation into that alternative approach.
- c) Agree further updates be provided to Adult Spokes rather than further reports presented to the Adults Committee

## **165. UNDERSTANDING THE IMPACT OF TRANSFORMING LIVES IN 2015/16**

The Committee received a report that provided information on the impact that the Transforming Lives model had on services, care outcomes and financial commitment in adult social care in 2015/16. Officers explained that it was challenging to find a way of understanding the impact of Transforming Lives. The report focused on the Learning Disability Partnership (LDP) and Physical Disabilities (PD) team as they had adopted the approach during 2015/16.

During discussion Members:

- Welcomed what was a long awaited report and anticipated that the statistics would improve over time as more data was collated. Members requested that the data was presented to the Committee on a regular basis.
- Concerned by the data presented in the table at paragraph 3.3 of the report as it did not correspond to the data presented in appendix 1 of the report. Officers explained that the analysis was carried out on a combination of 2 databases and there were slight differences in the data and agreed that it should have been made clearer in the report.
- Recognised the challenge of writing the report and providing the statistical analysis and questioned why the numbers of individuals who had experienced the Transforming Lives model was much lower in Fenland than East Cambridgeshire. Officers explained that the model had had been implemented in East Cambridgeshire much earlier than Fenland and had been an “Innovation Site”. Fenland had begun to implement the model in October 2015 and work was ongoing to ensure that data was being properly recorded.
- Expressed disappointment that the implementation of the model appeared only to translate to an overall saving of 2.5%. Officers explained that the savings were net of the cost of the care that the individual would have had if the model had not been implemented.
- Highlighted the case recording in the LDP team and questioned why the number of Transforming Lives case notes recorded had decreased so markedly in December 2015. Officers explained that there was an overall drop in activity due to the Christmas leave period and accepted that when staff were under pressure it was sometimes seen as easier to revert to the “old” way of working. Discussions had taken place with care teams in order to mitigate it happening again.
- Highlighted the clear benefits of the model demonstrated at paragraph 5.6 of the report and requested the benefits be emphasised. Members questioned whether service users and their carers had seen an improvement through Transforming Lives. Officers confirmed that the feedback had been from the staff perspective and it was recognised that service user input was hugely important. Work was ongoing to identify the best method of engaging service users for their input.

- Noted that the report represented the first step in recording and understanding the impact of the Transforming Lives model and as the model was deployed in teams across the County, the data and its analysis would become more refined.
- Queried the figures presented in appendix 3 of the report. Officers explained that a full year's data would be required in order for a true picture to emerge. In time it was expected that the Transforming Lives model would be able to be accurately measured against the "old" ways of working.
- Thanked the work of officers in compiling the report, and thanked Mike Hay who was due to retire in the near future for his contribution to Transforming Lives..

It was resolved unanimously to note and comment on the analysis undertaken to assess the impact of Transforming Lives.

## **166. TRANSFORMING CARE PLAN**

A report was received by the Committee that briefed Members of the programme of work known as Transforming Care, led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), that developed community based services for people with learning disabilities and/or autism so that the need for in-patient beds was reduced. Officers highlighted the good progress made on reducing the numbers individual placed out of county. The plan had been expanded to include children and young people because it was imperative that the transition from children to adult services was as seamless as possible.

During discussion of the report Members:

- Questioned the rationale behind reducing the number of inpatient beds by one in Clinical Commissioning Group (CCG) commissioned beds and one in the NHS England commissioned beds. Officers explained that the intention was to focus on the spot purchasing of beds and that there was scope to reduce block bed numbers as the beds were particularly specialised. The availability of beds, Members were assured, would be closely monitored.
- Confirmed that the changing demographic of the county had been taken into account when developing the plan but would continue to be monitored closely.
- Noted the requirement to be able to cope with demand for beds most of the time but also avoid over supply.
- Confirmed with officers that the report covered the entire CCG area that included East Northamptonshire and North Hertfordshire and should have been referenced in the preface of the report.
- Sought assurance regarding the length of placements in the beds. Officers explained that there was an expectation that patients would occupy the beds for no longer than six months. The block contract was designed to work quickly and effectively with

strong links to the community that ensured placements did not go on for longer than necessary

- Clarified that the inpatient beds were designed to treat people with learning disabilities and/or autism who had been determined to be a risk to themselves or others.

It was resolved:

- 1) To note and comment on the draft Transforming Care Plan.
- 2) To delegate authority to the Executive Director: Children, Families and Adults, to approve the strategy after it had been presented to the Children and Young People's Committee following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young Person's Committee.

## **167. DRAFT MARKET SHAPING AND CHILDREN, FAMILIES AND ADULTS PROCUREMENT STRATEGIES**

Members received a report that provided an update on the development of two related strategies; a Market Shaping Strategy and a Children, Families and Adults (CFA) Procurement Strategy. Officers emphasised the Council's role as a market facilitator, established through the Care Act 2014. The procurement strategy set out the need to work with other Local Authorities in order to procure jointly and highlighted the need to procure services differently, based on outcomes through the use of incentives.

During discussion Members:

- Highlighted the work of the Reablement Team within the care process and the need for it to be reflected and understood.
- Drew attention to the potential for the Council to consider more direct market interventions including supporting social enterprises, Community Interest Companies and User-Led Organisations and suggested that work in that area should commence immediately.
- Highlighted the importance of referencing a Local Authority run care home which had previously been considered by the Committee.
- Welcomed the Procurement Strategy but raised concerns regarding whether the Council had the capacity and the skilled staff necessary for the strategy to succeed. Officers advised that staff were completing Chartered Institute training and there was a focus on ensuring that the Council had the capability to deliver the strategy.
- Questioned whether disaggregation of contracts had been considered where it could be advantageous to do so. Officers advised that European Union procurement rules had changed recently and legal advice would be sought during all procurement exercises.
- Sought greater clarity on how a revised home care contract focussed on the outcomes of individuals differed from the current home care contract. Officers

explained that the current contract was task based with time allocated to the individual tasks. The new model would incorporate seven care outcomes agreed with the individual. The care provider would then work with the individual to achieve the agreed outcomes without time constraints. There would also be incentives built into the contract where if a care provider was able to achieve the outcomes more quickly then there was potential to offer financial reward.

The Chairman and the Committee thanked the work of Andrew Mailer in producing the strategy.

It was resolved unanimously to:

- a) Review and comment on the draft Market Shaping Strategy before it was shared with stakeholders for a period of consultation.
- b) Agree to receive and review the final draft Market Shaping Strategy at the September Committee for approval.
- c) Review and comment on the draft CFA Procurement Strategy.
- d) To delegate authority to the Executive Director: Children, Families and Adult services to approve the CFA Procurement Strategy following its presentation to the Children and Young People's Committee following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young People's Committee.

Cllr Nethsingha left the meeting at 3.45pm.

## **168. DISABILITY RELATED EXPENDITURE**

Members received a report that requested that consideration be given to reducing the standard rate of Disability Related Expenditure used when completing a financial assessment that determined the level of contribution an individual would make toward the cost of their care.

Disability Related Expenditure (DRE) was taken into account within the financial assessment of people receiving social care services who were in receipt of Attendance Allowance, the care component of Disability Living Allowance or Personal Independence Payment.

Department of Health guidance allowed a standard rate to be applied without any evidence of expenditure being supplied. Officers explained that a number of other Local Authorities applied a lower standard rate and some did not apply a standard rate and chose to assess DRE on an individual basis. Officers emphasised that an individual assessment for DRE would be provided on request

During discussion:

- Members clarified the financial assessment process and questioned the level of support available to individuals. Officers advised that there would be no change to the overall process. A financial assessment form was sent to individuals on which

they could indicate that they had disability related costs that were above the standard disregard and provide information to support the claim. Financial assessment officers would then seek to verify through evidence of receipts and bills that the costs were greater than the standard disregard by applying guidance set by the National Association of Financial Assessment Officers (NAFAO). The assessment would then be sent to the relevant Care Manager for approval. Officers explained that if the level of expenditure amounted to less than the standard rate, then the standard rate would be applied so that individuals were not disadvantaged by requesting an assessment of their DRE.

- Members noted that the implementation of the new standard rate would be from the date of the next financial assessment and requested that a letter be issued to service users affected. **ACTION**
- It was questioned what protection was afforded to the most vulnerable individuals. Officers explained that the benefits information collected during the assessment identified individuals who would be eligible for DRE. The default position would remain to have a standard disregard with an individual assessment provided on request.
- Members drew attention to the number of Local Authorities that did not offer a standard DRE and questioned what the impact would be in Cambridgeshire if such an approach was adopted. Officers explained that modelling work had not been completed as it was not possible to know what the individually assessed rates would be. Northamptonshire County Council had recently moved to a standard rate of DRE following a period where each person was assessed individually. The experience of Northamptonshire was that processing individual assessments took approximately 40 minutes longer then approval would have to be sought by the Care Manager added a further 20 minutes to the processing time. The estimated saving in officer time by moving to a standard rate of DRE was around £21,000. Members noted that delays to a financial assessment being completed resulted in delays in income being collected by the Local Authority. Officers agreed that further exploration over whether a standard rate was required or not could take place.  
**ACTION**
- Clarity was sought on which local authorities were Cambridgeshire's statistical neighbours. Members were informed that they included Oxfordshire, Wiltshire, North Yorkshire and Staffordshire. Officers were unsure as to how long each local authority's DRE policy had been in place.
- Members requested that as DRE assessments were undertaken, data would be recorded on the outcome of assessments to help inform any future changes to the application of DRE and the standard rate. **ACTION**
- A Member raised highlighted the significant numbers of responders to the consultation did not want a change to the standard rate and suggested that further work was required before a change could be made. Officers accepted that it was a difficult process with an element of subjectivity and highlighted the income targets set within the Council's Business Plan.

- Members noted an error in the figures quoted in paragraphs 1.3.4 and 5.7 in calculating the full year effect of reducing the standard rate of DRE.

It was resolved:

- a) To consider the feedback from the consultation.
- b) Continue to offer a standard rate of Disability Related Expenditure, with no evidence of expenditure being required, as part of the financial assessment process.
- c) Reduce the standard rate of Disability Related Expenditure from £26 per week to £20 per week with the change implemented as described in paragraph 5.9 of the report. – 6 yes 5 against

Councillors Crawford, Dupre, Giles and Wilson requested that it be recorded in the minutes that they voted against recommendation c).

## **169. FINANCE AND PERFORMANCE REPORT – MARCH 2016**

The Committee received the March 2016 Finance and Performance report. Members noted that it was an extended iteration of the report and that the closedown report would follow at the next meeting of the Committee. Officers highlighted that there had been little change between February and March with an underspend of £2m across the CFA service. Previous issues regarding the Commitment Record and expenditure recording being slow had been resolved. An overspend by the LDP had been offset by other areas of significant underspend. Attention was drawn to the addendum to the report that was circulated to Members following the publication of the agenda. The addendum added to the list contained within Annex A of the report and would form part of the proposed service reserves for 2016/17 that required Member endorsement and for them to be referred to the General Purposes Committee.

Officers informed Members that the activity data regarding delayed transfers of care (DTOCS) included in the report were the most up to date made available by NHS England.

During discussion Members:

- Raised concerns regarding the data and the level of information provided. Officers agreed that the Finance and Performance Report was presented in a standard format for accounts and would take feedback to the Council's Section 151 officer.
- Noted the difficulties surrounding Continuing Health Care (CHC) and the CCG. Concerns would be escalated as there were doubts that despite the Council having raised these issues with the CCG on several occasions there had been no significant change as a result and there were a number of issues outstanding.



- Suggested that financial reassessments were scheduled to coincide with the reassessment of care needs.
- Expressed concern that the table presented in section 2 of the annex to the report was confusing. Officers noted Members concerns and suggested that the table could be simplified.
- Questioned the use of “Funnel Savings” as it was a term that had not previously been used and expressed concern that it appeared to be a method of making further cuts. Officers explained that it did not represent a departure from policy and highlighted the need to budget for more savings that were needed to be made. The approach would be at the core of Business Planning for 2017/18.

It was resolved unanimously to:

- a) Note the finance and performance position as at the end of March 2016
- b) Note the implications for 2016-17 budget setting
- c) Endorse the proposed service reserves for 2016-17 (listed in Annex A of the report) and refer them to the General Purposes Committee for their approval.

#### **170. APPOINTMENTS TO OUTSIDE BODIES, PARTNERSHIP LIAISON AND ADVISORY GROUPS, AND INTERNAL ADVISORY GROUPS AND PANELS.**

Members received a report that set out the appointments to outside bodies, partnership liaison groups, and internal advisory groups and panels for the municipal year 2016/17. Following discussion and with the agreement of the Chairman, officers were requested to review the list of bodies to be appointed to. Members and officers noted that Councillor Crawford was no longer able to attend the Older People’s Partnership Board.

It was resolved to review to agree for officers to review the list of Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Groups.

#### **171. ADULTS COMMITTEE AGENDA PLAN**

The Committee resolved to note the agenda plan and the following oral update provided at the meeting. Members confirmed that the Transforming Lives report that was due to be presented in September would include the same level of statistical data and analysis seen in the May report. Members also requested a further Cambridgeshire Local Assistance Scheme report be presented in September

Added

15<sup>th</sup> September 2016 – Extra Care Housing – Market Position Statement

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 June 2016

Minute No.	Report Title	Action to be taken by	Action	Comments	Completed
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**Minutes of 1<sup>st</sup> September 2015**

115.	<b>FINANCE AND PERFORMANCE REPORT – JULY 2015</b>	T Kelly	Members requested to hear about progress in making the arrangements for funding of Continuing Health Care cases more transparent in relation to paragraph 1.4 of the report	This relates to 104b.  Officers have confirmed that this work is underway. A formal Review is taking place with the Clinical Commissioning Group. We key managers and Practitioners have also been trained, and a Continuing Healthcare (CHC) lead has been employed for the Council. An update is scheduled for September 2016	<b>Completed</b>
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## Minutes of 1<sup>st</sup> December 2015

131.	<b>Ditchburn Place – Extension of Six Month Contract</b>	R O'Driscoll/ T Kelly	Members requested that the unit cost of the provision be included in the Finance & Performance Report.	The data has now been compiled on the unit cost of care and support in each of the extra care housing schemes in Cambridgeshire. A short report providing the detail behind the raw figures will be made available to Spokes for further consideration	<b>Completed</b>
134.	<b>Transforming Lives: A New Strategic Approach to Social Work and Social Care for Adults in Cambridgeshire.</b>	M Hay	To share the revised Operating Instructions with Councillor Sales when completed.	In progress	<b>Completed</b>
137.	<b>Adults Committee Review of Draft Revenue Business Planning Proposals for Older People, Mental Health and Adult Care Services 2016/17</b>	C Bruin	A Member highlighted that at a recent meeting of the Physical Disability and Sensory Impairment Partnership Board it was mentioned that there were a number of occasions where care providers were being paid by the Council but cancelling care calls at short notice. Officers agreed to	Work is progressing	<b>Ongoing</b>

	to 2020/21		investigate this further with Members of the Board.		
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## Minutes of 12<sup>th</sup> January 2016

143.	<b>Drug and Alcohol Inpatient Detox Beds Contract Exemption.</b>	S Talbot	Members requested information regarding the outcomes of patients.	We are currently undertaking a review in the next couple of months to track patients through the system who have accessed the detox beds. We should have this information available by June 2016.	<b>In progress</b>
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## Minutes of 1<sup>st</sup> March 2016

155.	<b>Proposed Changes to the Support Planning Section of the Policy Framework.</b>	C Bruin	Members requested that the differences between the Support Plan and Personal Budget were made more explicit and suggested that the Council presented itself as too paternalistic in section 1.5 of appendix C.	Changes made	<b>Completed</b>
155.	<b>Proposed Changes to the Support Planning Section of the Policy Framework.</b>	C Bruin	Members requested that the explanation of “top-up fees” in section 1.7 of appendix C be made clearer.	Changes made	<b>Completed</b>
155.	<b>Proposed Changes to the Support Planning Section of the Policy Framework.</b>	C Bruin	Requested that the methods of monitoring the impact would be added to the Spokes agenda for discussion.	Scheduled for November 2016	<b>Completed</b>

## Minutes of 1<sup>st</sup> March 2016

164.	<b>Cambridgeshire Local Assistance Scheme (CLAS) 2016/17</b>	M Teasdale/Members	Officers requested Members inform them of any Food Banks in their area to ensure that all had been contacted		<b>Ongoing</b>
164.	<b>Cambridgeshire Local Assistance Scheme (CLAS) 2016/17</b>	M Teasdale	Members requested that the report regarding research into furnished lettings for vulnerable people be circulated to them when received		<b>Ongoing</b>
168.	<b>Disability Related Expenditure</b>	C Bruin/A Leduc	Members noted that the implementation of the new standard rate would be from the date of the next financial assessment and requested that a letter be issued to service users affected	In progress	<b>Ongoing</b>

<b>168.</b>	<b>Disability Related Expenditure</b>	C Bruin/A Leduc	Officers to investigate whether a standard rate of DRE was required.	In progress	<b>Ongoing</b>
<b>170.</b>	<b>Appointments to Outside Bodies.</b>	D Snowdon/D Revens.	Officers to review the Outside Bodies and their memberships.		<b>Ongoing.</b>



## DOMICILIARY CARE DEFERRED PAYMENTS FOR OLDER PEOPLE

To: **Adults Committee**

Meeting Date: 07 July 2016

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

Electoral division(s): **All**

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

**Purpose:** To inform the Adults Committee of the ongoing consideration of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire.

**Recommendation:** **Adults Committee Members are asked to note the ongoing consideration of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire.**

<b>Officer contact:</b>	
Name:	Malcolm Collins
Post:	Service Development and Care Placement Manager
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## **1.0 BACKGROUND**

- 1.1 Some local authorities have been implementing policies which limit the funds they will provide to an individual living in their own home, such that the local authority in the normal course of events will decline to pay more for domiciliary care than the cost of appropriate care in a suitable residential or nursing home.
- 1.2 Worcestershire County Council operated a policy of the type described, and a judicial review challenge was dismissed [R (D) v Worcestershire County Council [2013] EWHC 2490 (Admin)]. Cambridgeshire subsequently adopted guidelines of 'maximum entitlement'. This led to our capping the funding of domiciliary care arrangements to the cost of an appropriate residential or nursing placement. Benchmark figures are considered as indicative of such costs, but the Older People Funding Panel is able to exercise discretion in relation to individual circumstances. Service users and their families have the option to contribute additional finance to enable, for example, 24 hour care through the provision of a live-in carer. The County Council funding contribution to such arrangements has been delivered through the provision of a direct payment.
- 1.3 The Care Act 2014, Care and Support Statutory Guidance, Annex A, paragraph 11.7 states: "At all times, the wishes of the person must be considered and respected. For example, the personal budget should not assume that people are forced to accept specific care options such as moving into care homes, against their will because this is perceived to be the cheapest option". Paragraph 11.22 Annex A states that "Local authorities should not have arbitrary ceilings to personal budgets that result in people being forced to accept to move into care homes against their will".
- 1.4 Paragraph 1.18 of the Guidance, which makes "independent living" a "core part of the wellbeing principle", also stating that wellbeing "includes matters such as individual's control of their day-to-day life, suitability of living accommodation ... and crucially, requires local authorities to consider each person's views, wishes, feelings and beliefs ...". Paragraph 1.19 of the Guidance states that the principle of wellbeing covers the "key components of independent living" and that supporting people to live "as independently as possible, for as long as possible", is a "guiding principle of the Care Act".
- 1.5 The Guidance does not, however, require local authorities to fund individuals in their own homes, if in the individual case the local authority considers the cost involved to be unjustifiable with regard to their other competing financial obligations. Local authorities can still decide in individual cases to limit funding to that sufficient to pay for a particular suitable care home placement, providing the decision is taken lawfully.

## **2.0 MAIN ISSUES**

- 2.1 We are currently exploring the offer of a deferred payment arrangement for the whole cost of 24 hour domiciliary care arrangement against a charge on the property and this paper sets out the issues.
- 2.2 The Care Act (2014) introduced the right for all service users, who own their own property and have capital of less than £23,500, to defer payment of care home costs through a charge on their property. The cost of care is then

reclaimed by the Council on the death of the service user.

- 2.3 However, the Care Act 2014 also promotes service user choice and the ability for service users to remain in their own home. Some people with this preference, but without available funds, would be willing to accept a deferred payment against a charge on their property to fund care at home. However, this is outside of the provisions within the Care Act and also outside of Council policy.
- 2.4 In such circumstances, we are considering whether the Council should be able to exercise the discretion to offer a deferred payment arrangement for the cost of domiciliary care against a charge on the property. It is estimated that eight to ten people per year would be eligible in these circumstances. As there is a small financial risk to the Council (e.g. the value of the property may not fully meet care costs) it is proposed that each case should be considered on its merits through the Council's Older People Purchasing Panel.
- 2.5 In situations where a potential self-funding resident in a care or nursing home would prefer to remain at home, this scheme would enable the equity in their property to fund a 24 hour domiciliary care option and remain living at home, enabling an additional choice that is not currently an option.
- 2.6 In the current Cambridgeshire care home market, vacancies are few. This scheme would enable such people additional choice and potentially reduce pressure on the care home market. Although, it should be noted that there are also pressures in Home Care capacity. However, this approach may strengthen the market for services such as "live in" care. It is possible that service users in receipt of several care calls per day would opt for this provision of a live-in carer under this scheme, releasing pressure on domiciliary care resources.

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

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

- 3.1.1 The following bullet points set out details of implications identified by officers:
- This scheme would potentially ease pressure on the residential and nursing home care market as it would enable additional service users to choose 24 hour care options within their own home.
  - The scheme could potentially also ease pressure on the traditional domiciliary care provision through the choice of live-in carers.

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

- 3.2.1 The following bullet point sets out details of implications identified by officers:
- This scheme would help those eligible to live healthy and independent lives by enabling them an additional choice to remain living as independently as they are able in their own homes.

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

- 3.3.1 There are no significant implications for this priority.

## **4.0 SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- 4.1.1 The following bullet point sets out details of implications identified by officers:
- The scheme would require the Council to fund the care provision, as with other Deferred Payment Arrangements.

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

- 4.2.1 There are no significant implications for this priority.

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

- 4.3.1 Such Deferred Payment Arrangements would enable an additional choice that is currently not an option.

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

- 4.4.1 There are no significant implications for this priority.

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

- 4.5.1 There are no significant implications for this priority.

### **4.6 Public Health Implications**

- 4.6.1 There are no significant implications for this priority.

<b>Source Documents</b>	<b>Location</b>
[R (D) v Worcestershire County Council [2013] EWHC 2490 (Admin)].	<a href="http://www.bailii.org/ew/cases/EWHC/Admin/2013/2490.html">http://www.bailii.org/ew/cases/EWHC/Admin/2013/2490.html</a>
The Care Act 2014	<a href="http://www.legislation.gov.uk/ukpga/2014/23/contents">http://www.legislation.gov.uk/ukpga/2014/23/contents</a> .
The Care Act 2014, Care and Support Statutory Guidance	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf</a>

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

To: **Adults Committee**

Meeting Date: **7 July 2016**

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

Electoral division(s): **All**

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

Purpose: **The Committee is asked to consider the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) Annual Report for 2015/16 on the delivery of the Council's delegated duties under the Section 75 Agreement.**

Recommendation: **The Committee is asked to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult Mental Health.**

<b><i>Officer contact:</i></b>	
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## **1.0 BACKGROUND**

- 1.1 This is the second annual report provided to the Adults Committee following the signing in December 2014 of the Section 75 partnership agreement. Under the agreement, the Council delegates its duties for people over 18 years with mental health needs to CPFT.
- 1.2 This report covers the following areas:
- Care Act 2014
  - Quality Assurance and Audit
  - Financial Performance
  - Performance Activity
  - Workforce
  - Older People's Mental Health and Uniting Care
  - Priorities for 2016-17
- 1.3 In summary, the reason for the County Council and CPFT coming together in a partnership is to deliver an integrated health and social care service that is seamless to the patient/service user. This also encompasses support for their carers. While it is possible for the local authority to delegate responsibility for day to day delivery of functions to the NHS, it is not possible for the local authority to pass legal responsibility for those functions relating to the approval of approved mental health practitioners (AMHPs).

## **2.0 CARE ACT 2014**

- 2.1 The work to implement the Care Act within the Trust has accelerated over the last 6 months as the complexities of the relationship between new duties for local authorities, especially the duty of wellbeing, have become clear. The complexity is because historically, services within mental health trusts have been run under an operating system called the "Care Programme Approach" (CPA) and local authority care management duties have been subsumed into this. This has meant that there is no systematic way of ensuring that individuals who do not meet CPA thresholds receive a Care Act assessment where they are so entitled.
- 2.2 A new operating system for social work within the Trust is under discussion at the moment, focussed on ensuring effective implementation of the Transforming Lives approach and ensuring practice is Care Act compliant. This will mean putting in place a discreet social care led management structure for social workers and local authority funded support workers that reports to the Council via the jointly funded Director of Service Integration. Staff will be consulted about new arrangements over the Summer and into the Autumn 2016.
- 2.3 A full programme of training related to Care Act and Transforming Lives has been in place over the course of this year, focussed largely on social work staff, although with some training for the wider Trust management staff, who currently manage social work staff. The need for such training for these staff will change as the management of social work staff moves to social workers. In line with the rest of Adults Services, mental health is part of the Council's quality assurance and audit programme. CPFT completed two audits this year and a third is planned, which will review the quality of support planning and case recording.

### **3.0 QUALITY ASSURANCE AND AUDIT**

- 3.1 The focus in 2015-16 has been on the Adult Social Care Outcomes Framework (ASCOF) measures (see Performance Section) and developing recording systems for carers' activity. To progress the delivery of the outcomes identified in the Care Act further, particularly in the area of wellbeing as defined by the Act and Transforming Lives, requires a significant change in the Mental Health operating model which is currently related to the Care Programme Approach. Addressing this is a key deliverable in the Section 75 work plan for 2016-17.
- 3.2 The Trust Board signed off its "Building Recovery and Resilience, Promoting Self Management and Wellbeing" Strategy in January 2016. This encompasses many of the actions needed under both ASCOF, the Care Act and Transforming Lives – for example to drive up performance on getting people back to employment.
- 3.3 The Trust carried out an audit of its records of service users entitled to free after care (after being in hospital) under Section 117 of the Mental Health Act, matching records with the Council's records. The audit comprised a 100% check of all service users in this category and no errors were found. The Trust's internal auditors have been asked to give an independent view of the robustness of the Section 117 systems to provide further assurance to the Council and Trust.
- 3.4 The second audit, carried out by the Council's Quality Assurance lead in the last quarter of 2015-16, was of supervision of social workers. This was done by way of a survey of all mental health social workers and the response rate was 89%. The audit showed strong supervision in place and the importance and time given to it by supervisees and supervisors. There were some comments about the challenges of "dual supervision", where line management is from a non social worker together with professional supervision. The new management arrangements referred to previously will bring management and professional supervision into one place.
- 3.5 Strong supervision is crucial to effective social work; hence the importance accorded to this by the Council and the Trust. Supervision is the key method for quality assuring that the Care Act is being implemented properly. Social workers are appraised annually using the Council's system.

### **4.0 FINANCIAL PERFORMANCE**

- 4.1 A key priority in last years work plan was "*Improved budgetary monitoring and authorisation in the context of Transforming Lives and Council business planning for 2020*". New monitoring and authorisation procedures have been put in place across adults and older people for both staffing budgets and care packages budgets. This includes responsibility for tracking the care packages by independent support providers (ISPs).
- 4.2 Outturn figures for 2015-16 are:
- Staffing: £173,000 underspent (6.4% of the budget)
  - Adults Mental Health (18-65 years) care packages: £61,000 underspent (1.25% of budget)
  - Older People Mental Health (65 years and over): £74,000 overspent (0.98% of budget)
- 4.3 The staffing budget underspend largely arose in the first half of the financial year due to difficulties in recruiting staff. The situation changed in the second part of the year

as a direct consequence of the Council's decision to review and improve terms and conditions for Council social work staff.

- 4.4 From September 2015, the Trust has been working on its savings programme in line with the Council's Business Planning process and has put in place measures to deliver these savings from 16-17. The savings targets for 16-17 are £624,000. There are three priority workstreams for 16-17 which will be supplemented by other longer term workstreams that are being developed. The three immediate priorities are as follows:
1. Accommodation and Residential/Nursing Care Project
  2. Review and discharge from section 117 Mental Health Act
  3. Adults with early onset dementia
- 4.5 The approach is to work through the list of current care packages, while at the same time using quality assurance and training to develop a strengths based approach to support planning for new clients that aims to maintain the independence of the service user in their own home for as long as possible. This requires co-production with the service user and their families, and draws on core social work competencies and gives rise to the question as to whether support planning for services under the Care Act should only be undertaken by social work staff. This is a question under consideration as part of the review described previously.

## **5.0 PERFORMANCE ACTIVITY**

- 5.1 Performance reporting of adult social care outcome indicators is a national statutory requirement and is part of the Section 75 Partnership Agreement. These requirements are set out in the Adult Social Care Outcomes Framework (ASCOF) – Appendix 1.
- 5.2 This is the last year of reporting on this same data set. A new data set that is in line with the new "Short and Long Term Return "(referred to as SALT return) that has been compiled by the Health & Social Care Information Centre to ensure that data sets align with Care Act requirements. This is a further driver to change the operating model for social work.
- 5.3 The Trust has struggled in the past with the timely provision of monthly data, but this has improved over 16-17, especially in relation to the ASCOF data (Appendix 1) which has been prioritised. However, reporting the other data set in the Performance Framework over a large part of the last financial year, has been a challenge due to CCC and CPFT having separate and unlinked IT systems and reporting errors which have taken time to investigate. This prevented administrative staff from being able to carry out their work in a timely manner causing a backlog of assessments and reviews that needed to be loaded onto the system. A considerable amount of management time has been dedicated to resolving these issues since the problem came to light in November 2015. CPFT and CCC performance teams have worked together and the issues are largely resolved, or an alternative solution has been found. Additional administrative support has been provided to address the backlog before the end of the financial year. This has required considerable effort to recover lost data in the first 8 months of the year, which impacts particularly on cumulative measures of activity rather than on year-end figures (for example, the number of outstanding reviews at the year end).
- 5.4 Performance on employment and settled accommodation is strong against national benchmarks. During 2015-16, a new carers record was set up on Rio, the Trust's information system. At the year end, the percentage of service user records with a



completed carers record was under 10% across all client groups. 2016-17 will be the first full year of having this new record to complete and there will be a major drive to improve performance. More detail is given on these areas in Appendix 1, which is an internal report to the Business and Performance Committee of the Trust Board.

- 5.5 The level of Delayed Transfers of Care attributed to Social Care has ranged between 65 days in April 2015 to a peak of 198 days in January 2016. Delays relate principally to individuals with learning disabilities (LD) in the Trust's specialist LD/MH beds awaiting specialist placements.
- 5.6 Although the data for self directed support (SDS) and direct payments is not complete, it is known within services that the take up of direct payments remains low and this needs renewed effort to improve performance. For Adult Mental Health, 8% of service users overall received a direct payment at the year end. This ranges from 39% in the Fenland Team to 3% in the South Team, which is the team with the largest number of service users. In Older People Mental Health Teams, 15% of service users had direct payments, with 31% in the South Cambs Team and 6% in Huntingdonshire Team.
- 5.7 Work to reduce the number of outstanding reviews (i.e. past due date) continues and whilst this performance has improved from previous years, more progress needs to be made. Adult Mental Health (AMH) had 131 outstanding reviews at the end of March, against a total of 460 service users. This meant that on 31 March 2016, AMH had 28% of its service users with an outstanding review. The position in Older People's Mental Health (OPMH) is that on 31 March reviews were outstanding for 143 out of 309 service users, which would indicate that 46% of reviews were incomplete. Within the 46% is a high degree of variation between the teams, which is being investigated further to understand if this is data quality or a performance issue. A request has been made to the Trust's Internal Audit team to complete an audit of the recording systems for reviews and the quality of the data to their work programme for 16-17.
- 5.8 The reported proportion of service users receiving self directed support is low because AMH is not currently able to access the automated payments system in the Council. It is proposed to move onto this system during 2016-17.

## **6.0 WORKFORCE**

- 6.1 A wide range of training was delivered to staff over the last year by both the Council and the Trust. This work continues and key developments to note are:
- The Trust and Council have made an appointment jointly with Think Ahead to the first Mental Health Social Work Consultant post
  - The AMHP programme had a very successful inspection by the Health Care Professions Council (HCPC) last June
  - The policy on the Warranting of Approved Mental Health Practitioners was updated and adopted across both Peterborough City Council and the County Council.
- 6.2 There has been a drive to improve recruitment and retention strategy for Mental Health social workers and AMHPs as part of the Council's Recruitment and Retention Strategy. This has been led by the Council who, during 2015-16, reviewed terms and conditions of social workers. The Trust has very quickly experienced an upturn in recruitment to vacancies, although there was an under-spend on the staffing budget for the year.

### 6.3 Staff establishment under the section 75 agreement

Total CPFT employed WTE adult mental health	22
Total CPFT employed WTE older people mental health	9
Total	31
Total CCC employed staff WTE adult mental health	31
Total CCC employed staff WTE older people mental health	9
Total	40
<b>Total S75 staff Adult and Older People Mental Health funded by CCC</b>	<b>71</b>

(Source: Section 75 Agreement Schedule 3)

## 7.0 OLDER PEOPLE MENTAL HEALTH SERVICES (OPMH) AND UNITING CARE

7.1 Last year's annual report included a section on the UnitingCare (UC) contract. Council mental health services were outside the UnitingCare arrangements. The relevance of UC to the Mental Health Partnership between the Council and CPFT was related to the need to review the deployment of OPMH social work and social care assistant staff within the new Locality and Neighbourhood Team management structure.

7.2 Following a series of task and finish group meetings, run jointly between the Council and CPFT with full participation of staff, it was agreed that the OPMH staff should be situated at locality level (3 localities were planned for Cambridgeshire) rather than in the Neighbourhood Teams which would have distributed the expertise across 12 teams. The UnitingCare contract ended in December 2015 and it is hoped that the Neighbourhood Team infrastructure that has been set up will continue. More work is in progress to form the locality specialist teams which are not as well developed as the Neighbourhood Teams. It is planned to bring together the OPMH staff for a one year on review.

7.3 Line management arrangements were changed during this process and in OPMH line management is by social work managers reporting to the Director of Service Integration.

## 8.0 PRIORITIES FOR 2016-17

8.1 The redesign of the Mental Health operating model referred to above, has started. This will change the way in which Council services are managed within CPFT and the model of integration, with a move towards line management of social care staff by line managers with a social care background.

- 8.2 The new proposed operating model will decouple Care Act work from care programme work – bringing it together where appropriate - but allowing a divergence where individuals may require tier 1 or tier 2 (Transforming Lives) type interventions.
- 8.3 These changes will require a significant change in approach and professional practice. This has started with support from the Council's Quality and Assurance lead as part of work on the implementation of Transforming Lives. This will inform a new workforce strategy.
- 8.4 The Mental Health Services has a savings target of £624,000 to meet in 2016-17, which is a main plank of work for this year. Clarifying the boundary and putting transparent processes in place between Local Authority and NHS funded packages is being taken forward by Commissioners with whom the Trust works closely.

## **9.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

- 9.1.1 The employment ASCOF measure should contribute in supporting individuals with mental health issues to access employment.

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

- 9.2.1 This report relates to how the Council's duties to support people who are vulnerable due to their mental health needs are met. The service it relates to is a key component of ensuring people with mental health needs are supported to live health and independent lives.

### **9.3 Supporting and protecting vulnerable people**

- 9.3.1 This report relates to services that provide support and protection to vulnerable people.

## **10.0 SIGNIFICANT IMPLICATIONS**

### **10.1 Resource Implications**

- 10.1.1 This report includes detail of the financial context and the expectations in terms of delivering savings as part of CCC Business Plan 2016/17.

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

- 10.2.1 Many of the duties delegated to CPFT are statutory duties and have financial implications. As these duties have been delegated to CPFT, if they are not delivered effectively, the Council will ultimately be held responsible for any failures in practice and will be subject to any financial consequences.

### **10.3 Equality and Diversity Implications**

- 10.3.1 There are no significant implications within this category.

#### **10.4 Engagement and Consultation Implications**

10.4.1 There are no significant implications within this category.

#### **10.5 Localism and Local Member Involvement**

10.5.1 There are no significant implications within this category.

#### **10.6 Public Health Implications**

10.6.1 The work delivered by CPFT under the Agreement contributes directly and indirectly to the achievement of the Public Health Mental Health Outcomes, for example in relation to Carers wellbeing, mental health and work and mental health and homelessness.

<b>Source Documents</b>	<b>Location</b>
Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust (2014)	<a href="mailto:deborah.cohen@cpft.nhs.uk">deborah.cohen@cpft.nhs.uk</a> and <a href="mailto:noel.morrow@cambridgeshire.gov.uk">noel.morrow@cambridgeshire.gov.uk</a>
Building Recovery and Resilience, Supporting Self Management and Wellbeing Strategy	<a href="mailto:deborah.cohen@cpft.nhs.uk">deborah.cohen@cpft.nhs.uk</a>

# BUSINESS AND PERFORMANCE COMMITTEE

## REPORT

<b>Subject:</b>	Social Care Indicators - update
<b>Date:</b>	27 <sup>th</sup> April 2016
<b>Author:</b>	Jonathon Artingstall
<b>Lead Director:</b>	Scott Haldane

### **Executive Summary:**

This paper provides an update to the committee on the ASCOF Social Care indicators, reporting against the requirements of the Care Act, and gives a brief outline on Section 75 reporting for 16/17.

### **Recommendations:**

The committee is asked to note the content of this paper.

## **1. Introduction**

Section 75 of the NHS Act 2006 makes provision for local authorities and NHS providers to enter into partnership arrangements in relation to certain functions, where it is likely that this arrangement will lead to improvements in these functions. As part of the Section 75 agreements between CPFT and Cambridge County Council (CCC) and Peterborough City Council (PCC), a range of performance measures are managed within the Trust.

Part of this arrangement includes indicators for the Adult Social Care Outcomes Framework (ASCOF). CPFT data is presented here to outline the Trust's contribution to these measures. Other social care and integration measures relating to the Care Act are outlined, and finally an outline is provided relating to PCC and CCC reporting arrangements moving forward into 2016/17.

## **2. ASCOF Indicators**

The ASCOF indicators for Social Care are intended to support a number of key objectives. Overall, these objectives provide local councils with robust information to

monitor success of local interventions in improving outcomes. The four ASCOF domains are as follows:

Domain 1 – Enhancing quality of life for people with care and support needs

Domain 2 – Delaying and reducing the need for care and support

Domain 3 – Ensuring that people have a positive experience of care and support

Domain 4 – Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

CPFT contributes with data from RiO towards ASCOF indicators relating people within secondary mental health services in employment (Indicator 1F) and service users living independently (Indicator 1H).

## **2.1 (Indicator 1F) Proportion of adults in contact with secondary mental health services in paid employment**

The measure is defined as the number of adults aged between 18 and 69 who are receiving secondary mental health services and are on the Care Programme Approach (CPA). Within CPFT, the employment status completeness measure is included in the Clinical Dashboard for each patient on the caseload. Furthermore, the compliance with this measure is reported via the Integrated Performance report (IPR) through the PRE meeting and the Business and Performance committee.

Results for FY 15/16 are below, taking directly from the IPR.

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
11.8%	12.7%	11.9%	11.7%	12.4%	12.5%	12.3%	12.3%	13.7%	13.2%	12.7%	13.3%

**Figure 1. Proportion of adults in contact with secondary mental health services in paid employment (March 16 IPR).**

Benchmarking this data against the MHLDDS national picture (Nov 2015) suggests that CPFT has a higher than national average proportion of people in paid employment (CPFT 12.3% calculated locally, national average 10.5%). Further benchmarking across local authority data sources will be reported later in the year when updated data becomes available.

Additional analysis of employment status suggests that for the month of March 2016 the number of people eligible for this ASCOF measure was 1307. Of those, 205 people were in employment.

Of the eligible people reported as not in employment, a breakdown by age category is provided below.



Figure 2. Unemployment breakdown by age

Included in this measure of negative performance are 144 (13%) people where the employment status is not recorded on RiO. Performance management continues to try and address these missing data via the Clinical Dashboard.

## 2.2 (Indicator 1H) Proportion of adults in contact with secondary mental health services living independently, with or without support

The settled accommodation indicator is constructed in a similar way to the employment measure, in that it includes people aged 18-69 who are on CPA. Furthermore, the performance management of completeness of this measure also is available to all clinicians via the Clinical Dashboard, and managed through the monthly PRE via the IPR.

Results for FY 15/16 are below, taking directly from the IPR.

Apr 15	May 15	Jun 15	Jul 15	Aug 15	Sep 15	Oct 15	Nov 15	Dec 15	Jan 16	Feb 16	Mar 16
79.1%	79.2%	80.0%	79.7%	80.2%	80.5%	80.9%	80.9%	79.8%	80.4%	79.6%	78.5%

**Figure 3. Proportion of adults in contact with secondary mental health services living independently (March 16 IPR).**

Further analysis for March 2016 breaks the percentage down further. Of the eligible cohort, 1212 people are reported as being in Settled Accommodation, with 170 recorded in RiO as non-settled or not applicable. Missing data (reported negatively) accounts for 10.5% of the cohort.

Of the 144 people in unsettled accommodation, 40% are aged between 18 and 30, 41% between 31 and 50 years old, and the remaining 19% between 51 and 69 years old.

(Please note, the 18-69 CPA cohort differs for the employment and accommodation calculations due to eligibility. For example, retired people are excluded from the employment calculation but included in the accommodation calculation).

Finally, through the development of the CPFT data warehouse, much more analysis is available around these measures. Requests for further information are welcomed.

### **3. Implementation of the Care Act requirements**

The implementation of the Care Act requirements have progressed over the course of the year and CPFT are now able to capture and report compliance with the Care Act with respect to Carers activity. This has involved the development of data capture forms within RiO allowing clinical staff to enter data in a standard method around:

- Contact and demographic details of service users carers
- Compliance with offering those carers an appropriate carers assessment
- Details around the results of the carers assessment.

As with all new developments on RiO, reporting capabilities into the Trust data warehouse have been developed in parallel. For performance management purposes, the ability to report in a timely manner is essential.

Clearly, whilst there are performance challenges evident in the capture of this data, clinicians are being supported through this requirement with training, system support and the inclusion of this indicator on the Clinical Dashboard. Further progress will occur through 16/17.

### **4. Developments in Section 75 Reporting for 16/17**

There are a number of other developments in data reporting relating to Social Care integration currently taking place.

A process of review, development and assurance is taking place across the range of Section 75 reporting requirements. Working with partners in both PCC and CCC, the Information and Performance department have reviewed the reporting requirements following changes to Social Care SALT changes. An effort has been made on both local authority sides to consolidation reporting requirements, where possible, whilst CPFT will comply with these requirements via the new data warehouse. This will provide assured and timely data for social care reporting, whilst giving CPFT the capability to continue to incorporation of social care indicators into the existing performance framework.

In parallel to this work, the Information and Performance department continues to review, modified and align local reporting of social care indicators with nationally produce figures. This process is required in order to ensure CPFT's true performance is reflected via information provided from the Health and Social Care Information Centre. Whilst differences currently do exist, work continues to understand the cause of these differences, and move towards explaining and removing variance.



Finally, as the Trust data warehouse development continues, local and national benchmarking capabilities will increase, allowing CPFT to measure and understand differences in performance of data across the health and social care domain.



**UPDATE ON FALLS PREVENTION PROGRAMME**

To: **Adults Committee**

Meeting Date: **7 July 2016**

From: **Angelique Mavrodaris, Public Health Consultant**

Electoral division(s): **All**

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

Purpose: **To update Adults Committee on the Cambridgeshire Falls Prevention Programme**

Recommendation: **Adults Committee are asked to note and comment on the contents of this report**

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## **1.0 BACKGROUND**

- 1.1 Falls are the commonest cause of accidental injury in older people and the commonest cause of accidental death in the population aged 75 and over. A significant number of falls result in death or severe or moderate injury, with high cost impact for health and social care services locally. Up to 90% of older patients who fracture their hip fail to recover their previous level of mobility or independence. In addition, the intangible human costs of falling includes distress, pain, loss of confidence and loss of independence, as well as the anxiety caused to family and carers.

## **2.0 CAMBRIDGESHIRE FALLS PREVENTION PROGRAMME**

- 2.1 The Cambridgeshire Falls Prevention Programme was set up to ensure an effective approach to falls prevention across Cambridgeshire, which can only be achieved at the scale required if all the relevant organisations work together and pool resources. The main funding for falls prevention services sits with Cambridgeshire and Peterborough Clinical commissioning Group (CCG), but some funding has been made available from County Council Public Health budget and Children, Families and Adults (CFA) reserves. The project is steered by the Falls Prevention Working Group, which is led by Public Health and includes membership from the County Council, District Councils, CCG, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and third sector organisations. This group feeds into the Better Care Fund Healthy Ageing and Prevention Work stream. To date the Falls Prevention Programme has:
- Completed an overview of current falls prevention work in Cambridgeshire through mapping to identify what provision there is across the County and areas of good and/or strong practice in order to a) Establish current quality and effectiveness of falls prevention interventions in relation to national guidelines and standards; b) Identify gaps in services to inform commissioning and investment decisions across the health and care system; c) Ensure provision of services that are responsive to local needs and equitable across the County. This work has been carried out by existing staff (not externally commissioned as originally planned).
  - Completed analysis of data relating to falls prevention in Cambridgeshire and nationally to inform targeting of provision, including a particular focus on targeting individuals 75 years and over (by in house staff).
  - Developed an Integrated Falls Prevention Framework and Pathway of evidence based interventions for reducing falls and fall related admissions which span the system and define local roles, responsibilities and integration across sectors (Appendix 1). Implementation of the multiagency pathway is currently underway - local delivery is being taken forward by district level teams, reporting to and coordinated by the Falls Prevention Steering Group.
  - Developed a pilot implementation plan based on the Integrated Framework comprising:
    - a) Proactive identification of patients at risk of falling;
    - b) Comprehensive multifactorial assessment of those at greatest risk of falling;
    - c) Increased provision and improved quality of targeted interventions in a primary care context which will function as a proof of concept project that will inform countywide implementation. The pilot is currently being implemented in St Ives, funded jointly by the CCG's Unplanned and

Emergency Care Vanguard programme and Better Care Fund.

- Included falls prevention in the NHS System Transformation Prevention Plan.

### **3.0 USE OF PUBLIC HEALTH AND CFA FUNDING TO DATE**

3.1 For the 2015/16 Business Plan, £100k recurrent revenue funding from the Public Health grant was allocated to falls prevention, together with an earmarked reserve of £400k non-recurrent public health grant funds for service mapping/planning and pump-priming.

- Recurrent public health funding of £78k has been invested in 3.0 WTE Health Trainers employed by 'Everyone Health,' responsible for screening and identifying clients at risk of falls, providing interventions and motivational support for behavioural change, and appropriate referrals to specialist therapy services. Development of this service has been in collaboration with colleagues from NHS falls prevention services to ensure clarity of roles and referral pathways.
- CFA have used reserves to provide £36k to fund the roll out of a programme delivered by social enterprise 'Forever Active', who deliver a successful model of physical activity for over 50s in Cambridge City. The service specification has been agreed with them for roll out across the county, primarily focussing on Fenland, East Cambridgeshire and South Cambridgeshire where there is limited current provision of community classes.
- A public awareness campaign of measures to prevent falls for winter 2015/16 was delivered within existing resources. Falls prevention postcards were included in the 40,000 winter health packs distributed through flu clinics, pharmacies, and VCS organisations across Cambridgeshire.

### **4.0 A SYSTEM-WIDE FALLS PREVENTION APPROACH**

4.1 The integrated framework and pathway provides a sound basis for identifying key developments that are required for a system-wide approach. Further information has also been gleaned from examples of falls prevention services delivered elsewhere in the UK. 'Gold standard' falls preventions packages typically include strong pathways between the relevant agencies and the following key components:

- Single point of referral in each locality for triage and onward referral
- Multi-factorial falls assessments (all assessments in the home)
- Data recording of patients using the service
- Programme of exercise classes run in community centres by trained specialist therapists (held immediately after rehabilitation classes)
- Integration: Close partnership-working between the NHS and local council
- Falls service widely promoted in GP practices, libraries, and other public settings

4.2 Reducing fall rates and the resultant harm is complex. Important opportunities to deliver cost effective interventions at scale with indications of cost saving and effective opportunities for action have been identified. Additional actions include:

- Recognising that potential savings may require delivery of preventative approaches at much wider scale than current provision – a system wide emphasis on falls prevention is advocated
- Collaboration across sectors to agree which combination of clinical and population health and care interventions are needed locally to achieve population reductions in the incidence and consequences of falls – which

would serve to consolidate the mix of interventions required

- Ensuring delivery of evidence based interventions, for example strength and balance exercise targeted at people with heightened risk of falling, are delivered at appropriate scale and quality
- Having a system wide approach to ensure that the breadth of professionals, services and settings engaging with and representing older people, are as effective as possible and working together through a consistent, comprehensive and integrated falls prevention pathway
- Integrated and high quality reporting of falls and outcomes linked to falls is fundamental to understanding where improvements can be made to reduce harm and cost
- Building on powerful strategic opportunities locally to ensure leadership, integration and sustainability.

## **5.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

- 5.1.1 The development of a range of interventions to prevent falls will offer opportunities to local organisations and individuals in the health and care market to specialise in the area of falls prevention and enhance career opportunities in the care, health and voluntary sector.

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

- 5.2.1 The falls prevention approach has a direct impact on the health and independence of older people across Cambridgeshire and will have the potential to improve the negative outcomes set out below:
- Up to 90% of older patients who fracture their hip fail to recover their previous level of mobility or independence
  - Only 46% of older people with a fractured neck of femur return to their usual residence on discharge from hospital
  - One in three sufferers of hip fracture move into long term care.

### **5.3 Supporting and protecting vulnerable people**

- 5.3.1 The falls prevention approach is focused on older people, specifically those who may be more vulnerable to falling. It has the potential to increase mobility, reduce the incidence of falls and maintain independence.

## **6.0 SIGNIFICANT IMPLICATIONS**

### **6.1 Resource Implications**

- 6.1.1 The following points set out details of significant implications identified by officers:
- The demographic growth of older people and the financial impact of falls on the local health and social care system is set out below. The work of the falls prevention programme will establish a range of effective interventions that will have the potential to reduce the number of falls and reduce some of the costs associated with responding after a person falls.
  - The number of older people aged 65 and over is forecast to increase significantly across Cambridgeshire, with an increase of 48% by 2031. In Cambridgeshire, amongst the oldest, the number of people aged 90 years and over is forecast to nearly double in the next 15 years. In addition, a more

than doubling of numbers in the 75-84 year age band who have an increased risk of injurious falls is anticipated.

- There are around 2,300 hospital admissions for falls and an additional 680 hospital admissions for hip fracture per year in Cambridgeshire in people over 65 years of age.
- Health economics evidence indicates that 34% of people aged 65 years and over living in the community fall at least once a year, of which 20% will contact a medical service for assistance. Applying the results from this study to local population figures for Cambridgeshire and Peterborough CCG, it is estimated that in 2016, falls will result in over 5,500 GP attendances, over 8,700 ambulance call outs, and more than 6,300 A&E attendances resulting in over 3,000 inpatient admissions across the CCG (numbers per year). The associated costs are high and estimated to be over £83 million. Costs at discharge (over £45 million) are predominantly associated with social care costs (patients requiring both short and long-term residential care and support).

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

- 6.2.1 The following bullet point set out details of significant implications identified by officers:
- Under the Care Act 2014, the Council and its partners are expected to work collaboratively together to prevent, delay and reduce the need for care and support. The multi-agency approach to falls prevention supports this agenda.

## **6.3 Equality and Diversity Implications**

- 6.3.1 The following bullet points set out details of significant implications identified by officers:
- Older people are a vulnerable and often stigmatised population group with particular inequalities in health and access to health and care services and often subjected to poor care.
  - As highlighted in the above report and mapping work, evidence-based falls prevention and care service provision is currently fragmented and variable in quality across the County.
  - The falls prevention programme aims to deliver a more consistent and equitable range of services to prevent falls across Cambridgeshire.

## **6.4 Engagement and Consultation Implications**

- 6.4.1 The following bullet points set out details of significant implications identified by officers:
- The multi-agency approach to the fall prevention programme provides the framework for collaboration and integrated working to develop a more comprehensive approach to falls prevention across Cambridgeshire.

## **6.5 Localism and Local Member Involvement**

- 6.5.1 The following bullet points set out details of significant implications identified by officers:
- Local member involvement would provide support, advocacy and direction necessary to address the system-wide actions needed to deliver change and improve outcomes.

## 6.6 Public Health Implications

- 6.6.1 The report throughout sets out the significant public health implications for this priority.

Source Documents	Location
None	



## Appendix 1. Integrated Evidence Framework for Falls Prevention

### Lifecourse approach

L.1 Physical activity for bone and muscle strength: For children and young people (5-18 years) vigorous intensity activities, including those that strengthen muscle and bone (resistance-type activities) incorporated at least three days a week; for adults (19-64 years) physical activity to improve muscle strength undertaken on at least two days a week.

Primary prevention in the community (untargeted interventions) 60+	Identification & Assessment	Targeted interventions At risk/frail/75+/ Post-frailty fracture	Preventing falls in hospitals & LTCF	Post-discharge (towards independence)
P.1 Exercise <ul style="list-style-type: none"> <li>Focused on gait, strength, balance, or functional training</li> <li>Otago</li> <li>Tai Chi</li> </ul>	IA.1 Older people routinely asked whether they have fallen in the past year	TI.1 Multidisciplinary assessment	PS.1 Regard at risk of falling in hospital: <ul style="list-style-type: none"> <li>All patients aged 65+</li> <li>Patients aged 50 to 64 years who are judged by a clinician to be at higher risk</li> </ul>	PD.1 Home hazard assessment and safety intervention/modifications by a suitably trained healthcare professional.
P.2 Vitamin D supplementation (+ Calcium)	IA.2 Observed for balance and gait deficits and considered for interventions to improve strength and balance.	TI.2 Considered for an individualised multifactorial intervention	PS.2 Multifactorial assessment	PD.2 Specific exercise programs (eg Otago)
	IA.3 Healthcare professionals' professional competence in falls assessment and prevention.	TI.3 Strength and balance training is recommended - individually prescribed and monitored.	PS.3 Multifactorial interventions (include individual risk assessment and tailored interventions)	
	IA.4 Multifactorial falls risk assessment	TI.4 Psychotropic medications reviewed, and discontinued if possible	PS.4 Multifactorial interventions with an exercise component in extended care settings.	
	IA.5 Strength and balance training.	TI.5 Cardiac pacing considered for older people with cardioinhibitory carotid sinus hypersensitivity	PS.5 Vitamin D supplementation	
		TI.6 Falls prevention programmes (includes behaviour change & addressing barriers)	PS.6 Early anticipation of discharge needs	
		TI.7 Education & information.	PS.7 Information & support	
			PS.8 Ensure that relevant information is shared across services.	
			PS.9 Medication reviews for residents in LTCFs	



**HEALTH AND CARE EXECUTIVE GOVERNANCE FRAMEWORK**

*To:* **Adults Committee**

*Meeting Date:* **7th July 2016**

*From:* **Director of Public Health**

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

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

*Purpose:* **To present the Cambridgeshire and Peterborough Health and Care Executive Governance Framework**

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

- **to endorse the Cambridgeshire and Peterborough Health and Care Executive Governance Framework**
- **to approve the alignment of service planning for Council Adult Social Care Services with relevant aspects of NHS system transformation work.**

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## **1. BACKGROUND**

- 1.1 All NHS organisations in the Cambridgeshire and Peterborough Health System have been asked to participate in the preparation of a five year strategic plan – the Sustainable Transformation Plan (STP). Because local authority adult social care services and public health services are interdependent with NHS services, Cambridgeshire County Council and Peterborough City Council have also been asked to plan jointly with the NHS and align our services with STP where appropriate.
- 1.2 The Health and Care Executive (the Executive) is made up of the Chief Executives and Accountable Officers of partner organisations who are jointly responsible for delivery of the Sustainability and Transformation Programme. These include the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), local NHS Hospitals, NHS Mental Health Services and NHS Community Services. These organisations will participate in the decision making processes of the Executive to the extent that they are delegated authority by their respective organisations. The Local Authorities participate as non-voting members of the Executive through senior officer representation using their existing delegations under Council constitutions.
- 1.3 The Executive will receive regular reports from engagement with the public and stakeholders in the development of proposals. The Public Involvement Assemblies play a key role in shaping the Programme alongside stakeholder meetings and wider public engagement.

## **2. MAIN ISSUES**

### **2.1 Sustainability and Transformation Programme**

The programme exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The Programme will also oversee delivery of transformation across the system. The Governance Framework (Appendix 1) applies to the whole lifecycle of the Programme, and therefore will be reviewed in the near future as we transition from solution development to implementation, and as we agree our collective ambition for the local health and care economy.

### **2.2 Corporate Governance Framework**

The Framework describes the governance arrangements that have been established to ensure that the Programme will operate to deliver its role and functions. It describes how the programme will operate, the decision-making process and how certain powers will be delegated from the programme's national health statutory organisations to the Health and Care Executive and its associated workstreams.

The Framework will be approved by the Board's Governing Bodies and local authority Committees/Cabinets of all partner organisations, and will be reviewed on a regular basis.

- 2.3 The arrangements in no way replace or change the decision making arrangements of the Council. Proposal arising from the work of the Health and Care Executive will be brought to the Committee in accordance with the

Council's constitution and scheme of delegation.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

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

A well functioning health and care system will be a factor in attracting and retaining workforce in Cambridgeshire.

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

A key purpose of the Health and Care Executive is to ensure that the right, sustainable, services are in place to support people to live healthy and independent lives.

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

A key purpose of the Health and Care Executive is to ensure that the right, sustainable, services are in place to support and protect people who are vulnerable due to health conditions.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

Decisions on the allocation and use of adult social care resources will remain with the County Council. However resources will be best used across the health and care system if the relevant aspects of adult social care service planning are carried out jointly with the health service. There is already much joint work between adult social care and the NHS, including discharge planning and reablement, and there is increasing focus on aligning services around the patient/client through multi-disciplinary staff teams (MDTs).

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

The legal implications of the Health and Care System Governance Framework have been reviewed by local authority lawyers. Legal advice on wording of the Framework was incorporated in paragraph 1.3 of the document: 'Cambridgeshire County Council and Peterborough City Council participate in the Programme with the intention to align their public health and social care services in an integrated way. The Councils will participate in the Programme through their representatives recognising that their policy and financial decisions are subject to the constitutional arrangements within their respective authorities. The Councils also have a particular requirement to scrutinise proposals for NHS service changes as elected representatives of their communities and must ensure the independence and integrity of those arrangements.'

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

There are no immediate implications. NHS organisations are subject to equalities legislation when planning services.

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

The work of the Health and Care Executive will include an ongoing programme of stakeholder and public engagement. Any significant service changes would be subject to public consultation in line with the relevant legislation.

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

No significant implications at this point.

#### **4.6 Public Health Implications**

A well functioning and sustainable health and care system is important for the overall health of the local population.

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

# NHS Cambridgeshire and Peterborough Sustainability and Transformation Programme



## Governance Framework – Version 1.9b (3.05.2016)

## Contents

1. Introduction
2. Sustainability and Transformation Programme
3. Corporate Governance Framework
4. Principles for Good Governance
5. Aims
6. Accountability
7. Roles and Responsibilities
  - 7.1 Individual Organisations
  - 7.2 Officers of Individual Organisations
  - 7.3 Programme Officers
8. Governance Structure
  - 8.1 Structure Diagram
  - 8.2 Health and Care Executive
  - 8.3 Clinical Advisory Group
  - 8.4 Clinical Working Groups
  - 8.5 Finance Directors Forum
  - 8.6 System Modelling Group
  - 8.7 Supporting Workstreams
  - 8.8 Aligned Workstreams
9. Decision-Making and Scheme of Delegation
  - 9.1 Introduction
  - 9.2 Matters Reserved to the Boards and Governing Bodies of NHS Statutory Organisations
  - 9.3 Delegated to Health and Care Executive
  - 9.4 Delegated to the Clinical Advisory Group
  - 9.5 Delegated to Clinical Workstreams
  - 9.6 Urgent Decisions
  - 9.7 Conflicts of Interest
  - 9.8. Dispute and Conflict Resolution
10. Risk Management
11. Cycle of Business
12. Reporting Arrangements



## Appendices

Appendix A Terms of Reference – Health and Care Executive

Appendix B Terms of Reference – Clinical Advisory Group

Appendix D Finance Directors Forum

Appendix E System Modelling Group

Appendix F Sustainability & Transformation Programme Governance Structure

## Annex A

### Sustainability and Transformation Programme Key Milestones

## 1. Introduction

- 1.1 This Framework describes arrangements intended to provide a foundation of good corporate governance, enabling the Sustainability and Transformation Programme (the Programme) to implement changes in the way that NHS services will be planned, delivered and experienced in Cambridgeshire and Peterborough. The Framework incorporates the milestones for delivering the Programme for Cambridgeshire and Peterborough over the next five years, linked to the NHS Five Year Forward view.
- 1.2 The Programme is formed from the following NHS and partner organisations across Cambridgeshire and Peterborough:-
- NHS Cambridgeshire and Peterborough Clinical Commissioning Group
  - Cambridgeshire University Hospital NHS Foundation Trust
  - Cambridgeshire Community Services NHS Trust
  - Cambridgeshire and Peterborough NHS Foundation Trust
  - Hinchingbrooke Health Care NHS Trust
  - Peterborough and Stamford Hospitals NHS Foundation Trust
  - Papworth Hospital NHS Foundation Trust
  - Cambridgeshire County Council
  - Peterborough City Council
  - Clinical Lead – Primary Care (recruitment underway at 3.05.2016)
- 1.3 Cambridgeshire County Council and Peterborough City Council participate in the Programme with the intention to align their public health and social care services in an integrated way. The Councils will participate in the Programme through their representatives recognising that their policy and financial decisions are subject to the constitutional arrangements within their respective authorities. The Councils also have a particular requirement to scrutinise proposals for NHS service changes as elected representatives of their communities and must ensure the independence and integrity of those arrangements. The role of the City Council and the district councils exercise a number of relevant housing, planning and other functions, which may also align to this Programme. .
- 1.4 The Sustainability and Transformation Programme is supported by NHS Improvement and NHS England.
- 1.5 This Framework sets out the governance arrangements that the Programme will adhere to in delivering its functions. It describes how the Programme will operate, confirms those matters reserved to individual organisations for decision, describes the various Boards through which the health partners operate and where certain powers of those Boards will be delegated to the Health and Care Executive

## 1.6 The Health and Care Executive & Public Engagement

The Health and Care Executive (the Executive) is made up of the partner organisations who are jointly responsible for delivery of the Programme. The partner organisations will participate in the decision making processes of the Executive to the extent that they are delegated authority by their respective organisations. The Councils participate as non-voting members of the Executive.

The Executive will receive regular reports from engagement with the public and stakeholders in the development of proposals. The Public Involvement Assemblies play a key role in shaping the Programme alongside stakeholder meetings and wider public engagement.

## 2. Sustainability and Transformation Programme

2.1 The programme exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, support the population to become healthier and ensure that services are financially sustainable. The Programme will also oversee delivery of transformation across the system.

2.2 The Governance Framework applies to the whole lifecycle of the Programme. The key stages are set out in Annex A.

## 3. Corporate Governance Framework

3.1 This Framework describes the governance arrangements that have been established to ensure that the Programme will operate to deliver its role and functions. It describes how the programme will operate, the decision-making process and how certain powers will be delegated from the programme's national health statutory organisations to the Health and Care Executive and its associated workstreams.

3.2 This Framework will be approved by the Boards Governing Bodies and local authority Committees/Cabinets of all partner organisations, and will be reviewed on a regular basis.

## 4. Principles for Good Governance

4.1 All members of the Programme will observe the highest standards of probity in relation to the stewardship of public funds, the management of the Programme, and the conduct of its business.

4.2 All members of the Programme will adhere to the seven Nolan principles underpinning public office:

- **selflessness:** holders of public office should take decisions solely in terms of public interest. They should not do so in order to gain financial or other material benefits. In addition, the NHS CB will act as a role model to the clinical commissioning system and the NHS as a whole, in adopting and maintaining excellent standards of propriety for themselves, their family and their associates;
- **integrity:** holders of public office should not place themselves under any financial or other obligation to outside individuals or organisations that might influence them in the performance of their official duties;
- **objectivity:** in carrying out public business, including making public appointments, awarding contracts, or recommending individuals for rewards or benefits, holders of public office should make choices on merit;
- **accountability:** holders of public office are accountable for their decisions and actions to the public and must submit themselves to whatever scrutiny is appropriate to their office;
- **openness:** holders of public office should be as open as possible about all their decisions and actions they take. They should give reasons for their decisions and restrict information only when the wider public interest clearly demands;
- **honesty:** holders of public office have a duty to declare any private interests relating to their public duties and to take steps to resolve any conflicts arising in a way that protects the public interest; AND
- **leadership:** holders of public office should promote and support these principles by leadership and example.

## 5. Aims

5.1 Through this Governance Framework, the Programme aims to:

- maximise the effectiveness of the Programme;
- *ensure all partner organisations referred to in Section 1.2 meet their statutory obligations;*
- ensure effective stewardship of public funds; and
- be a model of excellence in corporate governance by adopting the highest standards of business conduct.

## 6. Accountability

6.1 The Programme is accountable to the statutory organisations of the Cambridgeshire and Peterborough system described in Section 1.2 above, and to the associated regulatory authorities described in Section 1.4 above.

6.2 The Programme is committed to openness and transparency in its work, in support of its accountability to patients and public. To that end, public meetings of the Boards, Governing Bodies and local authority committees/cabinets of each organisation are held regularly, and members of the public are welcome to attend and observe these meetings.

6.2 The Programme will demonstrate its accountability through:

- Adhering to the Corporate Governance Framework
- Publishing the Sustainability and Transformation Plan
- Publishing other relevant documentation
- Working within the Freedom of Information Act Policy

6.4 The Programme is committed to putting patients and the public at the heart of its decision-making, and is actively pursuing a wide range of communications and engagement mechanisms to support this commitment.

## **7. Roles and Responsibilities**

### **7.1 Individual Organisations**

Each individual organisation being a Member of the Programme remains at all times accountable for its own activity and decisions.

### **7.2 Officers from Individual Organisations**

Members need to ensure that they have all necessary delegated permissions to bind the authority on whose behalf they act when making decisions. They must ensure that they adhere to all internal processes when making those decisions.

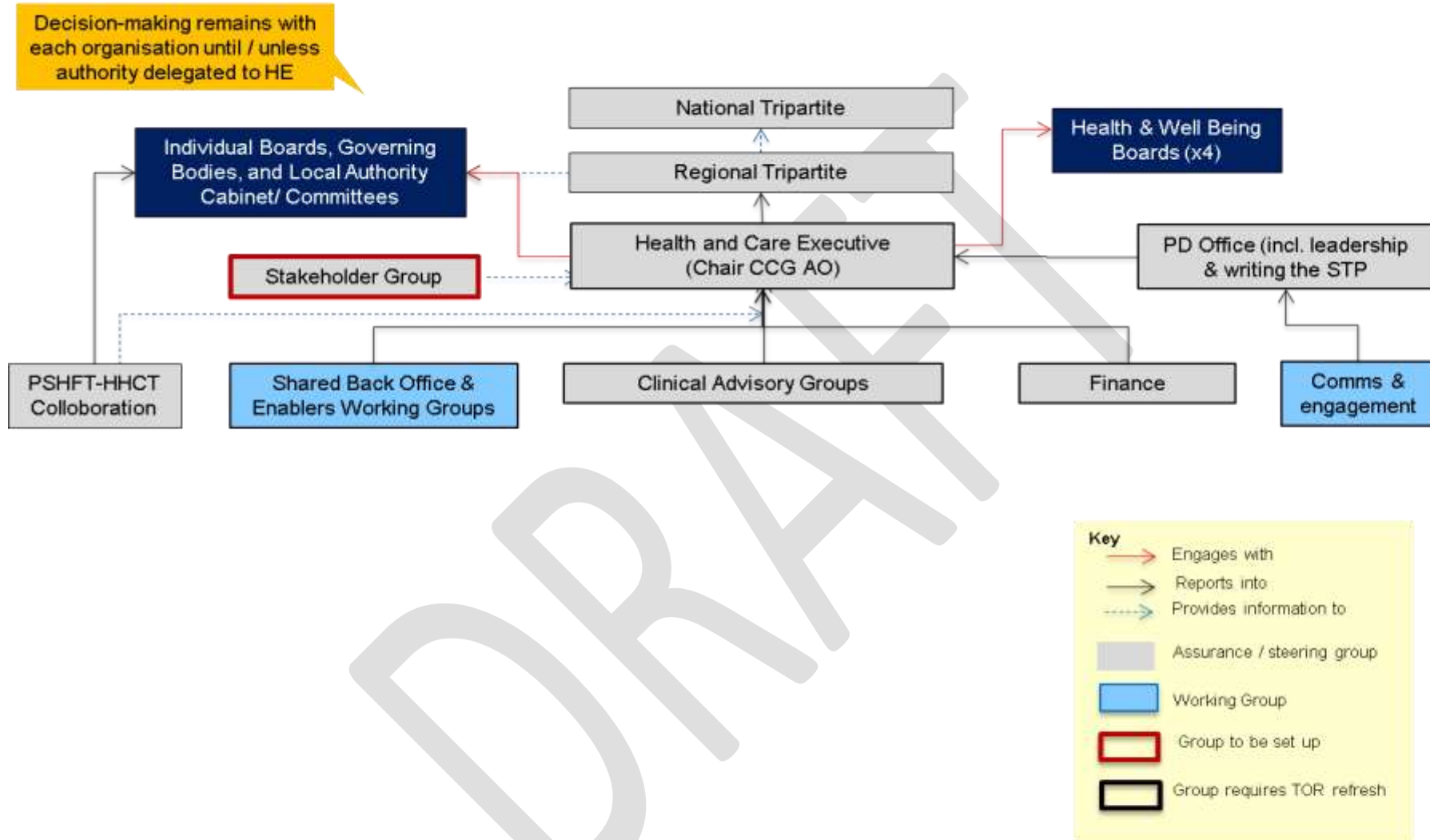
### **7.3 Programme Office**

The Programme Office [comprises officers employed by the Executive] accountable to the Health and Care Executive for delivery of the work programme.

## **8. Governance Structure**

8.1 The overarching governance structure for the Programme is set out in Figure 1 below:-

## Governance Structure



2

A more detailed structure is set out at Appendix A.

## 8.2 Health and Care Executive functions

The role of the Health and Care Executive is described below:-

- To decide on the main areas of development for NHS system-wide work and to ensure delivery against milestones for these areas of work as agreed with the Regional Tripartite Group. Specifically to agree, as a system:
  - A vision and strategy for transforming the Cambridge & Peterborough health and care system, through 2020, including opportunities to improve services in the short-term, and, where necessary reconfigure services in the medium term, encompassing:
    - Sustainable Primary Care
    - Proactive care & prevention (including long-term conditions, mental health, social care, public health and primary care)
    - Urgent & emergency care (the 'vanguard')
    - Elective care (with additional early focus given to orthopaedics, cardiology, ENT and ophthalmology)
    - Maternity & neonatal care
    - Children's & young people's health care
  - A vision and strategy for collaboration between organisations, to reduce overheads, share best practice and support identified services changes, including:
    - System-wide work on HR (2016/17) and Carter (beyond 2017/18)
    - PSHFT-HCC collaboration (2016/17)
    - CUH – Papworth collaboration (beyond 2017/18 as part of the Papworth move to Addenbrooke's)
- A series of solutions that close the system's financial challenge through 2020, underpinned by
  - common financial assumptions and modelling,
  - a mechanism for transparently and routinely tracking benefits realisation
  - aligned financial incentives
  - a robust case for accessing the sustainability and transformation fund from 2017/18
  - investigation of all opportunities to source additional income to the local health and care economy
- Changes to enablers necessary to deliver the agreed vision, including delivery plans setting out:
  - how the system will utilise innovative digital solutions to support person-centred integrated care and generate efficiencies
  - how the estate can be optimised so as much care is delivered close to people's homes, as economically as possible
  - how the local workforce will need to evolve (in training, culture and skill mix) to be sustainable

- A programme of organisational development activities for leaders and staff (executive, financial and clinical) that build trust and create a C&P 'one team' ethos,
- A shared narrative and evidence base, which underpins all co-signed products – including an Evidence for Change, Transformation options, a Pre-Consultation Business Case, a public Consultation, Sustainability & Transformation plan submissions, a mental health strategy, [a primary care strategy], neighbourhood delivery plans,
- A communications and engagement strategy that sets out how best to involve staff, key stakeholders (including local and national politicians, the university, etc.) and the public in the design, selection and implementation of the vision and strategy in a manner that ensures they are fully informed, and feel they've scope to shape the decisions made
- What assurance NHSE and NHSI need at regional and national level to feel that the Programme will deliver the ambition of change necessary to meet the system's challenges
- A common position among the health and care system leadership when one is called for – for example to engage with discussions around devolution, participating in national pilots, etc.
- To understand the risks to the progress of the above areas of work and ensure that these are mitigated appropriately.
- Where appropriate, to approve the commissioning of specific packages of work from within the health and care economy to support delivery of the above aims.

Terms of Reference are set out at Appendix B.

### 8.3 Clinical Advisory Group functions

The role of the Clinical Advisory Group is described below:-

- Develop a clinical vision and strategy for Cambridgeshire & Peterborough
- Develop a set of design principles and proposed service standards
- Co-ordinate, challenge and consolidate the work of the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on proposed clinical models and pathways, developed by the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery
- Provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency
- Develop a proposed set of coherent and sustainable medium term options for service reconfiguration for the Health and Care Executive to consider



- Clinically assure the pre-consultation business case, the Cambridgeshire and Peterborough mental health strategy and the five-year Sustainability and Transformation Plan
- Provide other groups involved in the Sustainability and Transformation Programme with advice and information as necessary.

Terms of Reference are set out at Appendix C

## 8.4 Clinical Working Groups

The Clinical Advisory Group will be supported by the following Clinical Working Groups:-

- Sustainable Primary Care
- Proactive care, primary care and prevention
- Elective Care
- Urgent and Emergency Care
- Maternity and Neonatal Care
- Children and Young People

The role of each Clinical Working Group is:-

- To develop the long-term vision for each workstream), with further detailed specifications on a vision for pathways (including care models, standards and pathways).
- To identify, quantify and deliver a set of short term opportunities to improve the cost-effectiveness of each workstream.
- To propose and evaluate a set of reconfiguration options for care, as well as detailed options for individual pathways.

## 8.5 Finance Directors Forum

The Finance Directors Forum will include representation from across the national health Programme's partner organisations. The role of the Forum will be:-

- To ensure system proposals are affordable, efficient, and represent value for money
- To ensure investments reduce health inequalities
- To ensure system-wide engagement and buy-in for modelling development and outputs
- To develop a proposal on whether and how to apply a system financial control total

- To align financial incentives around minimising system costs and maximising patient benefit
- To oversee the delivery of CIP and QIPP plans against an agreed trajectory
- To jointly (with the clinical advisory group) oversee the completion of the PCBC

Terms of Reference are set out at Appendix D.

## 8.6 System Modelling Group

The objectives of the System Modelling Group will be:-

- To refresh and extend the scope of the existing system activity model
- To develop and maintain system activity, capacity and finance models and modelling outputs (for sign-off by the FD's forum) to support decision making on the preferred service model and reconfiguration option(s) for consultation
- To provide analytical support to the clinical working groups as required

## 8.7 Supporting Workstreams

The Programme will establish the following formal workstreams to support the overall Programme:-

Programme Directors Office - Planning, risk, OD, resourcing, methodology, governance and the management of the overarching Secretariat;

Communications and Engagement – Communications and engagement: telling the story to staff, patients & the public (comms working group, drafting & editorial);

Workforce;

Sustainability and Transformation Planning including writing and benefits realisation;  
Support Services and Back office Collaboration;

Oversight and implementation of the 2020 Personalised Healthcare Agenda and the Digital Roadmap

Estates Group which will develop a scope of work for oversight of short term opportunities to access primary care findings from DH and long term strategy.

## 8.8 Aligned Workstreams

There are a number of aligned workstreams which also support the Programme:-

- Peterborough and Hinchbrook Project Board and associated workstreams.
- Better Care Fund Plan and associated workstreams
- *Joint commissioning of children's health services*
- *Transforming Lives (Cambridgeshire County Council adult social care)*
- *Customer Experience Programme (Peterborough City Council)*
- *\* Items in italics are relevant but need further discussion with Council colleagues before inclusion*

## 9. Decision-Making

### 9.1 Overview

Decision making remains with each organisation until / unless authority is delegated to the Health and Care Executive. All decision-making across the Programme will therefore be taken under the Scheme of Delegation set out in Tables 1 to 6 below. Urgent Decisions are covered in Section 9.6 below.

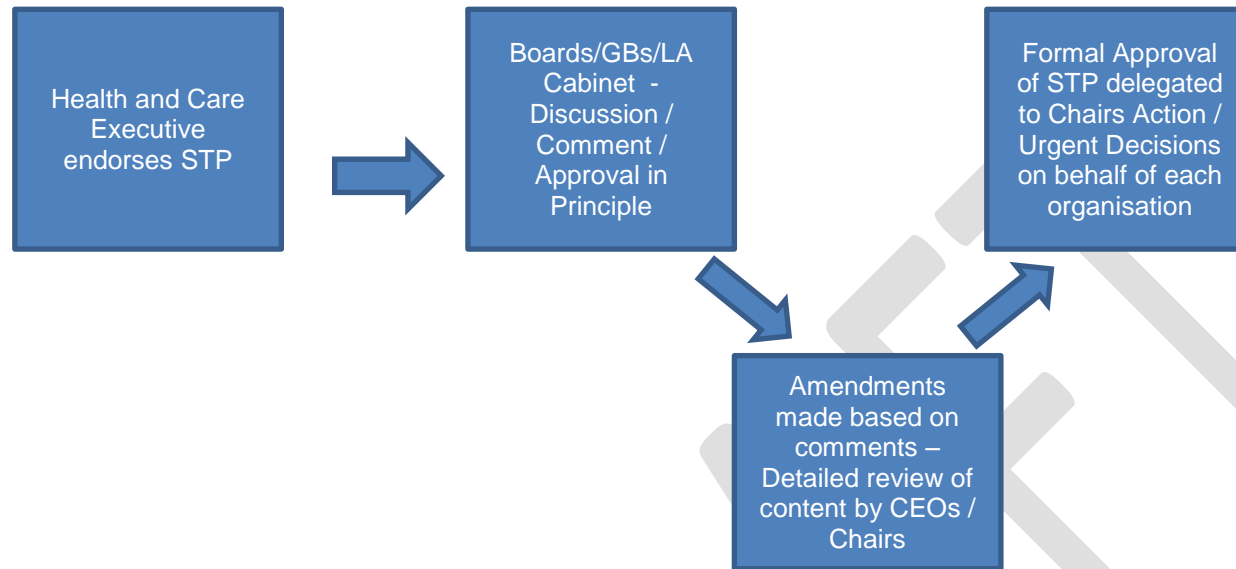
In the context of the decision making process, the following applies:-

Endorse – to support decisions that have been made across the Programme

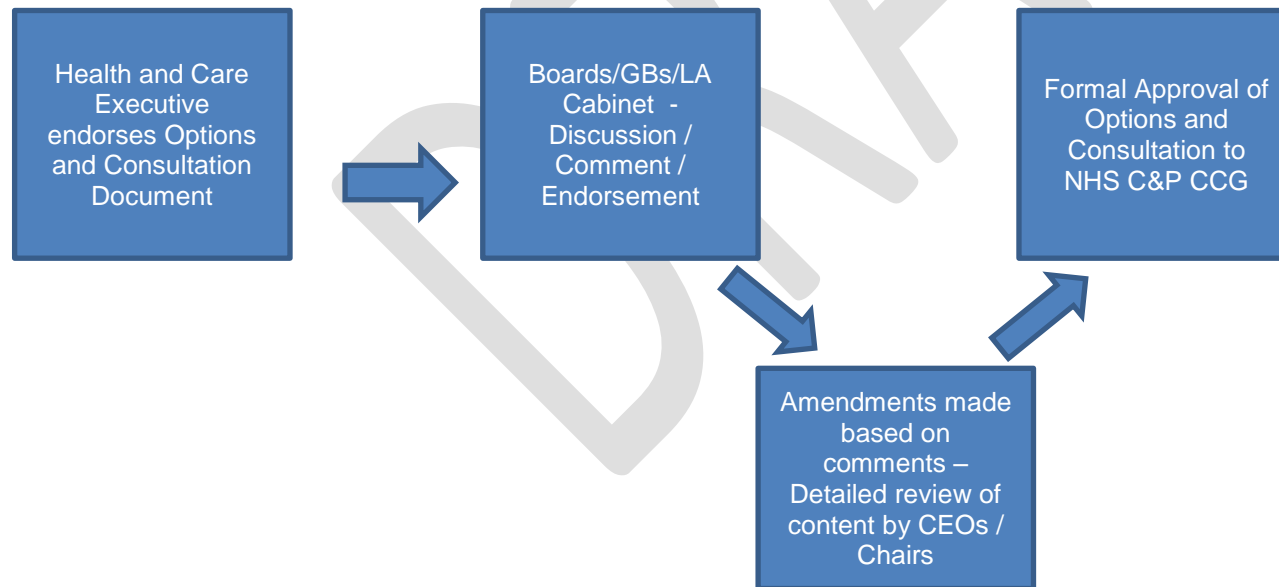
Approve – to approve decisions / documentation (in line with Statutory Duties and Functions of all Organisations across the Programme)

The diagram below sets out the decision-making process for the two key steps in the Programme:-

### 9.1.1 STP Approval



### 9.1.2 Options and Consultation Document



## 9.2 Matters Reserved to the Boards, Governing Bodies and Local Authority Committees/Cabinet of Statutory Organisations across the lifecycle of the Programme

Table 1 below summarises the decisions reserved to the CCG Governing Body.

<b>Table 1 – Schedule of Matters reserved to CCG Governing Body</b>
To approve the overarching Options and Consultation Document

Table 2 below summarises those matters which have been reserved to the Boards of NHS Organisations.

<b>Table 2 – Schedule of Matters reserved to the Boards, Governing Bodies of Statutory NHS Organisations</b>
To approve system-wide planning intentions on an annual basis.
To approve options for future organisational form
To approve individual QIPP and CIP plans over the lifecycle of the Programme
To approve in principle the Sustainability and Transformation Five Year Plan and agree delegated Chair's Action / Urgent Decisions (for CCG Governing Body)
To formally endorse sustainable medium term options for service reconfiguration
To approve the over-arching Governance Framework
To endorse the overarching Options and Consultation Document

Table 3 below summarises those matters which are reserved to the Local Authority Committees / Cabinet.

<b>Table 3 – Schedule of Matters reserved to Local Authority Committees/Cabinet</b>
To approve social care and public health service aspects of system-wide planning intentions on an annual basis.
To formally approve the social care and public health service aspects of a Sustainability and Transformation Five Year Plan
To approve the over-arching Governance Framework

## 9.3 Matters Delegated to the Health and Care Executive

Table 4 below summarises those matters have been delegated to the Health and Care Executive by the relevant Statutory Bodies

<b>Table 4 – Schedule of Matters Delegated to the Health and Care Executive and its Members*</b>	
<b>Matters Delegated</b>	<b>Delegated to</b>
To agree to endorse the Sustainability and Transformation Five Year Plan for discussion at each Board, CCG Governing Body/ Local Authority Committee/Cabinet meetings	HCE Meeting
To endorse the over-arching Options and Consultation Document	HCE Meeting
To approve the commissioning of specific packages of work within the health and care economy to support delivery of the above aims	HCE Meeting
To validate the quantum of available financial efficiencies that can be driven through CIP and QIPP plans	HCE Meeting
To formulate system-wide planning intentions on an annual basis	HCE Meeting
To approve sustainable medium term options for service reconfiguration based on recommendations from the Clinical Advisory Group	HCE Meeting
To approve information technology and health analytic developments that would improve care effectiveness and efficiency	HCE Meeting
To approve short term opportunities to improve the effectiveness and efficiency of service delivery	HCE Meeting
To agree recommendations from the Clinical Advisory Group on proposed clinical models and pathways	HCE Meeting
To decide on the scope and timetable of the work programme	HCE Meeting
To allocate appropriate resources (financial, staff and equipment) to support the work programme	HCE Meeting
To engage with individual Boards, Governing Bodies and Local Authority Cabinet / Committees on the development and implementation of the STP	HCE Chair / HCE Members
To engage with Health and Wellbeing Boards on the development and implementation of the STP.	HCE Chair / HCE Members
To provide written notice of dates, times and locations of meetings of the HCE	Secretariat
To determine the nature of a formal vote	Chair
To approve HCE minutes	HCE Meeting
To approve Business Cases to support delivery of the STP	HCE Meeting
To manage the risks associated with overall delivery of the STP	HCE Meeting
To determine the need for Urgent Decisions in discussion with the Chair and Programme Director	Chair

\* Representation by local authority officers on the Health Executive will be limited to relevant social care and public health services within the remit of their delegated authority from their respective Council. Any key decisions will be subject to the constitutional process which applies to the Committee Chair/Vice Chair or Cabinet Portfolio Holder responsible for that function.

#### 9.4 Matters Reserved to the Clinical Advisory Group

Table 5 below summarises those matters have been delegated to the Clinical Advisory Group by the Health and Care Executive.

<b>Table 5 – Schedule of Matters Delegated to the Clinical Advisory Group and its Members</b>	
<b>Matters Delegated</b>	<b>Delegated to</b>
To develop a clinical vision and strategy for Cambridgeshire & Peterborough	Clinical Advisory Group
To develop recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery	Clinical Advisory Group
To provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency	Clinical Advisory Group
To determine the nature of a formal vote	Chair
To approve CAG minutes	Clinical Advisory Group
To provide written notice of dates, times and locations of meetings of the CAG	Secretariat

#### 9.5 Matters Reserved to the Clinical Working Groups

Table 6 below summarises those matters that have been delegated to the Clinical Working Group and its Members

<b>Table 6 – Schedule of Matters Delegated to the Clinical Working Group and its Members</b>	
<b>Matters Delegated</b>	<b>Delegated to</b>
To determine the nature of a formal vote	Chair
To approve CWG minutes	Clinical Working Group
To provide written notice of dates, times and locations of meetings of the CAG	Secretariat

## **9.6 Urgent Decisions**

Due to the nature of the business cycle of individual organisations, there may be a requirement for Urgent Decisions to be taken. In these circumstances, Urgent Decisions should be discussed by the Health and Care Executive and taken by the Chair of the Health and Care Executive, in consultation with the Chair, Chief Executive and Director of Finance (or their equivalent roles) in each partner organisation. Urgent decisions should be recorded appropriately and reported to the partner organisations for formal ratification at the next available meeting.

Urgent Decisions required to be taken by the Councils as a result of any decision exercised by the Executive are subject to the individual council's constitutional arrangements.

## **9.7 Conflicts of Interests**

- 9.7.1 The Programme will ensure that all Conflicts of Interests are managed in line with NHS Statutory Guidance. A register of personal, professional and organisational conflicts of interest will be maintained for all members of the Programme by the Programme's Secretariat.
- 9.7.2 Those in attendance will be asked to declare their personal, professional and organisational conflicts of interest.
- 9.7.3 Where a members of the Programme have a material interest, they should either be excluded from relevant parts of meetings, or join in the discussion but not participate in the decision making itself (i.e., not have a vote).
- 9.7.4 The Chair of the relevant meeting has responsibility for deciding whether there is a conflict of interest and the appropriate course of corresponding action. In making such decisions, the chair may wish to consult a member of a Governing Body or Board in the system who has responsibility for issues relating to conflicts of interest.
- 9.7.5 All decisions, and details of how any conflict of interest issue has been managed, should be recorded in the minutes of the meeting.

## **9.8 Dispute and Conflict Resolution**

Any issues that cannot be resolved locally will be referred to the regional Tripartite.



## **10. Risk Management**

The Programme will prepare an over-arching Risk Register which will be overseen by the Health and Care Executive and shared with the individual partner organisations.

## **11. Cycle of Business**

The Programme will develop a cycle of business which will align with the individual organisation's business cycles / decision-making processes. Consideration to a monthly cycle of formal business for statutory boards and governing bodies should be considered as part of the process.

## **12. Reporting Arrangements**

The Programme Management Office will prepare an Overview Report of the activities of the Programme which will be prepared for each individual Board or Governing Body.

**Sharon Fox**  
**CCG Secretary & Deputy Director of Corporate Affairs**  
**3 May 2016**

## Appendices (TO BE ATTACHED)

Appendix A Sustainability & Transformation Programme Governance Structure

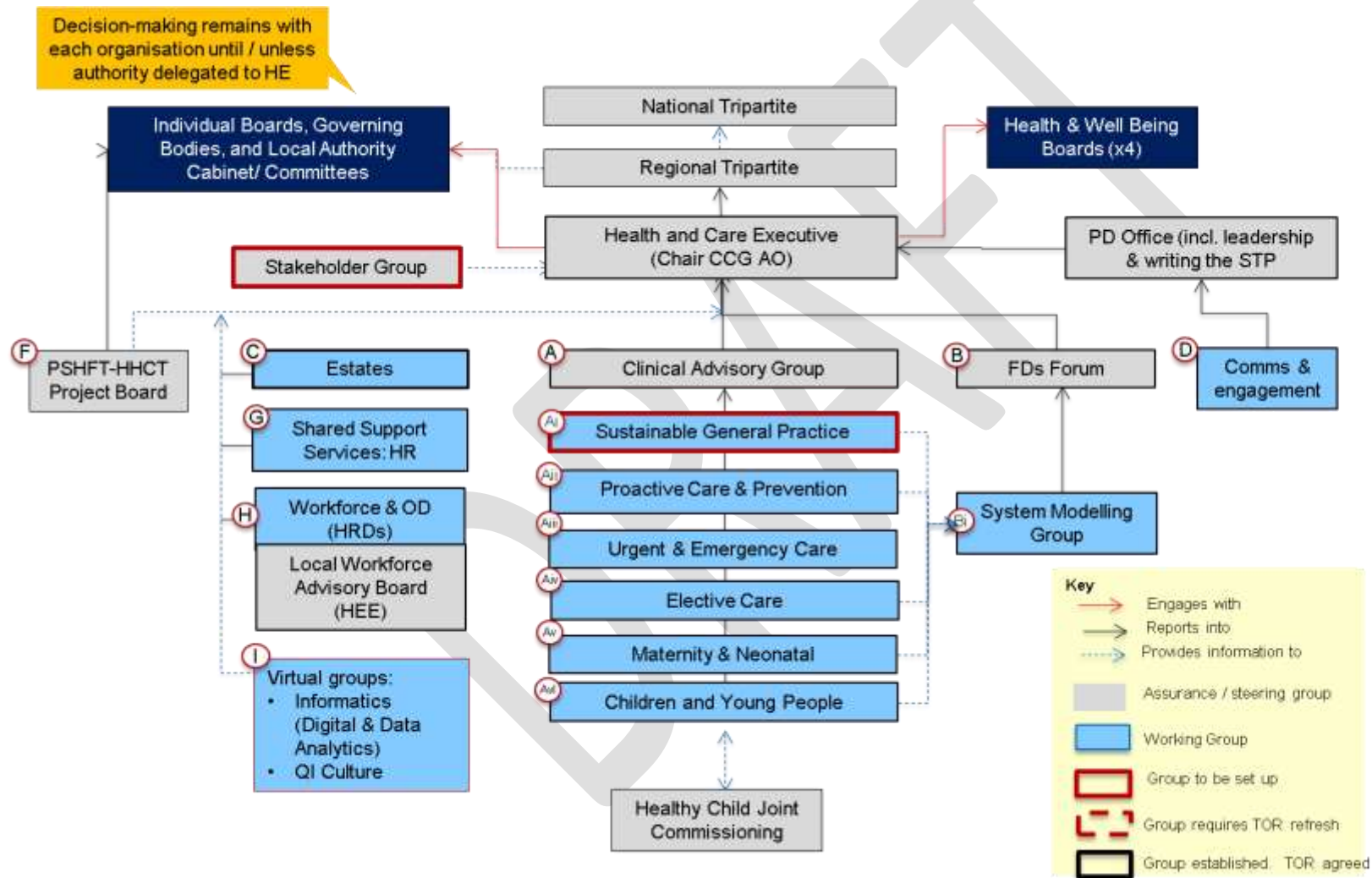
Appendix B Terms of Reference – Health and Care Executive

Appendix C Terms of Reference – Clinical Advisory Group

Appendix D Finance Directors Forum

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References: NHS Commissioning Board (NHSE) Governance Framework  
The Nolan Principles  
CCG Governance Framework  
NHSE Conflicts of Interest Mandatory Guidance



## Appendix B Terms of Reference – Health and Care Executive

### Cambridgeshire and Peterborough Health and Care Executive

#### Terms of Reference

#### Programme Purpose and Outcomes

The Cambridgeshire and Peterborough health and care system transformation programme (“the programme”) exists to identify and drive delivery of strategic changes to the Cambridgeshire and Peterborough NHS health and care system that will both improve outcomes for local people, **support the population to become healthier** and ensure that services are financially sustainable. **The programme will also oversee delivery of transformation across the system**

#### Title: Health and Care Executive

#### Date approved:

Initially approved: 16<sup>th</sup> October, 2015

Updated: 4th May, 2016

#### Updates approved by:

Roland Sinker	Chief Executive, Cambridge University Hospital NHS Foundation Trust
Aidan Thomas	Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
Matthew Winn	Deputising for Chief Executive of Cambridgeshire Community Services NHS Trust
Lance McCarthy	Chief Executive, Hinchingsbrooke Health Care Trust
Claire Tripp	Chief Executive, Papworth Hospital NHS Foundation Trust
Stephen Graves	Chief Executive of Peterborough and Stamford Hospitals NHS Foundation Trust
Tracy Dowling	Chief Officer, Cambridgeshire and Peterborough Clinical

	Commissioning Group
Liz Robin	Director of Public Health for Cambridgeshire County Council and Peterborough City Council
Gillian Beasley	Chief Executive, Cambridgeshire County Council and Peterborough City Council
Alex Gimson	Chair, Clinical Advisory Group

### Regularity of Terms of Reference review and by whom:

By the Health and Care Executive, **biannually**.

### Purpose of the Health and Care Executive:

- To decide on the main areas of development for NHS system-wide work and to ensure delivery against milestones for these areas of work as agreed with the Regional Tripartite Group. Specifically to agree, as a system:
  - A vision and strategy for transforming the Cambridge & Peterborough health and care system, through 2020, including opportunities to improve services in the short-term, and, where necessary reconfigure services in the medium term, encompassing:
    - Sustainable Primary Care
    - Proactive care & prevention (including long-term conditions, mental health, social care, public health and primary care)
    - Urgent & emergency care (the 'vanguard')
    - Elective care (with additional early focus given to orthopaedics, cardiology, ENT and ophthalmology)
    - Maternity & neonatal care
    - Children's & young people's health care
  - A vision and strategy for collaboration between organisations, to reduce overheads, share best practice and support identified services changes, including:
    - System-wide work on HR (2016/17) and Carter (beyond 2017/18)
    - PSHFT-HCC collaboration (2016/17)
    - CUH – Papworth collaboration (beyond 2017/18 as part of the Papworth move to Addenbrooke's)
  - A series of solutions that close the system's financial challenge through 2020, underpinned by
    - common financial assumptions and modelling,
    - a mechanism for transparently and routinely tracking benefits realisation
    - aligned financial incentives

- a robust case for accessing the sustainability and transformation fund from 2017/18
- investigation of all opportunities to source additional income to the local health and care economy
- Changes to enablers necessary to deliver the agreed vision, including delivery plans setting out:
  - how the system will utilise innovative digital solutions to support person-centred integrated care and generate efficiencies
  - how the estate can be optimised so as much care is delivered close to people's homes, as economically as possible
  - how the local workforce will need to evolve (in training, culture and skill mix) to be sustainable
- A programme of organisational development activities for leaders and staff (executive, financial and clinical) that build trust and create a C&P 'one team' ethos,
- A shared narrative and evidence base, which underpins all co-signed products – including an Evidence for Change, Transformation options, a Pre-Consultation Business Case, a public Consultation, Sustainability & Transformation plan submissions, a mental health strategy, [a primary care strategy], neighbourhood delivery plans,
- A communications and engagement strategy that sets out how best to involve staff, key stakeholders (including local and national politicians, the university, etc.) and the public in the design, selection and implementation of the vision and strategy in a manner that ensures they are fully informed, and feel they've scope to shape the decisions made
- What assurance NHSE and NHSI need at regional and national level to feel that the Programme will deliver the ambition of change necessary to meet the system's challenges
- A common position among the health and care system leadership when one is called for – for example to engage with discussions around devolution, participating in national pilots, etc.
- To understand the risks to the progress of the above areas of work and ensure that these are mitigated appropriately.
- Where appropriate, to approve the commissioning of specific packages of work from within the health and care economy to support delivery of the above aims.

#### **Membership of the Health and Care Executive:**

- Chief Executive, Cambridgeshire University Hospital NHS Foundation Trust
- Chief Executive, Cambridgeshire Community Services
- Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust
- Chief Executive, Hinchingsbrooke Health Care Trust
- Chief Executive, Peterborough and Stamford Hospitals NHS Foundation Trust
- Chief Executive, Papworth Hospital NHS Foundation Trust
- Director of Public Health for Cambridgeshire County Council and Peterborough City Council
- Chief Executive, Cambridgeshire County Council and Peterborough City Council

- Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
- Chief Financial Officer, Cambridgeshire and Peterborough Clinical Commissioning Group
- Clinical Lead – Programme (CAG Chair)
- Clinical lead – Primary care (recruitment in progress)

**Meetings will also include non-voting representation from:**

- NHS England
- NHS Improvement

**Deputies:**

Members of the Health and Care Executive may appoint deputies to represent them at Health and Care Executive meetings. In the event a deputy is provided, the individual(s) must be fully briefed prior to the meeting and would be expected to have the same delegated authority to commit resources on behalf of their organisation as the named committee member would.

**Chair:**

Accountable Officer, Cambridgeshire and Peterborough Clinical Commissioning Group

**Vice Chair:**

**Chair, Clinical Advisory Group**

**Quorum:**

Commissioner representation, local authority representation and 50% of providers

**Voting:**

Any question to be determined by the Health and Care Executive in accordance with its purpose shall be decided by a show of hands on a simple majority basis with each Member of the Health and Care Executive (or a deputy nominated in their place) having one vote.

Any member may, immediately after any vote is taken, require a record to be made in the minutes of whether s/he voted for or against or abstained.

If there are equal numbers of votes for and against, the Chair of the Health Care Executive will have a second or casting vote.

#### **Frequency of Meetings:**

Face to face meeting every 4 weeks

Teleconference every 4 weeks (alternative )

Away days & leadership development sessions as required

#### **Accountability**

To the associated regulatory authorities (NHSI & NHSE)

To the Boards and Governing Bodies of the constituent organisations.

#### **Rules as to Meetings & Proceedings:**

The Programme Office [comprises officers employed by the Executive] is accountable to the Health and Care Executive for delivery of the work programme. Actions include:

- Agree the agenda and circulate to members, along with any necessary advanced material.
- Ensure minutes are taken and circulated with a record of decisions made
- Maintain an action log

#### **Attendance at meetings:**

Attendance at meetings is mandatory. Members who cannot attend will be expected to send deputies.



## **Duties of the Health and Care Executive:**

### **1. Decision making:**

Decision making remains with each organisation until / unless authority is delegated to the Health and Care Executive. All decision-making across the Programme will therefore be taken under the Scheme of Delegation set out in section 9 of the S&TP Governance Framework (Tables 1 to 6).

### **2. Advisory:**

Provision of information, advice and recommendations.

### **3. Monitoring:** To monitor progress against key programme milestones, commitments and commissioning intentions.

## **Responsibilities of Members:**

- Each individual organisation being a Member on the Health and Care Executive remains at all times accountable for its own activity and decisions.
- Members need to ensure that they have the necessary delegated permissions and processes are in place for them to act on behalf of the organisations which they represent.

## **Standing Agenda Items**

### **Every meeting:**

- Apologies and minutes of the Last Meeting
- Register of Actions and matters arising not on the register
- Programme Risk Register
- Agenda for the next meeting

## **Accountability and Reporting:**

Jointly to the boards or governing body (or equivalent) of the individual organisations represented, in addition to the accountability to the Regional Tripartite Group and others as set out above.

**Self-Assessment:**

The Health and Care Executive will review its performance **biannually** against these Terms of Reference

**Duration:**

The Health and Care Executive will meet until **September 2016**, by which point a full review of progress will be made and proposals for future governance developed **to oversee implementation**.

DRAFT

## Appendix C Terms of Reference – Clinical Advisory Group

### Cambridgeshire & Peterborough Health and Care System

#### Transformation Programme

#### Clinical Advisory Group

#### Terms of Reference

##### Purpose

The Clinical Advisory Group is the key clinical forum for the development of the Cambridgeshire and Peterborough Sustainability and Transformation Plan. It will:

- Develop a clinical vision and strategy for Cambridgeshire & Peterborough
- Develop a set of design principles and proposed service standards
- Co-ordinate, challenge and consolidate the work of the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on proposed clinical models and pathways, developed by the Clinical Working Groups
- Provide recommendations to the Health and Care Executive on short term opportunities to improve the effectiveness and efficiency of service delivery
- Provide recommendations to the Health and Care Executive on information technology and health analytic developments that would improve care effectiveness and efficiency
- Develop a proposed set of coherent and sustainable medium term options for service reconfiguration for the Health and Care Executive to consider
- Clinically assure the pre-consultation business case, the Cambridgeshire and Peterborough mental health strategy and the five–year Sustainability and Transformation Plan
- Provide other groups involved in the Sustainability and Transformation Programme with advice and information as necessary.

## Scope of Work

- The health and care services, including primary care and specialised services, delivered in Cambridgeshire and Peterborough and covered by the Clinical Working Groups (for short term opportunities to improve the effectiveness of service delivery and medium term options for service configuration)
- All health and care services delivered in Cambridgeshire and Peterborough including local authority commissioned services such as social care, public health and health visiting (for the Sustainability and Transformation Plan)
- Delivery of national clinical priorities, including 7 day services, parity of esteem and reduced unwarranted variation

**Title: Cambridgeshire & Peterborough Clinical Advisory Group**

**Date approved:** Initially approved XXX

**Approved by:** Cambridgeshire and Peterborough Health and Care Executive

## Membership of the Group:

- Chair (Acute hospital clinician or GP)
- Vice Chair (GP or Acute hospital clinician)
- Representative from Medical Directors group
- Representative from Nurse Directors group
- A Director of Adult Social Care
- A Director of Children's Services
- A GP (provider)
- Public Health Consultant
- Clinical Representative from Ambulance Trust

- Mental health lead
- Patient representatives
- Clinical Working Group Chair Urgent and Emergency Care
- Clinical Working Group Chair Elective Care
- Clinical Working Group Chair Proactive Care and Prevention
- Clinical Working Group Chair Children and Young People
- Clinical Working Group Chair Maternity and Neo-natal

**Alternates:** Members of the Group may appoint alternates to represent them at a meeting. In the event an alternate attends, the individual(s) must be fully briefed prior to the meeting.

**Chair:** XXXX

**Vice Chair:** XXXX

**Ways of Working:** The Group should aim to reach a consensus on all proposals to be submitted to the Health Executive. In the event it is not possible to reach a consensus, the relative merits of alternative proposals should be clearly articulated. The Group may invite other attendees, including external experts, and form task and finish groups as necessary to conduct its business.

**Duties of the Group:** The Group's main function is to provide information, advice and recommendations. The Group does not have a decision making function as such and does not have any delegated authority other than that of making recommendations.

**Responsibilities of Members:** Each member on the Group is there in an individual capacity, acting for the benefit of the system as a whole and not for any organisation that they may also be employed by.

**Accountability and Reporting:** To the Cambridgeshire and Peterborough Health Executive

**Frequency of Meetings:** Monthly or as may be determined by the Chair in order to fulfil its duties in line with the agreed timeline

**Administration:** The Group will be supported by administration support who will:

- Agree the Agenda and circulate to members, along with any necessary advanced material
- Ensure minutes are taken and circulated with a record of issues to be taken forward
- Maintain an action log.

**Regularity of Terms of Reference review and by whom:** By the Programme Director acting on behalf of the Health Executive, six monthly

**Duration:** The Group will meet until December 2016, at which point a full review of progress will be made and proposals for future work developed.

**CHILDREN FAMILIES AND ADULTS – RISK REGISTER**

*To:* **Adults Committee**

*Meeting Date:* **7 July 2016**

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

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

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

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

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

<b><i>Officer contact:</i></b>	
Name:	Tom Barden
Post:	Senior Strategy Manager
Email:	<a href="mailto:Tom.barden@cambridgeshire.gov.uk">Tom.barden@cambridgeshire.gov.uk</a>
Tel:	01223 699705

## **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, with a glossary of definitions and acronyms as Appendix 3.
- 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 is attached as Appendix 2.

## **2.0 MAIN ISSUES**

- 2.1 All aspects of the CFA Risk Register have been reviewed and updated. Some risks have been removed from the register and new ones added to reflect the most significant risks to CFA. Significant changes to the Risk Register from previous register include new, measurable triggers for each risk and a reduction and limit to the number of triggers, controls and actions allowed for each risk to ensure the register does not become too large and therefore unusable.
- 2.2 Three CFA risks are included within the Corporate Risk Register (CFA risks 1-3). These risks have been chosen to be part of the Corporate Risk Register as they are deemed to be significant risks to the organisation as a whole. These three risks have been considered and approved as part of the Corporate Risk Register by CFA Management Team and SMT and have since been to GPC and Audit and Accounts Committee.
- 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 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).
- 2.6 The only risk that is scored 'red' as a result of a high residual risk score is risk 16, 'Insufficient availability of supported housing schemes due to the impact of the capped housing benefit at Local Housing Allowance (LHA) levels.' This risk arises because some housing providers are likely to be badly affected by a cap on housing benefit proposed by the Government that will be imposed on new supported living tenancies in social housing signed after 1 April 2017



(and taking effect from April 2018). This may affect vulnerable children and adults who need supported living. Currently, the residual risk score is the same as the inherent risk score as there are no controls to mitigate the impact of the risk. In addition to the County Council, this issue affects district councils (as housing authorities) and other partners.

- 2.7 Two further actions are being taken to understand this risk and develop appropriate controls:
- Map existing and forecast service users in supported housing and assess impact on providers and potential impact on service users taking on tenancies after 1 April 2017. This analysis is complex, as although the proposed cap will only affect service users who sign a tenancy after 1 April 2017, if service users have to move home or if providers are financially unviable because their future income is reduced by the cap, then existing service users will be affected also. Initial analysis has taken place of the likely impact on the extra care housing sector, and it is known that two schemes (in Whittlesey and North Ely) are on hold as the Local Housing Allowance (LHA) cap has caused a funding gap in the business plan and they are unviable at the moment. Further analysis will be undertaken to establish the possible impact on County Council service users, many of whom live in other types of supported housing.
  - This information should be used to prepare contingency plans for dealing with the possible impacts of the cap on housing providers where service users have tenancies, and for planning for making future placements.

These actions are planned to be completed by September 2016.

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

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

- 3.1.1 The CFA Risk Register is a tool for managing risk across all CFA services, and as such there are no significant implications that specifically relate to any particular priority.

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

- 3.2.1 The CFA Risk Register is a tool for managing risk across all CFA services, and as such there are no significant implications that specifically relate to any particular priority.

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

- 3.3.1 The CFA Risk Register is a tool for managing risk across all CFA services, and as such there are no significant implications that specifically relate to any particular priority.

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

- 4.1.1 For CFA, the Strategy Service has responsibility for introducing and maintaining systems for risk management. This includes supporting directorates to identify and manage risks, and providing updates for the Corporate Risk Register. The management of risk in terms of the

implementation of controls and the delivery of actions is the responsibility of the officer lead identified on the Risk Register.

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

- 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 Implications**

- 4.3.1 There are no significant implications within this category.

## **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.

<b>Source Documents</b>	<b>Location</b>
Risk Management Procedures	Audit and Risk Management, OCT1108, Shire Hall, Cambridge

<b>Risk Management</b>	Management of risk incorporates all the activities required to identify and control the exposure to risk that may have an impact on the achievement of an organisations objectives
<b>Risk Description</b>	occurrence that is caused by external or internal vulnerability, and that may be avoided through pre-emptive action) in a way that can be understood with clarity
<b>Trigger</b>	An identified measure or indicator that signals that the risk is likely to occur (a risk symptom or warning sign). A trigger enables the organisation to anticipate a risk before it becomes an issue. Triggers should be regularly monitored for quality assurance and control. Only the key triggers to be listed - a maximum of three triggers per risk
<b>Result</b>	The anticipated effects on the organisation to successfully achieve its objectives/activity should the risk become an issue. It describes a specific impact to the organisation and/or service user
<b>Inherent Risk</b>	The level of the risk occurring out of circumstances or existing in an environment in the absence of any action to control or modify the circumstance
<b>Control</b>	Systems (such as implementation of new policy and/or new standards, or procedural changes within the organisation) that have been implemented to make it less likely the risk will occur, or which reduce its impact, probability or both. Only the key controls to be listed. Controls are not static - they consist of activity and may involve the delivery of a programme of work.
<b>Residual Risk</b>	The level of risk that remains after all effort to alter the risk's impact and probability have been taken into account
<b>Action</b>	A response or action that is being implemented/developed/steps that are being taken to make it less likely that a risk will occur, or which reduce its impact, probability or both, such as the development of new policy. Once implemented actions will form a control. Only the key actions to be listed - a maximum of 8 actions per risk. Actions often form part of a wider programme of work or an improvement plan which contains more actions in the area of the relevant risk than are listed on the risk register.
<b>Councils agreed definition of risk (CCC Risk Management)</b>	Factors, events or circumstances that may prevent or detract from the achievement of the Council's corporate and service plan priorities

Risk No.	Risk Description	Details of Risk			Inherent Risk			Key Controls	Residual Risk			Actions					
		Triggers	Result	Probability	Impact	Score	Owner		Contact	Probability	Impact	Residual Score	Description	Action Owner	Target Date	Revised Target Date	Action Status
16	Insufficient availability of supported housing schemes due to the impact of the capped housing benefit at Local Housing Allowance (LHA) levels	1. Closure of supported housing schemes	1. Supported housing schemes for vulnerable people are unviable and close	4	4	16	Executive Director CFA	HoS Procurement, HoS Commissioning Enhanced Services, Ho Service Development OP	1. Very new change, CFA are aware and working with partners to understand implications	4	4	16	1. Prepare contingency plans to manage if providers close down	HoS Procurement/ Ho SDOP/ HoS CES	Sep-16		A
		2. Proportion of adults with learning disabilities in their own home or with family below target (CFA Performance board)	2. Increased use of nursing and care homes										2. Map existing and forecast service users in supported housing and understand possible impact	SD ASC	Sep-16		G
		3. Housing associations/providers suspend building of new schemes due to viability concerns	3. Increased pressure on Council Services														
		4. People will require alternative accommodation															
		5. Increased pressure on council services and budgets															
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	1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity	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
		1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool	2. Reputational damage to the Council						2. Skilled and experienced safeguarding leads and their managers.				2. Implementation of changes to safeguarding as required by the Care Act 2014 overseen by the Safeguarding Adults Board and the Transforming Lives/Care Act programme Board. Implementation began April 2015 in line with legislation and current guidance has been reviewed to respond to Care Act requirements including making safeguarding personal	SD ASC	Jun-16		G
		2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral							3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for CCC staff, and regular supervisions monitor and instil safeguarding procedures and practice.				3. Reviewing process and procedures for transfer of work between E&P and CSC	SD E&P/ SD CSC	Jul-16		G
		3. Serious case review is triggered							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.				4. Develop short, medium and long term actions to address unsustainably high demand levels experienced in children's services in Spring 2016	ED CFA			G
		Adult Social Care (Inc. OPMH)							5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners.				5. Work is ongoing on resolving issues with CCG over jointly funded packages of support (CHC, section 41 and section 117). Further action will be taken if back payments cannot be secured.	SD OPMH	Sep-16		G
		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 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.									
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
3 (CR)	Insufficient availability of care services at affordable rates	1. Average number of ASC attributable bed-day delays per month is above national average (aged 18+) as identified by CFA performance dashboard 2. Delayed transfers of care from hospital attributable to adult social care as identified by CFA performance dashboard 3. Home care pending list	1. Client dissatisfaction and increased risk of harm and hospital admission 2. Increase in delayed discharges from hospital 3. Reputational damage to the Council	5	4	20	SD Older People and Mental Health	HoS Procurement	1. Data regularly updated and monitored to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups including adults and OP 3. Community resilience strategy details CCC vision for resilient communities 4. Directorate and CFA Performance Board monitors performance of service provision 5. Coordinate procurement with the CCG to better control costs and ensure sufficient capacity in market 6. Take flexible approach to managing costs of care 7. Market shaping strategy in place, including building and maintaining good relationships with providers, so we can support them if necessary 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.	5	3	15	1. Retender the main home care contract 2. Full implementation of Early Help team for adults and OP	HoS Procurement SD OP	Oct-17 Aug-16		G G
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)	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	5	3	15	1. Reduce the number of external placements/ increase in-house fostering placements 2. Agree areas of strategic development from Commissioned Provider Workforce Strategy being undertaken by WFD 3. CCC, providers and the wider health system working with local colleges to develop skills for working in the adult care system	HoS Corp Parenting HoS Procurement HoS WFD	Jun-16 Oct-17 Apr-17		G G G
		1. Care homes, supported living or home care agency are suspended	1. Loss of service provision, impact on service users						1. Robust contracting and monitoring procedures				1. Reports on providers flagged by Early Warning Dashboard will be reported to CFA Performance board and Directorate Management Teams	HoS Procurement	Sep-16		G

5	Cessation of delivery, loss in quality and/or failure of adult social care providers	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	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	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	3	4	12	2. Market Shaping Strategy and Action Plan going out for consultation with stakeholders to ensure robustness of draft strategy and action plan	HoS Procurement	Aug-16		G
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	3	4	12	1. Deliver actions in Accelerating Achievement and School Improvement Strategies  2. Develop and implement a combined schools improvement and accelerating achievement strategy for 2016-2018  3. Developing a protocol for monitoring the performance of academies and free schools  4. 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  5. Monitor uptake of programme to promote good mental health for CYP (link to control 6)	SD Learning  SD Learning  SD Learning  HoS SEND Specialist Services  HoS CID	Aug-16  Sep-16  Sep-16  Oct-16  Aug-16		A G G G 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	HoS Information Management Service	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 8. Back up systems for CFA Business Systems 9. Corporate (Information Governance Team) monitor data handling and security position and improvements	2	4	8	1. Develop implementation plan for new supplier of CFA Business Systems  2. Implementation of CFA social care Business Systems on new rationalized platform	HoS IM  HoS IM	Jun-16  Mar-18		G G
		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						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				1. CPFT to provide improved performance data to CCC.	HoS MH	Jul-16		G

8	Failure of key partnership agreements		5. Increased costs  6. Reduction in services	4	5	20	SD Strategy and Commissioning	SD Strategy and Commissioning	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					
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	HoS Strategy	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. CFA Strategy team support services with inspection preparation 10. Next Steps Board oversees preparation for Ofsted inspections of services for children in need of help and protection	2	4	8	1. Gather data and intelligence from Head teachers on academisation  2. Complete self-evaluation in preparation for SEND Area Inspection	SD Learning  SD S&C	Nov-16  Jul-16		<div>G</div> <div>G</div>
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	HoS Strategy	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	1. Working party exploring alternatives to the existing business planning process  2. Review how we can better integrate planning cycle with partners	HoS Strategy  ED CFA	Jun-16  Jun-16		<div>G</div> <div>G</div>
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	HoS Strategy	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	3	4	12					



								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									
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	HoS Strategy	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. Strategy and Commissioning work plans regularly reviewed by Management Team. 5. CFA Management Team monitors achievement of savings on a monthly basis - including ensuring capacity is provided	3	4	12	1. Participate in Corporate Capacity Review	SD S&C	Nov-16		G
14	Failure to attract or retain a sufficient social care workforce	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 3.High vacancy rates of identified key social care roles as identified by Strategic Recruitment and Workforce Development Board	1. Outcomes for children, families and adults are poorer 2. Reputational damage to the Council 3. Demotivated staff lacking the skills to deliver future challenges 4. Increased absence levels 5. Disproportionate level of agency staff	4	5	20	SD Learning	HoS Work Force Development	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 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	4	3	12	1. Deliver Recruitment and Retention Action Plan, overseen by Recruitment and Retention Task and Finish Group	SD OPMH	Mar-17		G
15	Insufficient capacity of Early Help Services to support children, young people and families	1. The number of children and families on the 'prioritisation list' increases 2. Level of completed CAFs prior to going to social care gives cause for concern 3. % of children aged 0-4 from vulnerable and hard to reach groups registered at children's centres is below targets identified in CFA performance dashboard	1. Increased pressure on high cost and specialist services 2. Outcomes for children and families are poor 3. Families lack resilience and capacity to deal with crisis	4	4	16	SD Enhanced and Preventative Services	SD Enhanced and Preventative Services	1. Children's Centres services are available locally to families at Children Centres, clinics, pre school settings and community facilities including libraries 2. Targeted parenting programmes and specialist activity groups (such as for those with anxiety or confidence difficulties) 3. Locality family CAF champion and FIP worker teams provide support to schools to start Family CAFs 4. Think family principles embedded in all services working with children, adults and families 5. Advice and coordination team at the MASH (early help hub) increases responsiveness 6. Ensure eligible families take up the offer of free education for 2 year olds and wider support and intervention with families is planned in an integrated way across early childhood sector	3	4	12	1. An improved children's centre information offer for families to provide detail about how services can be access and to encourage access to learning to increase resiliency 2. Determine appropriate levels for the number of children and young people that are referred to children's social care without a CAF. 3. Review family CAF	HoS Family Work SD CSC/ SD E&P HoS Locality and Partnerships ECF&Ci	Sep-16 Jun-16 Nov-16		G A G
10	Inability to maintain sustainable traded	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	HoS Children's, Innovation and	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.	2	3	6	1. Workforce Development and Service Development teams to build internal knowledge and capacity, commissioning external expertise where necessary. 2. Complete and embed an options appraisal process for traded product and alternative delivery models . 3. Develop market intelligence and research and forums for co-design with customers.	SD Learning, HoS CID HoS CID HoS CID	Sep-16 Jun-16 Sep-16		G G A







## CORPORATE RISK REGISTER

Version Date: April 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1a	Failure to produce a robust and secure Business Plan over the next 5 years	1. Failure to have clear political direction, vision, priorities, and outcomes in the Business Plan. 2. Failure to plan effectively to achieve necessary efficiency savings and service transformation. 3. Failure to identify sufficient additional savings in addition to existing plans, in light of forthcoming CSR. 4. Worsening Pension Fund deficit 5. Legislative changes add unforeseen pressures to Council savings targets	1. The Council lacks clear direction for resource use and either over-spends, requiring the need for reactive savings during the life of the plan, or spends limited resources unwisely, to the detriment of local communities.	CD CS&T	1. Robust political leadership, strong vision, clear 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. A working party is exploring alternatives to the existing business planning process  7. Capital Programme Board - robust management of the delivery of capital elements of the Business Plan  8. CFA savings tracker in place and reviewed by the CFA Performance Board monthly and weekly at the working group  9. An 'in-year savings tracker' in place to enable SMT to strengthen performance management of the delivery of the Business Plan  10. Business Case process in place as part of the development of savings proposals for the Business Plan	4	4	16	2. Implementation of the "new operating model" business planning approach alongside the existing cash limit approach (as approved by GPC 28 July 2015). 2. Transformation Programme, and Transformation Fund, established to deliver the New Operating Model and form the beginning of this year's business planning process  3. Communication of Transformation Programme and GPC/SMT decisions on how this will be implemented. For Q1 15/16 this includes communicating the "pipeline" for how transformation activity will inform the business planning process.  4. Review how CFA can better integrate planning cycle with partners  5. Governance and monitoring arrangements of CFA savings delivery established and in place (savings tracker) 6. Developing an "in-year savings tracker" to enable SMT to strengthen performance management of the delivery of the Business Plan 7. Implementing a Business Case process as part of the development of savings proposals for the Business Plan	SMT  CD CS&T  ED CFA  ED CFA  SMT  SMT	Feb-16  Jul-16  Jun-16  Apr-16  Apr-16	Mar-16 May 16 (and work continues beyond)  <			

# CORPORATE RISK REGISTER

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
1b	Failure to deliver the current 5 year Business Plan 2016 - 2021			CE	5. Rigorous RM discipline embedded in all transformation programmes/projects, with escalation process to Directorate Management Teams / Programme Boards 6. Integrated performance and resource reporting (monthly to GPC) a. Monthly progress against savings targets b. Corporate Scorecard monitors performance against priorities c. Budget holders monthly meetings with LGSS Finance Partner/External Grants Team, producing BCR d. Regular meetings with Director of Finance/s151 Officer, Committee Chairs and relevant Directors to track exceptions and identify remedial actions 7. Rigorous treasury management system in place plus ongoing tracking of national and international economic factors and Government policy 8. Limited reserves for minor deviations 9. Routine monitoring of savings delivery to identify any required interventions 10. Bi-annual Leaders and Chairs meeting and Cambridgeshire Public Service Board 11. Board Thematic Partnerships including the LEP and the Health and Well Being Board, commissioning task and finish groups 12. LGSS governance arrgts incl representation on SMT (Section 151 Officer)	4	4	16							
2	The quality, responsiveness and standard of LGSS Services fail to meet CCC requirements	1. LGSS resources available to support CCC are reduced as LGSS expands its customer base 2. Failure to manage LGSS service delivery to CCC	1. Support services to CCC are not provided in a timely, accurate and professional manner	CD CS&T	1. Joint Committee Structure incl CCC Cllr representation, LGSS Overview and Scrutiny Cttee, Chief Executive sits on LGSS Management Board 2. LGSS director representation on SMT to ensure LGSS meets current and future Council needs 3. LGSS Strategic Plan, Strategy Map and Improvement Activities identified 4. Programme Management arrangements in place to move forward workstreams 5. CCC performance management arrangements 6. LGSS performance management team 7. LGSS SLA's in place and regularly reviewed in detail 8. Corporate Director CS&T responsible for managing LGSS / CCC relationship	3	3	9	<b>2. In-depth reviews of the remaining SLAs in the Council's contract with LGSS. Currently underway are:- OWD, Audit and Risk Management and Strategic Assets (including the ongoing IT review) for completion by March 2016.</b> <b>In depth reviews of the SLAs in the Council's contract with LGSS. Further information required by SMT prior to sign off for Audit and Risk Management, Learning and Development and Strategic Assets</b>	CD CS&T	May-15	<b>Mar-16</b> <b>May 16</b>	G	Corporate Director, Customer Service and Transformation	
		1. Ineffective recruitment outcomes 2. Ineffective planning processes 3. Unattractive terms and conditions of employment. 4. High staff turnover 5. Lack of succession planning to capture experience and knowledge 6. Increasing demand for services 7. Lack of trained staff 8. National pressures on the recruitment of key staff	1. Failure to deliver effective services 2. Regulatory criticism/sanctions 3. Civil or criminal action 4. Reputational damage to the Council 5. Low morale, increased sickness levels		1. Annual business planning process identifies staffing resource requirements 2. Children and Adults Workforce Strategy and Development plans with focus on recruitment and retention 3. Robust performance management and development practices in place. 4. Flexible terms and conditions of employment				<b>1. LGSS Management Board will review the workforce strategy as part of the Transformation Programme</b> 2. Production of common training programme by OWD taken from service needs and compiled from PADP outcomes (annually) 3. Annual employee survey to feed into LGSS service improvement plans 4. Production of the County wide Organisational Workforce Development Programme	LGSS MB	Jan-16	<b>Mar-16</b> <b>Jul 16</b>	G	LGSS Management Board	
										LGSS	Sep-16		G	LGSS Service Assurance, Customers and Strategy	
										LGSS SAC&S	Nov-16		G		
										HoP	Jul-16		G	Head of People	

# CORPORATE RISK REGISTER

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
3	The Council does not have appropriate staff resources with the right skills and experience to deliver the Council's priorities at a time of significant demand pressures			DoPTT	5. Appropriate employee support mechanisms in place through the health and well being and counselling service agenda.	3	4	12	5. Improved learning and development opportunities for all social care staff through the development of a virtual academy for social workers	HoS WFD	Apr-16	Jun-16	G	Head of Service Workforce Development	ASYE site is live but social worker site delayed due to anticipated new learning info. The Learning pathways have been agreed and Workforce Development is now in process of looking to add this information to the Learn together webpage
					7. Use of statistical data to shape activity relating to recruitment and retention				6. Establish process to enable social care staff to rotate within social care roles	R&R TFG	May-16		G	Social Work Recruitment and Retention Task and Finish Group	Possibly complete as a paper to outline the process has been submitted to Service Directors approval - waiting for update on outcome of paper
					8. Workforce Strategy and Development Plan which is reviewed by LGSS Management Board on a quarterly basis.				7. Create dashbaord to monitor recruitment and retention performance indicators to enable more robust monitoring	R&R TFG	Apr-16	Jul-16	G		Combining and collating data more complicated than first thought anticipating July
					9. Extensive range of qualifications and training available to social care staff to enhance capability and aid retention.				<del>4. Activeley promoting social care roles in Cambridgeshire as part of recruitment campaign by attending job fair in Birmingham hosted by Compass Group - will review success of attending job fair and roll out wider if appropriate.</del>	R&R TFG	Mar-16		G		
					10. Increased use of statistical data to shape activity realting to social care recruitment and retention.										
					11. ASYE programme ensures new social workers continue to develop their skills, knowledge and confidence.										
					12. Social care frontline managers support their own professional development through planning regular visits with frontline services.									ASYE - Assessment and Supported Year in Employment.	
4	The Council does not achieve best value from its procurement and contracts	1. ineffective procurement processes 2. Lack of awareness of procurement processes across the Council 3. Ineffective contract management processes 4. Untrained contract managers	1. Poor value for money 2. Legal challenge 3. Wasted time and effort in contractual disputes	DoLPG	1. Contract Procedure Rules and Procurement Best Practice Guidance and templates kept updated with changes in best practice	2	3	6	1. Audit reviews to provide assurance that individual managers have the appropriate skills and training	HIA	Mar-16	Mar-17	G	Head of Internal Audit	Included in the 2016/17 Audit Plan
					3. Procurement Training provided on a regular basis with differing levels targeted at specific audiences				2. Audit reviews to provide assurance on the effectiveness of contract management in selected contracts	HIA	Mar-16	Mar-17	G		Included in the 2016/17 Audit Plan
					4. Central Contract register maintained and access available to relevant Officers										
					5. Use of checklist (Summary Procurement Proposal) on all new procurement activity undertaken via central Procurement team. This includes a review of options to achieve optimal value and where feasible captures existing costs and new costs after the procurement.										
					6. Nursing and residential care purchased through central brokerage unit										
					7. Develop long term sustainable relationships with providers wherever appropriate (e.g. Home care contract)										
		1. Insufficient funding is obtained from a variety of sources, including growth funds, section 106 payments, community infrastructure levy and other planning contributions, to deliver required infrastructure . This is exacerbated by austerity measures and reduced government funding for local authorities  2. Significant reduction in school infrastructure funding in 2016/17 from £34m per annum to £4m	1. Key infrastructure, services and developments cannot be delivered, with consequent impacts on transport, economic, environmental, and social outcomes. This could also result in greater borrowing requirement to deliver essential infrastructure and services which is unsustainable.		1. Maximisation of developer contributions through Section 106 negotiations.				<del>7. Investigate the potential for use of Tax Increment Financing and other innovative forms of funding for infrastructure.</del>	Exec Director - ETE	Ongoing		G		
					2. Prudential borrowing strategy is in place.				9. Assist service areas define their infrastructure needs to be pulled together within onedocument for use - the Cambridgeshire Infrastructure Plan led by the Joint Strategic Planning Unit	HoTIPF	Spring-2015	Dec-15 Early-2016 May 16	G		
					3. Section 106 deferrals policy is in place.				10. Scope out potential for a more joined up approach to CIL and investment in infrastructure	HoTIPF	Spring-2015	Autmn-2015 Mar-16 Sep 16	G		
					4. External funding for infrastructure and services is continually sought including grant funding.				15. County Planning obligation strategy being developed for district's and CCC use.	HoGE	Dec-15	Apr-16 Jul 16	G	HoTIPF - Head of Transport	

# CORPORATE RISK REGISTER

Details of Risk				Owner	Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments	
Risk No.	Risk Description	Trigger	Result			Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status			
9	Failure to secure funding for infrastructure			ED ETE ED CFA	5. Maintain dialogue with Huntingdonshire District Council and East Cambridgeshire District Council where Community Infrastructure Levy is in place to secure CIL monies for County Projects.  6. Strategic development sites dealt with through S106 rather than CIL and S106. In dealing with sites through S106 alone, the County Council has direct involvement in negotiation and securing of developer contributions to mitigate the impact of a specific development.  7. County planning obligation strategy being developed for district's and CCC use in identifying community infrastructure needs.  8. Lobby with LGA over infrastructure deficit     9. On-going review, scrutiny and challenge of design and build costs to esnure maximum value for money.  10. Coordination of requirements across Partner organisations to secure more viable shared infrastructure.  11. Respond to District Council Local Plans and input to infrastructure policy at all stages of the Local Plan process.  12. Annual school capacity return to the Department of Education seeks to secure maximum levels of funding for basic need.  13. <i>Maintain</i> dialogue with Cambridge City Council and South Cambridgeshire District Council to input into Community Infrastructure Levy prior to adoption of the Local Plan (Adoption of CIL anticipated 2016)	4	4	16							ED ETE - Head of Transport Infrastructure Policy and Funding  HoGE - Head of Growth and Economy  HoS - Head of Strategy  SD S&C - Service Director, Strategy and Commissioning  ED CFA - Exec Director, Children, Families and Adults	



# CORPORATE RISK REGISTER

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15	Failure of the Council's arrangements for safeguarding vulnerable children and adults	<p>Children's Social Care:</p> <p>1. Children's social care case loads reach unsustainable levels as indicated by the unit case load tool</p> <p>2. More than 25% of children whose referral to social care occurred within 12 months of a previous referral</p> <p>3. Serious case review is triggered</p> <p>Adult Social Care (inc. OPMH):</p> <p>1. Care homes, supported living or home care agency suspended due to a SOVA (safeguarding of vulnerable adults) investigation</p> <p>2. Serious case review is triggered</p> <p>3. Outcomes of reported safeguarding concerns reveals negative practice</p>	<p>1. Harm to child or an adult receiving services from the Council</p> <p>2. Reputational damage to the Council</p>	ED CFA	<p>1. Multi-agency Safeguarding Boards provides multi agency focus on safeguarding priorities and provides systematic review of safeguarding activity</p> <p>2. Skilled and experienced safeguarding leads and their managers.</p> <p>3. Comprehensive and robust safeguarding training, ongoing development policies and opportunities for staff, and regular supervisions monitor and instil safeguarding procedures and practice.</p> <p>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.</p> <p>5. Multi Agency Safeguarding Hub (MASH) supports timely, effective and comprehensive communication and decisions on how best to approach specific safeguarding situation between partners.</p> <p>6. Robust process of internal Quality Assurance (QA framework) including case auditing and monitoring of performance</p> <p>7. Whistleblowing policy, robust Local Authority Designated Officer (LADO) arrangements and complaints process inform practice</p> <p>8. Regular monitoring of social care providers and information sharing meetings with other local organisations, including the Care Quality Commission</p> <p>9. Joint protocols, practice standards and QA ensure appropriate joint management and case transfer between Children's Social Care and Enhanced and Preventative Services</p> <p>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</p>	3	5	15	<p><b>1. Implement plan to integrate adult safeguarding into the Multi-agency Safeguarding Hub (MASH)</b></p> <p><b>2. Implementing new operational management arrangements across children's social care to ensure better management of resources and activity.</b></p> <p>3. Investigating referral arrangements to ensure most effective arrangements are in place to the MASH - proposals to be reviewed and next steps decided by CFA management team</p> <p>4. Implementation of changes to safeguarding as required by the Care Act 2014 overseen by the Safeguarding Adults Board and the Transforming Lives/Care Act programme Board. Implementation began April 2015 in line with legislation and current guidance has been reviewed to respond to Care Act requirements including making</p> <p><b>5. Implementing new QA process, including monthly reporting, of safeguarding of adults to ensure we are complying with legislation and delivering best practice.</b></p> <p><b>6. Work is ongoing on resolving issues with CCG over jointly funded packages of support (CHC, section 41 and section 117). Further action will be taken if back payments cannot be secured.</b></p>	<p>SD ASC</p> <p>SD CSC</p> <p>HoS FREDt</p> <p>SD ASC</p> <p>SD OPMH</p>	<p>Mar-16</p> <p>May-16</p> <p>May-16</p> <p>Apr-16</p> <p>May-16</p> <p>Sep-16</p>		<p>A</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p> <p>G</p>	<p>Service Director Adult Social Care</p> <p>Service Director Children's Social Care</p> <p>Head of Service First Response and Emergency Duty Team</p>	<p>Staff are now been recruited (difficulty in recruitment is what caused delays and is reason for amber) and all will be in place mid March</p> <p>Complete for investigating referrals arrangements with education and are now moving to the health system</p> <p>In the process of bringing information and guidance into one document which has taken longer than anticipated due to bringing in the MASH and working with Peterborough</p>
20	Non compliance with legislative and regulatory requirements	<p>1. Staff unaware of changes to legislative/regulatory requirements</p> <p>2. Lack of staff training</p> <p>3. Lack of management review</p>	<p>1. Adverse reports from regulators</p> <p>2. Criminal or civil action against the Council</p> <p>3. Reputational damage</p>	CE	<p>1. LGSS legal team robust and up to date with appropriate legislation.</p> <p>2. LGSS legal team brief Corporate Leadership Team on legislative changes</p> <p>3. Service managers kept abreast of changes in legislation by the Monitoring Officer, Gov departments and professional bodies</p> <p>4. Monitoring Officer role</p> <p>5. Code of Corporate Governance</p> <p>6. Community impact assessments required for key decisions</p> <p>7. Business Planning process used to identify and address changes to legislative/regulatory requirements</p> <p>8. Constitutional delegation to Committees and SMT</p> <p>9. H&amp;S policy and processes</p> <p>10. Testing of retained learning</p>	2	4	8	<p><b>1. Developing information and advice provision (an inspection handbook)</b></p> <p><b>2. Develop an arrangement for disseminating legislative change to all directorates and services</b></p>	<p>HoS Strategy</p> <p>SD S&amp;C</p>	<p>Apr-16</p> <p>Apr-16</p>		<p>G</p> <p>G</p>	Service Director: Strategy and Commissioning	

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status		
					11. Programme Boards for legislative change (e.g. Care Act Programme Board) 12. Training for frontline staff on new legislation 13. Involvement in regional and national networks in children's and adults services to ensure consistent practice where appropriate 14. CFA Strategy team support services with inspection preparation 15. Next Steps Board oversees preparation for Ofsted inspections of services for children in need of help and protection <b>16. Whistleblowing policy</b>  <b>17. Anti Fraud and Corruption Strategy incl Fraud Response Plan</b>										
21	Business Disruption	1. Loss of staff (large quantities or key staff) 2. Loss of premises (including temporary denial of access) 3. Loss of IT, equipment or data 4. Loss of a supplier 5. Loss of utilities or fuel 6. Flu Pandemic	1. Inability to deliver consistent and continuous services to vulnerable people 2. School closures at critical times impacting students' ability to achieve 3. Inability to fully meet legislative and statutory requirements 4. Increase in service demand 5. Inability to respond to citizens' request for services or information 6. Lasting reputational damage	CD CST	1. Corporate and service business continuity plans  2. Relationships with the Unions including agreed exemptions  3. Corporate communication channels  4. Multi-agency collaboration through the Cambridgeshire & Peterborough Local Resilience Forum (CPLRF)  5. First phase of IT resilience project including the increased alternative power/environment conditions in major machine rooms 6. Operational controls  7. Resilient Internet feed  8. Business continuity testing  9. CCC corporate BCP Group incl LGSS BC leads	3	4	12	3. Project to establish 2nd LGSS data centre for resilience/backup of all systems, in addition to Scott House facility.  13 Review of Corporate Business Continuity Plan.  14. Review of accommodation provision in business continuity plans with LGSS	DoIT  HoEP  HoEP	Mar-13  Jun-16  Jul-16	Dec-15 Dec-16  	G  G G	DoIT - Director of Information Technology  HoEP - Head of Emergency Planning	The second LGSS data centre is in Northampton and this is finished and it is connected but much more work is needed before this becomes the live failover site for CCC. Much of the new hardware and systems is on order and/or being installed now but they will keep using Scott House for some time to come  They update the plan by the end of June on an annual basis
		1. Cambridgeshire Future Transport fails to deliver effective, efficient and responsive passenger transport services around Cambridgeshire	1. The accessibility needs of Cambridgeshire residents are not met, contributing to social exclusion, poor take up of employment and education opportunities, and reduced quality of life. 2. Failure to complete on time will mean business plan savings are not achieved.		1. A Governance group, including member representation from each of the districts, County, NHS, Cambridgeshire ACRE is in place to oversee the programme  2. The Cambridgeshire Future Transport programme board consisting of representatives from ETE, CFA and Comms  3. Strategic business case, Risks and Issues Log and programme is in place.				5. A14 Corridor, A1 Corridor/A14, Harston and Great Shelford:Tenders for services 400 and 401 are in the process of being awarded.  6. St Ives, Ramsey, Whittlesey, St Neots, Brampton, Isleham and Fordham: Tenders for services 21, 31, 46, 47 and 901-904 are in the process of being awarded.  7. Chatteris, March, Wisbech, Gorfield, Leverington, Melbourn, Bassingbourn: Tenders for services 9, 35, 46 and 390 are in the process of being awarded. Community led timetables for the remaining services continue to be developed.	HoPT  HoPT  HoPT	Oct-15  Sep-15  Oct-15	Jan-16 <del>May-16</del> July 16  Jan-16 <del>May-16</del> July 16  Jan-16 <del>May-16</del> July 16	G  G G	HoPT - Head of Passenger Transport	



# CORPORATE RISK REGISTER

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22	The Cambridgeshire Future Transport programme fails to meet its objectives within the available budget			DoSD	4. Communications strategy has been developed.	3	3	9	8. Review of Commissioning. The CFT Member Steering Group has been renamed the Total Transport Member Steering Group. The Group is holding monthly meetings to take forward work on improving commissioning and integration of all forms of passenger transport. The next meeting will consider papers on Terms of Reference, Total Transport Pilot Proposal, Scheduling Software and	HoPT	Mar-17		G		
					5. Engagement strategy including stakeholder mapping has been developed.								G		
					6. Bi-weekly project team meetings.								G		
					7. Updates are provided monthly for Members via Key Issues.								G		
					8. Two year programme in place for the review of the commissioning of services.										
23	Major Fraud or Corruption	1. Non compliance with the internal control framework and lack of awareness of anti-fraud and corruption processes. 2. Increased personal financial pressures on individuals as a result of economic circumstances	1. Reputational damage 2. Financial loss	CE	1. Financial Procedure rules	2	3	6	3. Implement anti bribery policy	HIARM	Mar-14	Dec-15 Mar16	A	HIARM - Head of Internal Audit and Risk Management	
					2. Anti Fraud and Corruption Strategy incl Fraud Response Plan				4. Fraud awareness campaigns	HIARM	Dec-15	Aug-16	G		
					3. Whistle blowing policy										
					4. Codes of conduct										
					5. Internal control framework										
					6. Fraud detection work undertaken by Internal Audit										
					7. Awareness campaigns										
					8. Anti Money Laundering policy										
					9. Monitoring Officer/Democratic Services role										
					10. Publication of spend data in accordance with Transparency Agenda										
					11. New Counter Fraud Team established in LGSS										
		1. Failure to equip staff and managers with the training, skills, systems and tools to enable them to meet the statutory standards for information management. 2. Failure to ensure that information and data held in systems (electronic and paper) is accurate, up to date, comprehensive and fit for purpose to enable managers to make confident and informed decisions.	1. Adverse impact on Council's reputation. 2. Adverse impact on service delivery, as unable to make informed decisions. 3. Financial penalties. 4. Increase in complaints and enquiries by the ICO. 5. Decisions made by managers are not appropriate or timely.		1. Governance; SIRO, CIO, Corporate Information Management Team encompassing Information Management, Information Governance, Records Management, policies confirming responsibilities (see below) Data protection registration requirements				6. Roll out of EDRM to manage the information lifecycle (including information standards). Task and finish group established to drive forward greater awareness raising and training	IM	Mar-13	Apr-17	G	IM - Information Manager	
					2. Policies: Data Protection, Freedom of Information, Information Security Incidents, Mobile Devices, Code of conduct, Retention schedules, IT security related policies (computer use, email), Information Management Strategy				7. Updated Information Asset Register	IM	Apr-17		G		
					3. Procedures: FOI, Subject Access Request Handling, Records Management, service level operational procedures,				8. Mapping data flows	IM	Apr-17		G		
					4. Tools: Encrypted laptops and USB sticks, secure email and file transfer solutions, asset registers (USB sticks, encrypted laptops) device control				9. Develop implementation plan for new supplier of CFA Business Systems	HoS IM	Jun-16		G		
					5. Training and awareness: Data Protection, information security, information sharing, Freedom of Information and Environmental Information Requests				10. Agree an escalation policy should availability of CFA Business Systems go below SLA levels	HoS-IM	Apr-16		G		
					6. Advice: Information Management advice service (IM, IG, RM, security), Information Management addressed via the Gateway project				11. Implementation of CFA social care Business Systems on new rationalized platform	HoS IM	Mar-18		G		

## CORPORATE RISK REGISTER

Version Date: April 2016

Details of Risk					Key Controls/Mitigation	Residual Risk			Actions					Action Owner Acronyms explained	Comments									
Risk No.	Risk Description	Trigger	Result	Owner		Probability	Impact	* Score	Description	Action Owner	Target Date	Revised Target Date	Action Status											
24	A lack of Information Management and Data Accuracy and the risk of non compliance with the Data Protection Act			CD CST	7. Information asset catalogue/register - to catalogue all information assets which are managed by CCC	3	3	9																
					8. Information sharing protocols embedded internally and with partners																			
					9. Audit/QA of accountabilities process																			
					10. e-safety policy																			
					11. Assurance monitoring - The SIRO and Information Management Board will receive a report as part of the Information Risk Management work package highlight any information risks across CCC. Details of any IG Security Incidents will be included in the IG Annual Update report to Senior Management team/ members																			
					12. Mapping Flows of Personal Confidential Data - To adequately protect personal information, organisations need to know how the information is transferred into and out of the organisation, risk assess the transfer methods and consider the sensitivity of the information being transferred.																			
					13. Incident reporting - Damage resulting from potential and actual information security events should be minimised and lessons learnt from them. All information security incidents, suspected or observed, should be reported through the CCC Incident Reporting system and managed in line with the Incident Reporting Procedures and Integrated Risk Management Policy																			
					14. Intrusion or Perimeter Security including use of next generation hardware firewalls in several tiers, network traffic minotoring by Virgin Media Business, hardware appliances to check in bound mail traffic, spam filters and web content filtering on internet traffic and anti-virus software on the servers																			
					15. Local device protection including anti-virus on individual devices (sourced from a different supplier to the anti-virus software on the servers), Microsoft tools to restrict users ability to modify or install software and all mobile devices are encrypted																			
					16. Record all attempted attacks and have an established relationship with the local and regional cyber crime teams in the Police and have established links and information sharing with the national crime and intelligence agencies																			
					17. Individual Services Business Continuity Plans.																			
					18. LGSS IT Disaster Recovery Plan																			
					19. LGSS IT service resilience measures (backup data centre, network re-routing).																			
					20. Version upgrades to incorporate latest product functionality																			
					21. Training for CFA Business systems prior to use																			
					22. Information sharing agreement																			
					23. Backup systems for mobile working																			
					24. Back up systems for CFA Business Systems																			

# CORPORATE RISK REGISTER

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26	increasing manifestation of Busway defects			ED ETE	5. Independent Expert advice has been taken confirming that the defects are defects under the Contract and that a programme of preventative remedial action is required and will be cheaper overall and less disruptive in the long run than a reactive response. 6. Legal Advice has been taken confirming that the defects are defects under the contract and that the Council has a good case for recovering the cost of correction from the Contractor 7. Retention monies held under the contract have been withheld from the Contractor and used to meet defect correction and investigation costs. 8. Funds have been set aside from the Liquidated Damages withheld from the Contractor during construction, which are available to meet legal costs 9. General Purposes Committee have resolved to correct the defects and to commence legal action to recover the costs from the Contractor 10. Initially defects are being managed on a case by case basis until the contractual issues are resolved, minimising impact on the public.	2	5	10							
27	The pension fund has the potential to become materially under-funded	2. Contribution levels do not maintain the level of the fund 3. The longevity of scheme members increases 4. Government changes to pensions regulations 5. Volatility of financial markets 6. Change to tax threshold causing exceedingly high contribution 7. Shrinking workforce	1. Significant increases in revenue contributions to the Fund are necessary placing additional savings requirements on services	CFO	1. Governance arrangements including CCC Constitutional requirements and Pensions Committee including response to Hutton enquiry  2. Investment Panel work plan  3. Triennial valuation 4. Risk agreed across a number of fund managers  5. Fund managers performance reviewed on a regular basis by Pensions Committee 6. Opt in legislation  <b>7. Review investment manager performance quarterly</b>  <b>8. Ongoing monitoring of skills and knowledge of officers and those charged with governance</b>	3	5	15	<b>1. Updated Funding Strategy Statement to be agreed as part of the 2016 triennial valuation process setting out the funding approach for secure, tax rising scheme arrangements such as CCC</b> <b>2. A established approach to employer contributions to continue, recognising the secure nature of CCC and the long term nature of the pension liabilities</b> <b>3. Review strategic asset allocation as part of valuation process</b>	HoP  HoP  HoP	Dec-16  Mar-17  Mar-17			HoP - Head of Pensions	
29	Failure to address inequalities in the county continues	1. Impact of wider economic and social determinants, which may require mitigation through Council services. 2. Failure to target/promote services to disadvantaged or vulnerable populations, or in areas of deprivation, appropriately for local need.	1. Worsening inequalities between geographical areas and/or disadvantaged or vulnerable populations, including health, educational achievement, income.	CE	1. Council's business plan  2. Committee monitoring of indicators for outcomes in areas of deprivation (following full Council motion)  3. Joint Strategic Needs Assessment, Annual Public Health Report, and Joint Health and Wellbeing Strategy (Health inequalities)  4. Implementation of Health Committee Priority 'Health Inequalities' actions and targetting of Public Health programmes (health inequalities)  6. Child Poverty Strategy (income)  7. Targetted services e.g: Travellers Liaison, Traveller Health Team, Chronically excluded adults team etc. 9. Buy with confidence approved trader scheme.	3	4	12	1. Implementation of health inequalities aspects of Joint Health and Wellbeing Strategy  <b>2. Deliver actions in Accelerating Achievement and School Improvement Strategies</b>  <b>3. Develop and implement a combined schools improvement and accelerating achievement strategy for 2016-2018</b>	DoPH  SD L  SD IL	Dec-16  Aug-16  Sep-16		G A G	DoPH - Director of Public Health DoCFA - Director and Children, Families and Adults SD L - Service Director Learning	

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					10. Cambridgeshire Inequalities Charter 11. Wisbech 20:20 programme <b>12. Cambridgeshire 0-19 Education Organisation Plan</b> <b>13. Cambridgeshire Older People Strategy</b>										
30	Failure to deliver Waste savings / opportunities and achieve a balanced budget	Failure to: 1) deliver Household Recycling Service savings, 2) realise savings opportunities from waste contracts 3) manage operational risk of unforeseen contractual events	1.Savings not delivered and potential increased costs leading to significant budget pressures.	ED ETE	1. Strong contract management and close working with legal and procurement to reduce unforeseen costs where possible e.g. management of amount of waste going to landfill. Regular communication, exchange of information and decision-making at the Waste PFI Delivery Board. The Board provides focused management of issues, ensuring contract delivers as required.  2. The Waste PFI is in service delivery phase - the protection that is provided by the contract terms and conditions is in place.  3. Officers working closely with DEFRA, WIDP, Local Partnerships, WOSP and other local authorities  4. The contract documentation apportions some risks to the contractor, some to the authority and others are shared.  5. Clear control of the risk of services not being delivered to cost and quality by levying contractual deductions and controls if the contract fails or issues arise.  6. During the procurement process, the authority appointed a lead to negotiate risk apportionment. The results of the negotiation relating to financial risk are captured in the Payment Mechanism (schedule 26) and Project Agreement that form part of the legally binding contract documentation 7. Waste PFI contractor investigating contract for Refuse Derived Fuel (RDF) option for Compost Like Output (CLO).	3	5	15	<del>3. Continue close working with DEFRA, WIDP, WOSP and Local Partnerships on specific issues identified through initial financial and legal reviews to resolve legacy issues with contract</del>  <del>4. Implementation of revised governance arrangements for waste, and amendments to specific job descriptions and person specs</del> <b>5. Review revised contract management arrangements after 3 months of implementation.</b> <b>6. Deliver further contract management training if July review identifies a requirement.</b>  <b>7. Identify options for savings in collaboration with Amey and carry out trials where appropriate.</b> <b>8. Resolve legacy issues in the round with discussions on savings and opportunities.</b>	A&C  HoH&C  HoH&C  HoH&C  HoH&C  HoH&C	Mar-16  May-16  Jul-16  Sep-16  Aug-16  Aug-16		G  G  G  G  G  G	A&C - Assets and Commissioning	
31	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 2015-17 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	ED CFA	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. Family based care - review placements and look at creative options to reunify child with family and reduce cost  2. Reduce the number of external placements/ increase in-house fostering placements  3. Lowering the cost of the most expensive placements  4. Reducing the cost of external placements  5. Develop in county provision for disabled young people 6. Develop a dedicated policy for unaccompanied asylum seeker placements	HoS CD  HoS Corp Parenting a HoS CES  HoS CES  HoS CD  HoS FREDt	Apr-16  Jun-16  Jun-16  Apr-16  Sep-16  Apr-16		G  G  G  G  G  G	Head of Service Children's Disability  Head of Service for Corporate Parenting  Head of Commissioning Enhanced Services  Head of Service First Response and Emergency Duty Team	The LAC action plan will be updated at the LAC programme board at the end of May 2016, so won't be able to get new dates/updates until then so won't be ready in time for papers for A&A but should be able to get info for a verbal update

CORPORATE RISK REGISTER

Version Date: April 2016

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32	Insufficient availability of care services at affordable rates	1. Average number of ASC attributable bed-day delays per month is above national average (aged 18+) as identified by CFA performance dashboard 2. Delayed transfers of care from hospital attributable to adult social care as identified by CFA performance dashboard 3. Home care pending list	1. Client dissatisfaction and increased risk of harm and hospital admission 2. Increase in delayed discharges from hospital 3. Reputational damage to the Council	ED CFA	1. Data regularly updated and monitored to inform service priorities and planning 2. Maintain an effective range of preventative services across all age groups and service user groups 3. Community resilience strategy details CCC vision for resilient communities 4. Directorate and CFA Performance Board monitors performance of service provision 5. Coordinate procurement with the CCG to better control costs and ensure sufficient capacity in market 6. Use of the benchmark rate to control costs of care homes 7. Market shaping activity, including building and maintaining good relationships with providers, so we can support them if necessary 8. Capacity Overview Dashboard in place to capture 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.	5	3	15	1. <del>Develop a business case for Council owned Care Home</del> 2. <del>Delivering first phase of Early Help offer for Adults and OP</del> 3. <del>Retender the block purchase of care</del> 4. Retender the main home care contract	HoS Procurement SD-OP HoS Procurement HoS Procurement	Apr-16 Apr-16 May-16 Jul-16		G G G G	Service Director Older People	

SCORING MATRIX (see Risk Scoring worksheet for descriptors)

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

Risk Owners

CD CS&T - Sue Grace  
CE - Gillian Beasley  
DoPTT - Christine Reed  
DoLPG - Quentin Baker  
ED ETE - Graham Hughes  
ED CFA - Adrian Loades  
DoSD - Bob Menzies  
CFO - Chris Malyon



## Appendix 3

### Definitions and acronyms used in the CFA Risk Register

<b>Risk Management</b>	Management of risk incorporates all the activities required to identify and control the exposure to risk that may have an impact on the achievement of an organisations objectives
<b>Risk Description</b>	Description of the live risk (uncertainty, probability or threat of damage, injury, liability lost or any other negative occurrence that is caused by external or internal vulnerability, and that may be avoided through pre-emptive action) in a way that can be understood with clarity
<b>Trigger</b>	An identified measure or indicator that signals that the risk is likely to occur (a risk symptom or warning sign). A trigger enables the organisation to anticipate a risk before it becomes an issue. Triggers should be regularly monitored for quality assurance and control. Only the key triggers to be listed - a maximum of three triggers per risk
<b>Result</b>	The anticipated effects on the organisation to successfully achieve its objectives/activity should the risk become an issue. It describes a specific impact to the organisation and/or service user
<b>Inherent Risk</b>	The level of the risk occurring out of circumstances or existing in an environment in the absence of any action to control or modify the circumstance
<b>Control</b>	Systems (such as implementation of new policy and/or new standards, or procedural changes within the organisation) that have been implemented to make it less likely the risk will occur, or which reduce its impact, probability or both. Only the key controls to be listed. Controls are not static - they consist of activity and may involve the delivery of a programme of work.
<b>Residual Risk</b>	The level of risk that remains after all effort to alter the risk's impact and probability have been taken into account
<b>Action</b>	A response or action that is being implemented/developed/steps that are being taken to make it less likely that a risk will occur, or which reduce its impact, probability or both, such as the development of new policy. Once implemented actions will form a control. Only the key actions to be listed - a maximum of 8 actions per risk. Actions often form part of a wider programme of work or an improvement plan which contains more actions in the area of the relevant risk than are listed on the risk register.
<b>Councils agreed definition of risk (CCC Risk Management Policy)</b>	Factors, events or circumstances that may prevent or detract from the achievement of the Council's corporate and service plan priorities

<b>ED CFA</b>	Executive Director Children Families and Adults
<b>Ho SDOP</b>	Head of Service Development Older People
<b>HoS</b>	Head of Service
<b>HoS CES</b>	Head of Service Commissioning Enhanced Services
<b>HoS CID</b>	Head of Service Children's Innovation and Development
<b>HoS FREDt</b>	Head of Service First Response and Emergency Duty Team
<b>HoS IM</b>	Head of Service Information Management
<b>HoS Locality and Partnerships ECF&amp;Ci</b>	Head of Service Locality and Partnerships East Cambs, Fenland and Cambridge City
<b>HoS MH</b>	Head of Service Mental Health
<b>HoS SEND Specialist Services</b>	Head of Service Special Educational Needs and Disability Specialist Services
<b>HoS WFD</b>	Head of Service Workforce Development
<b>LMT</b>	Learning Management Team
<b>SD ASC</b>	Service Director Adult Social Care
<b>SD CSC</b>	Service Director Children's Social Care
<b>SD E&amp;P</b>	Service Director Enhanced and Preventative Services
<b>SD Learning</b>	Service Director Learning
<b>SD OPMH</b>	Service Director Older People and Mental Health Services
<b>SD S&amp;C</b>	Service Director Strategy and Commissioning



**REVISED ADULT SOCIAL CARE COMPLAINTS POLICY**

*To:* **Adults Committee**

*Meeting Date:* **7 July 2016**

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

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

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

*Purpose:* **To seek the approval of the Adults Committee to the revised Adults Social Care Complaints Policy that has been reviewed and amended to reflect changes in the organisation and changes in practice.**

**To present the Adult Social Care Customer Care Annual Report 2015 – 2016 to Adults Committee, providing information about the complaints, compliments, representations and MP enquiries and the learning from this feedback and actions taken to improve services.**

*Recommendation:* **Members of the Adults Committee are asked to:**

- a) Consider the changes made to the Adult Social Care Complaints Policy and approve the revised policy**
- b) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2015/16**
- c) Agree to receiving future social care customer care reports at Adults Committee annually**

<b><i>Officer contact:</i></b>	
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## **1.0 BACKGROUND**

- 1.1 The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 were approved by Parliament in March 2009 and came into force on the 1 April 2009. Each Local Authority and NHS organisation were tasked with writing their own complaints policy in a very short space of time based on the guidelines within the regulations. Cambridgeshire County Council responded to this requirement to ensure that the policy was in place on 1 April 2009. The Policy was presented to Cabinet in July of the same year and subsequently approved. The policy provides direction and guidance for staff on how to manage complaints about adult social care services. It clarifies the distinction between the informal concerns and formal complaints resolution processes as well as defining who and how someone may raise concerns or complaints with the Local Authority.
- 1.2 In July 2011, the policy was reviewed and minor changes made to reflect practice at that time.
- 1.3 In the last two years there have been changes within Adult Social Care and in the way that complaints are handled. This has led to a review of the policy and a number of proposed changes that are set out in this report. The revised Adult Social Care Policy which is attached at Appendix 1.
- 1.4 The Local Authority Social Services National Health Service Complaints (England) Regulations 2009 state that each Council has responsibility to publish an Annual Report containing information about the number of complaints received and the number of complaints upheld.
- 1.5 Cambridgeshire County Council collects and collates information on the compliments, comments, representations, MP enquiries and complaints received for Adult Social Care Services annually. This information is provided in the Adult Social Care Customer Care Report 2015 – 2016, attached at Appendix 2.
- 1.6 The Adult Social Care Customer Care Report 2015 – 2016 identifies themes to inform learning from complaints and sets out the actions taken to address these issues and improve practice.

## **2.0 ADULT SOCIAL CARE COMPLAINTS POLICY – AMENDMENTS AND ADDITIONS**

- 2.1 Amendments and additions to the Adult Social Care Complaints Policy are set out below.
- 2.2 **Job Titles, Roles and Responsibilities**
  - 2.2.2 Over time, organisational structures change and job titles, roles and responsibilities change as a result. The policy has been updated to reflect the current organisational structure and clarify the roles that are responsible for different aspects of the process, including which officers are responsible for signing off complaints. These changes have been made throughout the policy document.

## **2.3 Complaints Meetings**

- 2.3.1 The option of a meeting replaces the option of mediation which is outlined in the 2011 policy. Mediation is a voluntary process during which an impartial third party helps both sides to resolve their dispute by mutual agreement: It enable both parties to explain and then discuss what their needs and concerns are to each other in the presence of a third party, the mediator, so that they can reach an agreement between themselves. In practice, mediation was never used and through the review of the policy it was considered an expensive option in terms of time and money. The alternative approach that has been used effectively in practice is for a meeting where all relevant parties are present to discuss the issues and seek to achieve some resolution. Similarly to Mediation, meetings enable both parties to explain and then discuss what their needs and concerns are, but without a third party. At any stage in the complaint's process a meeting can be held to discuss and resolve the issues. The section on mediation has been removed and Section 12.8.1 added to provide guidance on when it is appropriate to offer a meeting to a complainant.

## **2.4 Consent**

- 2.4.1 An amendment has been made at paragraph 11.4.1 of the policy to include a reference to Power of Attorneys because increasing numbers of complainants provide Power of Attorney documents as evidence that they are acting on an individual's behalf.

## **2.5 Independent Investigations (Section 12.3)**

- 2.5.1 There have been occasions where it has been appropriate to commission an Independent Investigator to investigate the complaint. Independent investigations are an expensive option and happen only for complaints of a particularly serious or complex nature where there is no other realistic alternative for example, a manager from another service undertaking the investigation. Although Independent investigations are used rarely, it is important that the Policy details how to commission and manage an independent investigation. A section has been added in the amended policy specifying:
- When an independent investigation should be carried out
  - The requirements for the Independent Investigator
  - The requirements of the investigation
  - Timescales

## **2.6 Senior Manager Review ( Section 12.7)**

- 2.6.1 When a complainant is dissatisfied with the first response sent by the Council there is the option of having their complaint and the initial response reviewed by a Senior Manager, usually a Head of Service. In the policy amended in 2011 there are no details given regarding a Senior Manager review. Section 12.7 has been added into the Policy detailing:
- When a Senior Manager Review is appropriate
  - How to carry out a Senior Manager Review
- 2.6.2 In undertaking the review, the Senior manager will carry out a thorough investigation. This will include reviewing a significant amount of supporting information and meeting with internal and, if appropriate, external staff

involved in the complaint. A thorough investigation by the Senior Manager will increase the potential to resolve the complaint and through the resolution, reduce the need for the complainant to escalate the complaint to the Local Government Ombudsman (LGO). It is for this reason that the maximum timeframe of three months is given for these reviews. In the majority of cases the review is completed and responded to within three months. The Customer Care Team maintains contact with the complainant during the Senior Manager Review so that they can be assured that work on the investigation is progressing.

- 2.6.3 A complainant can go straight to the LGO after the formal complaint response, but the Council would always offer a Senior Manager Review if the complainant expressed their dissatisfaction with the response.

### **3.0 Simplified Guidance on how to make a complaint**

- 3.1 The Council provides an easy to understand factsheet about how to make a complaint attached at Appendix 3. This leaflet is given to service users and carers when social care staff first meet with them and is one of the pieces of information that staff provide during the assessment process.
- 3.2 Following discussion at Spokes the factsheet will be amended to be more focused on welcoming what people have to say about the services they receive and will be more explicit about the willingness of the Council to learn from their feedback.
- 3.3 Work has started on developing an 'Easy Read' version of the factsheet that will be particularly helpful for people with learning disabilities and other people who find pictures helpful.

### **4.0 ADULT SOCIAL CARE CUSTOMER CARE ANNUAL REPORT 2015-16**

- 4.1 The Annual Adult Social Care Customer Care Report 2015-2016 (Appendix 2) brings together the information on complaints, representations, MP enquiries and compliments received by the Council in respect of Adult Social Care services. This allows learning from complaints across all service areas to be identified and actions agreed to make improvements in services. The report also provides a comparison with the previous financial year so that any changes in patterns can be highlighted and any actions to be taken considered.
- 4.2 The annual report is complemented by three quarterly reports that cover each of the first three quarters of the year. These reports are presented to the Joint Adult Social Care and Older People and Mental Health Directorates meetings to ensure oversight of the position throughout the year and for learning and actions to be taken forward without waiting for the annual report. In future the quarterly reports will be shared with Adult Spokes.
- 4.3 The annual report includes an Executive Summary that provides an overview of the content of the full report. Information on complaints from the summary has been used in the section below.
- 4.4 During 2015-16 there were 489 informal complaints compared to 181 the previous year, an increase of 170% (308). During the course of the year Heads of Services have worked with their teams to improve the recording of

informal complaints. The increase in the number of informal complaints would to some extent evidence that this work has been effective. Best practice suggests that complaints should be resolved as close to the individual as possible.

- 4.5 There were 118 formal complaints in 2015-16 compared to 110 the previous year an increase of 11% (8). Of the 118 formal complaints 91% (107) were responded to within timescale and 16 (13%) were upheld.
- 4.6 Reasons for delay in responses include complaints that involve Safeguarding of Vulnerable Adults investigations, where the complaint may have to be put on hold pending the safeguarding investigation, complexity of the complaint or waiting for consent from the person who is making the complaint or the person that the complaint relates to.
- 4.7 1.5% of the total population of Cambridgeshire who receive adult social care services complained (or someone complained on their behalf) about the services they received. The most common reasons for complaining are the provision of care and support, the standard of care and financial issues.
- 4.8 Of the 118 formal complaints, 8 (7%) were reviewed by a Senior Manager as the complainants were dissatisfied with the first response. Of the 8 complaints reviewed 2 were partially upheld, 5 were not upheld and 1 was withdrawn by the complainant.
- 4.9 Eight (7%) of 118 complaints were referred to the LGO. This is an increase from 6 (5%) in the previous financial year, 2014/2015. Four of these complaints had been the subject of a Senior Manager review and four were escalated straight to the LGO.
- 4.10 When a formal complaint is received all the relevant information is investigated and analysed and with the consent of the individuals involved, the information is shared with the complainant. The investigation facilitates a decision about whether or not the complaint is upheld.
- 4.11 In contrast, the Council cannot assume that if a person has asked their MP for support they are automatically giving their consent for the Council to share personal information with their MP.
- 4.12 For this reason the Council is limited in the information it can share in response to an enquiry from a MP. The response to an MP will include an overview of the actions taken by the Council to support the individual and will outline any future plans to support the person.

## **5.0 Learning from Complaints**

- 5.1 Emphasis is placed on learning from complaints. The response to a complaint will identify the actions to be taken to prevent a similar situation occurring again and any areas where the service provided could be improved. The Annual Report details learning from complaints received during the last year.
- 5.2 The learning from each complaint is collated and where there are similar issues raised in a number of complaints, a theme is identified.

- 5.3 The main themes in the complaints received in 2015-2016 related to the quality of the support provided and financial issues.
- 5.4 The ways in which the learning from complaints is shared by the Customer Care team includes:
- Attendance at directorate management team meetings,
  - Meetings with Heads of Service,
  - Emails to Heads of Service for cascading to their teams,
  - The learning gained from specific complaints is shared at regular complaint training sessions for Adult Social Care Managers,
  - Specific case studies which include learning from complaints investigated by the LGO are considered at training sessions that focus on how to respond to LGO investigations.
- 5.5 In cases where the learning from a complaint identifies a general training need, arrangements are made for the appropriate training to take place. For example in May 2015 a programme of training on Mental Capacity Act Assessments and Deprivations of Liberty Safeguards (DOLS) was completed. This training was to all Adult Social Care staff and was in response to a complaint which identified the need for this training.

## **6.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

- 6.1.1 There are no significant implications for this priority.

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

- 6.2.1 The effective management of complaints which identifies learning promotes service improvements which support people to live healthy and independent lives.

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

- 6.3.1 The investigation of complaints can help to recognise areas where there has been poor practice and provides opportunities to improve the care and support for the people supported by the Council.

## **7.0 SIGNIFICANT IMPLICATIONS**

### **7.1 Resource Implications**

- 7.1.2 There are no significant implications within this category.

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

- 7.2.1 If the changes to the Adult Social Care Complaints Policy are not approved then this will mean that current practice is not supported by the policy and this could increase the risk of a finding of maladministration against the Council by the LGO. This could result in financial penalties from the LGO.

### **7.3 Equality and Diversity Implications**

- 7.3.1 There are no significant implications within this category.

#### 7.4 **Engagement and Consultation Implications**

- 7.4.1 All feedback is welcomed and offers opportunities for learning and action to be taken that can contribute to service improvement and is seen as an important part of engagement with service users and their families.

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

- 7.5.1 There are no significant implications within this category.

#### 7.6 **Public Health Implications**

- 7.6.1 There are no significant implications within this category.

### **SOURCE DOCUMENTS**

<b>Source Documents</b>	<b>Location</b>
<i>The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009</i>	<a href="http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf">http://www.legislation.gov.uk/uksi/2009/309/pdfs/uksi_20090309_en.pdf</a>







## **THE ADULT SOCIAL CARE COMPLAINTS POLICY**

**April 2009**  
**Reviewed: April 2016**

## Contents

1.0	Purpose	Page 3
2.0	Principles	Page 3
3.0	Accessing information about how to raise a concern or complaint	Page 4
4.0	Ensuring equality	Page 5
5.0	Defining informal and formal complaints	Page 5
6.0	Raising informal concerns	Page 6
7.0	Process for raising informal concerns	Page 6
8.0	Duties, roles and responsibilities for raising informal concerns	Page 7
9.0	Process by which Cambridgeshire County Council aims to make changes through informal concerns	Page 7
10.0	Process for monitoring compliance	Page 8
11.0	Making Formal Complaints	Page 8
12.0	Process for managing formal complaints	Page 12
13.0	Duties, roles and responsibilities for managing formal complaints	Page 19
14.0	Process by which the organisation aims to make changes as a result of formal complaints	Page 21
15.0	Learning from Complaints	Page 21
16.0	Complaints Management Communication	Page 22
17.0	Complaints records management	Page 24
18.0	Complaints training	Page 25
Appendix 1	Guidelines for acknowledgment and response letters	Page 26
Appendix 2	Timescales for acknowledging and responding to complaints	Page 27
Appendix 3	Levels of formal investigation	Page 29

- 1.0 Purpose**
- 1.1 Cambridgeshire County Council considers every encounter between staff and service users, carers and the public to be an opportunity to learn from people's experiences of its services. This learning should be used to continuously improve the quality of these experiences as well as Local Authority services, and so increase the organisation's accountability to those it serves.
- 1.2 This policy clarifies the distinction between the informal concerns and formal complaints resolution processes as well as defining who and how someone may raise concerns or complaints with the Local Authority. The policy also lays out the processes and duties the organisation should use to help resolve concerns and complaints when they are received.
- 1.3 This policy does not apply to concerns or complaints that are being investigated through the Local Authority's Disciplinary and Grievance or 'Whistle blowing' procedures, or which are being pursued as legal claims.
- 2.0 Principles**
- 2.1 **Honouring people's choices.**  
Whilst the Local Authority aims to treat every concern or complaint equally seriously, whether informally or formally made, it recognises that many people value the choice of whether the organisation uses an informal (discussion with local staff) or formal route (Customer Care Team) to address the matters they have raised. The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 underlines the importance of allowing for this flexibility in designing person-centred ways of resolving people's concerns and complaints.
- 2.2 **Upholding people's rights.**  
The Local Authority further recognises that raising a concern or complaint about its staff or services and having it dealt with thoroughly and respectfully is an important right of individuals.
- 2.3 **Acting with integrity.**  
The Local Authority processes and duties will aim to reflect the principles for remedy and good administration outlined by the Local Government Ombudsman. Effective handling of concerns and complaints is about:
- Getting it right
  - Being customer focused
  - Being open and accountable
  - Acting fairly and proportionately
  - Putting things right
  - Seeking continuous improvement

- 2.4        **Being open and honest.**  
The Local Authority expects all investigations into concerns and complaints to be transparent. Where mistakes have been made or things have not gone well, responsibility will be taken by the appropriate person and a genuine apology given as soon as possible and in accordance with the Local Authority's 'Being Open' policy. Early meetings to discuss and address concerns in person are encouraged, and agreement will be gained regarding how best to remain in ongoing communication with those who have raised concerns.
- 2.5        **Maintaining confidentiality.**  
Information provided by those raising a concern or complaint will be recorded carefully and securely by the person who first receives it. All staff have a duty to adhere to Local Authority guidelines and policies on confidentiality and data protection, and correct permissions should be sought before information is passed on to other parties (see section 11.4 on Consent).
- 2.6        **Offering compassion and credibility.**  
It is very important that the accounts given by service users, carers and members of the public, of their experiences of Local Authority services are taken seriously and given credibility as people's real experiences. Those raising concerns or complaints should always be treated with respect, empathy and compassion. At the same time, staff members who are involved in a complaint should be given support and their own experiences taken seriously. The purpose of the complaints procedure is not to apportion blame, but to investigate situations fairly so everyone can learn from what has taken place and to achieve resolution.
- 3.0        **Accessing information about how to raise a concern or complaint**
- 3.1        Information on how to raise informal concerns or make formal complaints is given in the Local Authority Social Care Services Complaints leaflets.
- 3.2        Complaints information leaflets are made available in all resource areas, and are also downloadable from the Local Authority external website and intranet.
- 3.3        The contact number for the Customer Care Team is publicised.
- 3.4        Free copies of the leaflets should be sent out by the Children's Families and Adults Information Team or by the Customer Care Team on request.
- 3.5        The Customer Care Team have a duty to publicise a variety of initiatives (through which people can raise concerns informally or formally).

- 3.6 All staff should receive training during their induction and regular reminders in their personal appraisal sessions, about making the complaints process accessible to those they support, and their carers.
- 3.7 Information in other languages and formats is made available on request.
- 4.0 Ensuring equity**
- 4.1 In accordance with the principles above the Local Authority takes seriously people's rights to raise informal concerns and formal complaints without their care, treatment or relationship with staff being compromised. All information given to service users, carers and the public about raising concerns and complaints should make it clear that people can expect not to be treated any differently as a result of doing so.
- 4.2 Complaints letters, investigation reports and notes of conversations relating to concerns/complaints should not be filed in Service User Case files, unless a specific item is of significant importance.
- 4.3 If it comes to the attention of any member of staff that a person's treatment is being compromised as a result of a concern or complaint being raised, they should report it immediately to the Customer Care Manager.
- 4.4 The Customer Care Team will record and report any incident of this nature to the Director.
- 5.0 Defining 'informal concerns' and 'formal complaints'**
- 5.1 A concern or complaint is 'any expression of dissatisfaction that requires a response'.
- 5.2 If the complaint is about issues that are within the remit of the member of staff to address directly and promptly and the complainant is in agreement then it can be treated as an informal complaint. It is always advisable to ask the complainant if they would like the issues to be dealt with informally or formally.
- 5.3 It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal' response. It is therefore not always the complexity or severity of a concern/complaint that defines its formality or informality.
- 5.4 The Local Authority recognises that many people choose to try local resolution through informal channels first, and then formally progress them if still dissatisfied. However, exceptions should be made in the case of serious or high risk charges of abuse or neglect, when staff or the Customer Care Manager should advise the person raising

concerns to register a formal complaint immediately. The Local Authority policies on the 'Safeguarding of Vulnerable Adults' should be followed where appropriate.

## **6.0 Raising informal concerns**

6.1 Informal concerns can be expressed to the organisation in many different ways. They can be raised as:

- Questions;
- Suggestions;
- Feedback;
- Requests for information;
- Comments and complaints.

6.2 The Local Authority encourages service users, their relatives and carers to bring their concerns openly to staff in person, on the phone, email or in writing. All staff members are expected to respond to and resolve these informal concerns as quickly and locally as possible, on a daily basis.

6.3 Many queries or minor disagreements can be resolved at this local level without the need for concerns to be registered as formal complaints.

## **7.0 Process for raising informal concerns**

7.1 Informal concerns can be raised by service users, carers and members of the public:

- In person to staff;
- By phone to staff members or by calling the Contact Centre (0345 045 5202);
- By email to [SocialCareComplaints@cambridgeshire.gov.uk](mailto:SocialCareComplaints@cambridgeshire.gov.uk) or [CustomerCare@cambridgeshire.gov.uk](mailto:CustomerCare@cambridgeshire.gov.uk);
- By post to staff teams in the area;
- By using the feedback system on the County Council's website;

7.2 The person listening to the informal concern raised will consider whether he/she can answer fully and appropriately, and where possible, take immediate action to resolve the concern.

7.3 If immediate action cannot be taken by the staff member who has heard the concern, he/she should refer it to the most appropriate person or team who can resolve the issues raised. A log should be taken of to whom the concern has been passed on, and the person raising the concern should be informed of who this is.

7.4 Once a concern has been resolved, the person raising the concern should be informed of the outcome and any learning should be communicated to the team or staff member's manager as soon as possible.

- 7.5 If it is not possible to resolve the concern informally with local staff members, the person raising the concern should be given information on local advocacy services and the formal complaints process. If a concern has not been resolved satisfactorily within a month, strong consideration should be given to progressing to the formal complaints process.
- 8.0 Duties, roles and responsibilities for resolving informal concerns**
- 8.1 **All staff members**, wherever they work in the organisation, have a responsibility and duty to listen to the concerns that are raised with them by service users, carers or members of the public. Whenever appropriate, immediate steps should be taken by that member of staff or team at the point of contact to address the concern raised, or the concern should be promptly passed onto the most appropriate person or team who can help. The person raising the concern should be kept fully informed of who is dealing with it, and appraised of its outcome.
- 8.2 Individual **staff members** should record all serious informal concerns raised about the safety, quality or experience of services and highlight these to their managers.
- 8.3 **Service managers** should consider the learning from concerns raised and explore what further actions could be taken to improve services. They should ensure their staff teams deal with concerns promptly, openly and effectively. They should also discuss and monitor learning and actions regularly at team meetings.
- 8.4 The Customer Care Team has responsibility for keeping a record of enquiries received by them and that follow-up actions are taken.
- 8.5 **MP's and Councillors** have a duty to listen to the concerns raised by the members in their constituencies, and to pass these onto the Local Authority as soon as is reasonably possible.
- 8.6 Responses to complaints where a councillor has been involved can only be shared with the councillor when consent to share has been obtained from the complainant.
- 9.0 Process by which Cambridgeshire County Council aims to make changes through informal concerns**
- 9.1 Every informal concern that the Local Authority receives will be regarded as an opportunity to improve services.
- 9.2 It is always the responsibility of the staff member who first receives the concern to act on it and pass on information as promptly as possible.
- 9.3 In the first instance, and where appropriate, local practical changes should be made which address the current situation as quickly as possible.

- 9.4 Secondly, the nature and scope of the informal concern should be assessed to learn whether procedural or strategic changes are required and whether these are of short, medium or long-term significance. These should then be raised with the appropriate person or body for action.
- 9.5 If the informal concern indicates serious malpractice, or that a vulnerable person is at risk, the concern should be logged with the SOVA team and an appropriate investigation begun immediately (see 'Safeguarding of Vulnerable Adults' and 'Safeguarding of Children' policies).
- 9.6 Council Officers should clearly document concerns raised and actions taken to resolve concerns. A record of informal complaints raised should be kept by each team. A record of actions taken locally to resolve concerns, and their outcome should be kept by each team.
- 10.0 Process for monitoring compliance**
- 10.1 Written records should always be kept of informal concerns that have been raised with staff, and of subsequent actions taken. Service managers are responsible for ensuring that all staff members keep good records locally, but do not file information pertaining to a concern/complaint in a service user's case file. Local service audits on the quality of record-keeping should extend to informal concerns/complaints files.
- 10.2 Informal concerns that are logged through the Complaint Team will be recorded on the Complaints Database.
- 11.0 Making formal complaints**
- 11.1 What can a complaint be about?**
- 11.1.1 A complaint to the Local Authority may be about any matter reasonably connected with the exercise of its functions. The Local Authority is accountable for all the services it provides, whether directly from its own resources, or through contracts with other agencies, and it has a duty to investigate complaints about any aspect of these services. This policy refers to complaints about Adult Social Care.
- 11.1.2 If the complaint refers to a Local Authority policy, allocation of resources or the nature or availability of services then it is considered to be a representation. A representation will be investigated by a relevant manager and responded to by the appropriate Service Director.
- 11.1.3 Occasionally, the Local Authority might deliver a service in partnership with another organisation (e.g. NHS, Mental Health Trust). In these situations, the Local Authority will hold joint responsibility for ensuring a lead agency for conducting any complaints investigation.



11.1.4 If the Local Authority receives a complaint that relates wholly to services provided by the NHS Trust, the Customer Care Manager must within 5 working days of receipt ask the complainant if they wish the Local Authority to send the complaint on to the other organisation. If consent is given, the Customer Care Team must refer the case on as soon as is reasonably practicable.

11.1.5 The Local Authority has responsibility for services it commissions. A complainant can address a complaint about an independent service provider commissioned by the Local Authority either by complaining to the provider directly or by complaining to the Local Authority. In cases where the complainant has complained to both parties, the Local Authority will investigate and respond. There should also be a separate investigation carried by the independent provider.

## **11.2 What sits outside the official Adult Social Care Complaints procedures?**

11.2.1 If a complaint received indicates a need for referral for:

- An investigation under the disciplinary procedure (e.g. Local Authority 'Disciplinary Policy and Procedure')
- An investigation by one of the professional regulatory bodies
- An investigation of a possible criminal offence
- An investigation under the Safeguarding of Vulnerable Adults procedure.
- Legal proceedings or a claim for financial compensation.

11.2.2 Relevant Local Authority policies concerning any of the above apply, and immediate advice should be sought from the relevant Director, Manager or Human Resources Team. The Customer Care Team is not responsible for deciding whether to initiate any of the above investigations and will refer such cases to the designated authority.

## **11.3 Who may complain?**

11.3.1 A complaint may be made by:

- A service user
- Any person who is affected by, or likely to be affected by, an action, omission or decision of Cambridgeshire County Council if it is the subject of the complaint
- A person acting on behalf of another, where:
  - The person themselves has requested that they act as their representative and has provided consent for them to do so
  - The person themselves is unable, by reason of physical or mental incapacity, to make a complaint on their own behalf
- The person has died, and the representative is a relative or other person who, in the opinion of the Customer Care Manager, had or has sufficient interest in their welfare and is a suitable person to act on their behalf

- A Solicitor or Legal Representative on behalf of their client (see point 11.5 below)
- 11.3.2 If the Customer Care Manager believes that a person does not have sufficient interest in the person's welfare, or is unsuitable as a representative, he/she must notify the person to this effect, stating the Local Authority's reasons in writing.
- 11.3.3 Where a number of individuals share an area of concern and wish to make a formal complaint, they must access the Local Authority complaint procedure on an individual basis. Alternatively, they might wish to approach the Local Involvement Network groups (Healthwatch Cambridgeshire), or an advocacy service to raise issues with the Local Authority on their behalf.
- 11.3.4 Complaints received on behalf of a person living in Cambridgeshire and receiving services from Cambridgeshire County Council but funded by another Local Authority should be investigated by Cambridgeshire County Council jointly with the funding Local Authority.
- Complaints received on behalf of a person living outside of Cambridgeshire and receiving services from another Local Authority but funded by Cambridgeshire County Council should be investigated by Cambridgeshire County Council jointly with the service providing Local Authority.
- 11.3.5 Complaints received on behalf of a person who is paying the full cost of their care where the payments are managed by the social care team will be investigated by the Council.
- 11.3.6 Complaints received on behalf of a person who is funding their own care privately, directly with the care provider, and there is no Local Authority involvement in that care should raise their concerns directly with the care provider. If they are dissatisfied with the response from the provider they have the right to take their complaint to the Local Government Ombudsman.
- 11.4 When is consent required?**
- 11.4.1 Where a person makes a complaint on behalf of a service user, the Local Authority must first satisfy itself that the service user has provided the appropriate consent for the person to act as their representative, and for the release of any relevant personal information. It will also consider whether the third party has the relevant Power of Attorney.
- 11.4.2 Where the service user's consent is required to confirm that the person can act for them but withheld, the Local Authority's response to the complaint will be limited to that information which can be shared

without compromising the service user's right to confidentiality. This will be clearly explained to the person making the complaint and every effort will be made to be as open as possible.

11.4.3 Where physical or mental incapacity affects a service user's ability to make a complaint or to provide consent to a representative to act on their behalf the Customer Care Manager, in discussion with the relevant Senior Manager, and Information Governance Manager should agree what course of action should be taken. This should determine whether the complainant has sufficient interest to be considered a suitable representative. This decision will take into account the need to respect the service user's confidentiality and any previously expressed wishes about disclosure of information to third parties. It will also consider whether the third party has the relevant legal authority to make the complaint on behalf of the service user.

11.4.4 Where an urgent need to safeguard a vulnerable person is identified in a complaint raised by a representative, there may be a need to disclose information or to act prior to consent being received. If this is the case, the discussion and decision should be clearly recorded in the complaints file.

## **11.5 Complaints received from Legal Representative**

11.5.1 When a letter is received from a solicitor or legal representative, making a complaint on behalf of their client, the Customer Care Team should ensure that legal proceedings (Court Action) have not been commenced. If this is the case, the correspondence must be passed through to the Local Authority Legal Department.

11.5.2 If no legal proceedings have been commenced, the complaint can be taken through the formal complaints procedure.

11.5.3 If a member of staff, employed or commissioned by the Local Authority receives correspondence from a legal representative, this must be passed to the relevant Head of Service, who will ensure that a response is sent.

In the event, that the legal representative remains unhappy with the response and the Head of Service thinks it is appropriate, the legal representative should be advised to take the complaint through the formal complaints process.

11.5.4 This will ensure that the complaint can proceed through the Complaints Process which will allow the complainant to take their complaint to the Local Government Ombudsman.

## **11.6 When can someone complain?**

11.6.1 Complaints are best made as soon as possible after an event has occurred, as investigation is likely to be most effective when memories are fresh.

- 11.6.2 The time limit for making a formal complaint is:
- Twelve months from the date on which the matter which is the subject of the complaint occurred<sup>1</sup>
  - Twelve months from the date on which the subject of the complaint came to the notice of the complainant<sup>2</sup>
- 11.6.3 Where a complaint is made after the expiry of this period, the discretion to vary the time limit will be used sensitively and with reference to good practice guidelines. Having regard to the context and specific circumstances, the Customer Care Manager may decide to carry out an investigation if he/she is of the opinion that:
- The complainant had good reasons for not making the complaint within the usual period
  - It is still possible to investigate the complaint effectively and efficiently, notwithstanding the time that has passed
- 11.6.4 Where possible, the Customer Care Manager might also arrange for alternative methods of resolution to be offered outside of the formal complaints process (e.g. a meeting with staff) in view of there still being actions that could be taken, or important learning to be shared.

## **12.0 Process for managing formal complaints**

### **12.1 How a complaint is received**

- 12.1.1 Formal complaints can be made verbally or in writing (including electronically), to any member of staff, including the Customer Care Manager and Chief Executive.
- 12.1.2 Where a complaint is made verbally, the Customer Care Team must make a written record of the subject matter and the date of the complaint. This should be copied to the complainant in order for them to confirm that the issues documented are correct.
- 12.1.3 The Customer Care Team will assist those who wish to make a written complaint, but feel unable to do so. They will also provide information about local Independent Advocacy services as an additional or alternative form of support.
- 12.1.4 Where a complaint is made in writing, it must be clearly stamped with the date it was received by the staff member or Customer Care Manager.
- 12.1.5 A formal letter of acknowledgement (Appendix 1) should be sent to the complainant within three working days<sup>3</sup> of the Local Authority's receipt of the complaint. A copy of this letter should be retained by the

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<sup>1</sup> A timescale of 12 months from the date of the incident was introduced under the regulations with effect from April 2009.

<sup>2</sup> As above: the timescale will be 12 months from the subject of the complaint coming to the attention of the complainant.

<sup>3</sup> Previously 48 hours

Local Authority Customer Care Team and should record details of the complaint onto the Local Authority's complaints management software.

- 12.1.6 If a formal complaint is received and addressed at local service level without passing through the Complaints Department, it is the responsibility of the staff member who has received the complaint to ensure that a copy of the complaint and any acknowledgement is sent as soon as possible informing the complainant that the complaint has been sent to the Customer Care Team .
- 12.1.7 A copy of the complaint should be sent to the relevant Head of Service and Service Manager in order for an appropriate Investigation Manager to be appointed.
- 12.1.8 Where a complaint is received which does not relate to Cambridgeshire County Council's own services, it should be passed as promptly as possible to the Customer Care Team for appropriate redirection. If the written complaint relates to a health body, or another organisation, the Customer Care Team will first obtain the consent of the complainant before forwarding the information for investigation.
- 12.1.9 Where a complaint is received that contains issues relating to both Adult and Children's services, the Customer Care Managers from both Adult and Children's services will meet and discuss the individual circumstances of the case. Wherever possible a joint response will be provided, whilst bearing in mind the different statutory timescales. The lead service accountable for the response will be agreed and the complainant will be informed about what to expect, when they should receive a response and from whom.
- 12.1.10 Timeframes relevant to the initial response in the complaints process are specified at Appendix 2  
If there are likely to be any delays or reasons why a joint response will not be possible the complainant will be informed at the earliest opportunity

## **12.2 How the complaint is investigated**

- 12.2.1 Central to managing a complaint efficiently and effectively is preparing the appropriate level of investigation for the nature of complaint raised. In discussing the initial scope and timeframes of the investigation with the Investigation Manager, the Customer Care Manager will risk-assess the complaint. The Customer Care Manager will also give a judgement on the level of investigation that would seem proportionate to the severity and nature of matters raised (see Appendix 3). All reasons for decisions made should be clearly documented.
- 12.2.2 Once an initial assessment of an appropriate level of investigation is

completed, the Investigation/Customer Care Manager should make early arrangements to speak with the complainant either in person or on the phone. At this meeting, the Investigation/Customer Care Manager will aim to gain a full picture of the area and scope of the complaint from the complainant's experience.

- 12.2.3 The Investigation/Customer Care Manager will discuss with the complainant:
- What outcomes s/he is hoping to achieve and how s/he will be informed whether these are achieved.
  - How s/he would like to be communicated with and updated throughout the investigation.
  - A shared understanding of how the investigation will be conducted.
  - A mutually acceptable timeframe for the investigation and response.
- 12.2.4 The Investigation/Customer Care Manager will carry out the investigation and will write a report/draft response letter, including recommendations for learning and action (where appropriate) and send this to the Customer Care Team along with copies of the investigation's evidence. The Customer Care Manager will quality audit the draft response and if necessary go back to the investigating manager for further information or clarification. The Customer Care Team will ensure that all aspects of the initial complaint have been answered
- 12.2.5 The full response will be sent from the Customer Care Manager/Officer.
- 12.3 Independent Investigations**
- 12.3.1 For complaints of a particularly serious and or complex nature, it may be deemed appropriate to commission an independent investigator to carry out the investigation. Any such decision will be made by the Customer Care Managers in consultation with the appropriate Head of Service and reported to the relevant Service Director.
- 12.3.2 When it is agreed that an independent investigation is the most appropriate way to address the issues an independent investigator will be commissioned to carry out the investigation. Any such request may be declined if more appropriate and cost effective means of resolution are available (e.g. Investigation by an appropriate Manager, meeting, further written response mediation).
- 12.3.3 If an independent investigation is agreed the Customer Care Manager will confirm this to the complainant in writing. Consent for the Independent Investigator to have access to personal information relating to the complaint will be requested from the complainant and/or other persons involved in the complaint. The investigation can

proceed only when consent from all relevant parties has been obtained.

12.3.4 The Customer Care Manager will then appoint an Independent investigator.

12.3.5 The Customer Care Manager will inform all relevant staff concerned with the complaint that an Independent investigator has been appointed.

## **12.4 The Independent Investigator**

12.4.1 The Independent Investigator will not know the complainant or the person represented by the complainant. They will not work with or have worked with the people or in the situation that is being complained about. In all cases the Independent Investigator will be from outside Cambridgeshire County Council.

12.4.2 The role of the Independent Investigator is to investigate the complaint, record their findings and conclusions, and make recommendations about what they believe should be done to resolve the complaint.

12.4.3 An advocate will also be identified if a vulnerable person is to be directly involved during the process of investigation.

## **12.5 Independent Investigation**

12.5.1 The first task of an investigator is to agree with the complainant the complaints to be investigated (This is referred to as the 'Schedule of Complaint').

12.5.2 The Investigator will then need to see any information held by the Council, which is relevant to the complaint, and will talk to the people who are involved. This is why consent ( as set out in 11.4) may be required before an investigation can start.

12.5.3 If the Investigator feels that there are some parts of the complaint that cannot be considered, they will discuss this with the Customer Care Manager who will write to the complainant to confirm which parts will not be investigated and explain why.

12.5.4 The investigation can take up 3 months to complete, in extenuating circumstances this can be extended. In such cases the Customer Care Manager will write to the complainant to explain why the investigation is taking longer than expected, an expected date for completion will be included in the letter. However, the Investigator should make every effort to conduct the investigation quickly. The written investigation report must be sent to the Customer Care Manager within 10 working days of the completion of the report. The Customer Care Manager will pass the report to the relevant Director/Head of Service for consideration.

- 12.5.5 The Customer Care Manager will write to the complainant within 3 days of receipt of the report, to confirm that the report has been received and passed to the relevant Senior Manager.
- 12.5.6 The Director/Head of Service will write to the complainant to explain what they have decided with regard to the recommendations in the report. Please note that the Director/Head of Service may choose not to accept one or more of the recommendations in the report. Should this be the case an explanation of the reasons for not accepting the recommendation(s) will be given.
- 12.5.7 The Director/Head of Service will also make a decision about whether to provide the complainant with a copy of the full report. It may be that the Director/Head of Service sends an abridged report(s) if the full document(s) contain details of third party or disciplinary matters which the complainant is not entitled to know, or sensitive information which it is not appropriate to share. If the decision is made not to send the complainant the full report the Director/Head of Service will explain their reasons when they write to the complainant.
- 12.5.8 The Director/Head of Service's letter will include what the next step in resolving the complaint is, should the complainant remain dissatisfied with the proposals specified in the letter
- 12.5.9 On receipt of the Director/Head of Service's letter the complainant should decide whether or not they are satisfied with the findings. In the event that the complainant remains dissatisfied they should notify the Customer Care Manager of the reasons why.
- 12.6 When is the complaints procedure suspended?**
- 12.6.1 Some complaints will identify information about serious matters relating to staff performance and behaviours, and it may be necessary to consider disciplinary procedures. Where it is decided that disciplinary action is appropriate, the complaints investigation into these aspects should be suspended until the disciplinary process has been completed. In this event, the complainant must be informed that an internal inquiry is proceeding, but any issues that relate to the disciplinary process must remain confidential to the Local Authority.
- 12.6.2 The complaints procedure should cease if a complainant explicitly indicates in writing, an intention to take legal action, or to make a request for financial compensation in respect of the complaint. The complainant and any person/s identified in the complaint should be notified immediately of the suspension of the complaints procedure.
- 12.6.3 Where a complaints investigation reveals evidence of potential negligence or the likelihood of legal action, the Customer Care Team should inform and seek advice from those responsible for risks and claims management in the Local Authority Legal Department.



- 12.6.4 Where a criminal investigation is indicated, the complaints procedure should be suspended immediately and the police informed.
- 12.6.5 Regrettably, on occasion, it is necessary to categorise a complaint or complainant as being persistent and unreasonable. In these circumstances the procedure to be followed is in Appendix 6 in line with the Council Persistent Complainant Policy and would replace standard complaints procedures.
- 12.6.6 There are occasions when the nature and volume of communication requires the Council to introduce a communication protocol specific to the individual. This protocol enables the Council to effectively manage the volume and nature of contacts.
- 12.7 Senior Manager Review**
- 12.7.1 The Customer Care Manager will agree with the complainant the issues in the initial response which the complainant feels have not been addressed fully and any actions that could be taken to address the issues.
- 12.7.2 The Customer Care Manager will explore what is the most appropriate next step with the Head of Service and confirm this with the complainant
- 12.7.3 If the next step is confirmed as a Senior Manager Review then the Customer Care Manager will discuss the complaint with the Senior Manager who is asked to carry out the review.
- 12.7.4 When carrying out a review of a complaint the Senior Manager will:
- Consider the original complaint and response
  - Decide if each point raised in the complaint has been addressed fully and fairly
  - Where necessary carry out further investigation, this may include reviewing records, interviewing staff and or speaking with the complainant.
  - Identify any corrective action necessary to address the issues raised.
- 12.7.5 Once the review is completed the Senior manager will write to the complainant:
- Outlining the actions taken
  - Explaining the reasoning for any decisions taken
  - Clearly stating whether or not the complaint has been upheld
  - Identifying any learning points and changes to process/practice to be implemented as a result of the complaint
  - Stating the next step in the process e.g arranging a complaints meeting or for the complainant to approach the Local Government Ombudsman
- 12.7.6 A senior manager review should be completed within 3 months

working days of the senior manager receiving the request to review the complaint.

- 12.7.7 If for any reason the review is likely to take longer than 3 months then the Customer Care team will write to the complainant informing them of the reasons for the delay and provided a date that they can expect the review response by.

## **12.8 Beyond Local Resolution**

Where a complainant remains dissatisfied with the outcome of the formal local resolution process, the Customer Care Manager or Investigation Manager will contact the complainant to identify if there are any further actions the Local Authority could take regarding outstanding concerns. For example, it might be appropriate for there to be a further meeting with the service, or some additional recommendations for implementation.

### **12.8.1 Meetings**

- 12.8.1.2 At any stage of the complaints process a meeting to discuss and resolve the issues may be offered. These meetings may be between the complainant and the Team manager or involve others such as the Customer Care Team.

- 12.8.1.3 The decision to offer a meeting will be agreed with the Team Manager, Head of Service and the Customer Care Manager.

- 12.8.1.4 Meetings will only be offered if there is a clear purpose and would prove beneficial to achieving a resolution to the complaint.

### **12.8.2 Local Government Ombudsman (LGO)**

- 12.8.2.1 Where the Local Authority considers it has acted as fairly and proportionately as possible and that further local resolution measures are not possible, the Customer Care Team will provide the complainant with information on how to appeal to the Local Government Ombudsman. The Local Government Ombudsman will offer independent scrutiny and review of the complaint and the Local Authority's handling of it. This represents the second and final stage of the formal complaints process.

- 12.8.2.3 The Local Government Ombudsman will liaise with the Customer Care Team for the information it requires. The Local Authority is responsible for fully and promptly cooperating with these requests.

- 12.8.2.4 Following review, the Local Government Ombudsman will inform the Local Authority of the outcome of their investigation, which may be that:

- The complainant has been provided with a written detailed explanation about their complaint.
- The Local Authority is requested to take further action to

resolve matters.

- A formal investigation has taken place and the Local Authority is provided with a detailed report about the case.

### **13.0 Duties, roles and responsibilities for managing formal complaints**

#### **13.1 Chief Executive**

The Chief Executive is the overall responsible officer for Cambridgeshire County Council.

#### **13.2 Executive Director (Children, Families and Adults)**

Has responsibility for overseeing adult social care complaints.

#### **13.3 Service Director of Adult Social Care and Service Director of Older People and Mental Health, Children's Families and Adult Services**

- Communicate areas of concern/learning arising through complaints to their respective Directorate Meetings
- Provide support and advice to the Customer Care Manager on operational matters

#### **13.4 The Customer Care Manager**

- Has devolved responsibility for the overall operational management of the Complaints Service.
- Has devolved responsibility for the investigation and signing of formal response letters, unless this is delegated to the Customer Care Officer or another manager.
- Monitors compliance with complaints regulations and wider policies and guidelines.
- Collates complaints data for analysis in reports to Board.
- Manages the Customer Care Team.
- Is responsible for developing complaints strategies, systems and processes, including complaints training together.
- Takes a lead in the management of complex or persistent complaints cases.

#### **13.5 The Customer Care Officer**

- The day-to-day operational activity of the Complaints Department.
- Acknowledging the receipt of formal complaints within 3 working days, and coordinating timeframes to ensure the final responses are sent out within 20 working days unless the complaint is complex and or involves several organisations.
- Working with investigation managers to ensure all aspects of a complaint have been answered.
- Signing and sending the formal response letter where this is delegated by the Customer Care Manager.
- Recording data about concerns, informal complaints, compliments and complaints on the complaints database.

- 13.6      **Head of Service and their Management Teams**
- Ensuring the complaints process is implemented in their areas of responsibility, including maintaining up-to-date complaints information and publicity materials.
  - Appointing suitable individuals to be investigation managers.
  - Informing any member of their team if a complaint has been made against them.
  - Providing support to staff when investigating, or on the receiving end, of a complaint.
  - Ensuring good lines of communication with the Customer Care Team and sending on any records of files relating to complaints.
  - Providing the Customer Care Team with draft responses to the complaint.
  - Ensuring that agreed actions following complaints responses are implemented, monitored and followed-up.
  - Attend regular complaints training sessions.
- 13.7      **Investigation Managers**
- Carrying out objective and thorough investigations.
  - Updating the Customer Care Team on progress made, and timeframes.
  - Maintaining clear and confidential records, evidence and notes of all investigation work.
  - Alerting appropriate senior managers and directors, to serious areas of concern that might arise during investigations and making recommendations as appropriate.
  - Writing a draft response for the Customer Care Manager.
  - Maintaining and refreshing training on complaints and leading investigations.
- 13.8      **All Local Authority staff**
- Are responsible for reporting complaints promptly and accurately.
  - Are required to be aware of this policy and have knowledge of how to aid someone to make a formal complaint.
  - Are expected to try and resolve the complaint as close to its source as possible, as soon as possible.
  - Are expected to cooperate fully and openly with any complaints investigation, and say sorry for mistakes when they are made.
  - Are expected to learn from complaints and implement improvements as required.
- 14.0      **Process by which the organisation aims to make changes as a**

### **result of formal complaints**

- 14.1 Every formal complaint that the Local Authority receives should be regarded as an opportunity to learn and improve services.
- 14.2 On completion of an investigation, the Investigation Manager should send the investigation report, evidence and draft response letter to the Customer Care Team. The response should clearly state the actions necessary to prevent a similar situation occurring again. The response should:
- Clearly highlight specific actions to be taken as a result of the complaint
  - Identify who will take these actions
  - Give firm timeframe for completion of the actions
- 14.3 The nature of actions recommended should reflect the level and scope of the complaint and be proportionate. Care should be taken to focus on actions that try to restore complainants to the position they were in prior to making a complaint, in so far as this is possible. Recommendations should consider the range and integration of options available: what nature of procedural, strategic, information or governance changes are required and whether these are of short, medium or long-term significance (Appendix 1 for Informal Concerns).
- 14.4 It is the responsibility of the Investigation Manager to ensure that any learning points from the complaint are developed with local ownership, and actions are achievable and likely to be effective. A copy of the response should also be sent by the Investigation Manager to the relevant Head of Service and to the Customer Care Team.
- 14.5 The Customer Care Team will collate information gained through formal complaints and highlight themes, trends and qualitative information to discuss with Senior Management on a quarterly and annual basis.
- 14.6 The Customer Care Team will bring to the attention of the relevant Senior Manager any trends or themes within a particular area.
- 14.7 The Customer Care Team should be notified if any area in Adult Social Care is made aware of the potential for complaints because of action that has been taken. For example, changes in Policy or Procedures and action that has been taken in regard to Care Providers.
- 15.0 Learning From Complaints**
- 15.1 The Local Authority is committed to promoting a culture of learning and responsiveness so that information about service user's experiences of services is used to help improve the quality of its staff, and its services.

- 15.2 Anonymised concerns and complaints data will be used as part of staff training sessions to raise the awareness of staff of the importance of people's experiences as part of service quality.
- 15.3 Following a formal complaint where there has been specific learning, the team manager must ensure that this is implemented within their team.
- 15.4 The Customer Care Team should record learning from individual complaints and inform Heads of Service of what learning has been gained from complaints in all areas of Adult Social Care Services.
- 15.5 For serious and complex complaints learning should be monitored at monthly Management meetings and, where appropriate, highlighted at Team meetings.
- 15.6 Information on complaints management performance (i.e. timeframes, outcomes vs. individual complaints plans, successful resolution) should be reported quarterly to the Adult Social Care Management Team.
- 15.7 It might be appropriate on occasion for a specific group to monitor the progress of the implementation of learning from a particular complaint. Consideration should be given to preservation of anonymity in these circumstances.
- 15.8 The Local Authority's Annual Report will include information on customer Care performance data and learning, as well as service user feedback.
- 16.0 Complaints Management communication**
- 16.1 Good complaints management requires efficient and appropriate communication with other departments, organisations or policies in a timely way. The following points outline some of the most common areas requiring collaboration.
- 16.2 **Complaints that involve both children's and adult services.**
- Complainants making complaints that relate to both children's and adult services will receive one response from the Council. The complaint will be investigated by the relevant teams. The lead team will be determined by the nature of the complaint. If the complaint is predominantly about adult services then adult social care will manage the complaint, if on the other hand the majority of issues are children's issues then the children's complaint team will lead. The complaint will be responded to within the timescales of the lead teams policy
- 16.3 **Access to Records and Data Protection Act 1988**
- Requests by complainants for access to records are to be referred to the Information Governance Team.

Complaints regarding potential breaches of the Data Protection Act (relating to disclosure, accuracy, or storage of records) should be addressed to the Information Governance Officer. Following local resolution, if the complainant is dissatisfied with the outcome, the complainant should refer their case to the Information Commissioner for an independent review.

**16.4 Freedom of Information Act (FOI)**

Complaints about lack of compliance with the FOI Act should be put in writing to the Information Governance Manager.

**16.5 Independent Advocacy groups**

The role of independent advocacy groups is crucial to the fair and thorough managing of the complaints process. The Independent Complaints Advocacy Service (ICAS) assist people with their NHS complaints and Voiceability and Age UK provide support for adults and older people. Advocacy can:

- Help people deal with the complaints process (i.e. writing letters, accompanying clients to meetings).
- Refer people to other relevant agencies regarding their complaint.
- Meet people at home or in a place they feel comfortable.
- Help represent people when they find it difficult to express what they want to say.
- Help people explore their options for resolution and their potential outcomes without bias.

**16.6 Partnership organisations  
(especially the NHS Trusts and the Learning Disability Partnership)**

The new complaints system brings health and social care complaints processes together into one system. Where a complaint is received regarding a service that is delivered through a partnership arrangement, an early decision should be taken by the two organisations as to which one of the parties is most appropriate for registering and responding to the complaint. Usually, the organisation that directly employs/manages the staff or service in question will take the lead in a coordinated handling of the complaint, but both are expected to provide the necessary information as quickly as possible, and a joint meeting with the complainant is sometimes helpful.

Where the Local Authority receives what appears to be a cross-boundary complaint (i.e. from someone receiving services from both health and social services), the Customer Care Team should contact the complainant for their agreement to copy their complaint to the other organisation involved.

**17.0 Complaints records management**

- 17.1 When a complaint is registered, the Customer Care Team will open an electronic complaints file, each case being clearly marked with an individual reference number allocated by the Complaints Database.
- 17.2 The files shall maintain a tidy and complete record of correspondence, decision-making, meeting notes and telephone conversations that form part of local resolution activity. The file should contain a front sheet which provides an up to date synopsis of the complaint. Hard copies should be made of electronic documentation.
- 17.3 Electronic individual complaints folders will be maintained on the Local Authority secured drive with restricted access.
- 17.4 The paper files should be kept in a secure environment and if it is absolutely necessary for them to be taken out of the Complaints office (i.e. to complaints meetings), the utmost care should be taken to keeping them safe and confidential, in line with the Local Authority policies on record keeping, Information Governance and Data Protection.
- 17.5 Copies of complaints material should not be filed in the Service user's records. Information about complaints **must** be stored electronically in the 'Complaints' folder –and **not** recorded, or referred to on SOC 902 (diary sheet) forms.
- 17.6 Only Team Managers have access to the 'Complaints' folder in WISDOM. Team Managers :
- are responsible for scanning complaints received by their teams and storing them in the 'Complaints' folder in WISDOM.
  - may delegate responsibility for scanning complaints to a restricted number of identified administrative team staff.
  - must ensure that, when delegating responsibility for scanning to identified administrative staff, administrative staff understand the enhanced confidential nature of the information they are scanning, and the requirement not to share, or discuss, this information within their teams.
  - May share complaints information with care managers if they consider it appropriate and necessary.
- 17.7 Complaints files will be kept in the office for one year after closure, and then archived in accordance with the Local Authority Retention and Destruction policy. (See Retention Policy in Appendix 5).
- 17.8 In accordance with the Data Protection Act 1988, complainants can apply for access to their complaints files. Requests for access should be put in writing to the Data Protection and Information Governance Officer.

**18.0 Complaints training**



- 18.1 The Customer Care Team can be approached at any stage for training and support in handling informal concerns and formal complaints. Investigation Managers should request support for specific cases they are working on.
- 18.2 Basic training should be provided to all new staff at induction, explaining their role in contributing to an open culture for responding to, and learning from informal concerns and formal complaints, and on how to support service users and carers to access the formal complaints procedure.
- 18.3 More detailed training on complaints and how to lead, manage, investigate and respond to formal complaints is to be provided to all Team Managers by Cambridgeshire County Council's Adult Social Care Customer Care Team.
- 18.4 It is the responsibility of all managers to ensure that staff are aware of the, (The Adult Social Care Complaints Policy, (Resolving Concerns and Complaints)) and their access to training in this area.

## **Appendix 1**

### **GUIDELINES FOR ACKNOWLEDGEMENT AND RESPONSE LETTERS:**

The Acknowledgment letter should set out the detail of the complaint as discussed/agreed/understood. For example:

Thank you for discussing the details of your complaint with me and please accept my apologies that you have been placed in the position of having to make a formal complaint.

My understanding of your complaint is as follows:

*List details of complaint*

If this is not correct or you wish to add anything further to your complaint I would be grateful if you could please contact me.

In the meantime ..... will investigate the issues you have raised and I will write to you with a response in due course. Normally we allow 20 working days to investigate and respond to a complaint. If there is a delay for any reason, we will of course notify you.

Yours sincerely

### ***Suggestions for the main text in responses***

As I understand it, the issues you raised in your complaint are as follows:

(Name) (The investigating manager) has carried out a careful investigation of your concerns and I want to outline to you the findings and action we have taken.

During the investigation (name) has ... interviewed relevant staff / reviewed incident sheets / reviewed relevant records / sought advice etc.....

As a result of the investigation we have taken the following action – specify action- to avoid this happening again:

Once again, may I express my regret that you have found it necessary to make a complaint. I do hope I have explained things fully. It may be that there are some points that you would like to discuss further or that it would be helpful to meet. Please do let me know if you would like me to arrange this for you.

### ***Additional text***

The Customer Care Team will add additional text to the final response letter to ensure that the Local Authority fulfils their obligation to explain to the

complainant that they have a right to appeal to the Local Government Ombudsman, if they remain dissatisfied with the Local Authority's efforts to resolve their complaint.

## Appendix 2

<p><b>5. Acknowledging and registering formal complaint (within 3 working days)</b></p> <ul style="list-style-type: none"> <li>- Customer Care Team register complaint on Complaints Database within 3 days</li> <li>- Complaint is sent to relevant Service Manager, requesting an investigation. The complaint should also be copied to the relevant Head of Service.</li> <li>- Letter is sent to the complainant acknowledging safe receipt and providing information on timeframe for formal response (as agreed) CHECK THAT CONSENT HAS BEEN RECEIVED IF APPROPRIATE.</li> </ul>
<p><b>5. Preparing the complaints investigation (within 1 week)*</b></p> <ul style="list-style-type: none"> <li>- If necessary, Investigation Manager discusses and agrees scope of investigation with Customer Care Manager ( what records and interviews will be needed; timeframes for completed report)</li> <li>-</li> </ul>
<p><b>5. Complaints Discussion (within 10 days)*</b></p> <ul style="list-style-type: none"> <li>-</li> <li>- Phone discussion to be held with complainant to listen to full account of complaint, ask questions for clarification and offer empathy. Discussion held about desired outcomes of the complaint, and mutual expectations, timeframes and methods for communication clarified.</li> </ul>
<p><b>5. Investigation (within 14 – 20 days)*</b></p> <ul style="list-style-type: none"> <li>- Interviews conducted; notes examined; policies reviewed</li> <li>- Further questions addressed with Customer Care Team</li> <li>- Ongoing communication with Customer Care Team about gaps, or further questions needing answers</li> <li>- Full report compiled by Investigating Manager</li> <li>- Initial response letter drafted by Investigating Manager and sent to Customer Care Manager</li> <li>- Action plan developed for follow up actions required</li> </ul>
<p><b>5. Response (within 25 days)*</b></p> <ul style="list-style-type: none"> <li>- Report, draft letter, investigation evidence and action plan sent to Complaints Dept. by Investigating Manager.</li> <li>- Draft letter templated and reviewed by Customer Care Manager,</li> <li>- Action plan finalised</li> </ul>

## Appendix 3

<b>Different levels of formal investigation</b>
<p>The below levels offer some broad criteria for helping assess the scope and timeframes for formal complaint investigations, following their formal risk assessment. This categorisation helps to ensure that the right stakeholders are involved early on in the process, and that the appropriate level of scrutiny</p>
<b>Level one</b>
<ul style="list-style-type: none"> <li>- The complaint is about one, or only a few issues, that are relatively straight forward to investigate and quick to fix (concerning factual matters and specific actions).</li> <li>- The complaint does not involve more than one service area, and only one, or a few individuals.</li> <li>- The complaint concerns areas of low risk with no foreseeable complications.</li> <li>- The investigation might not require a discussion with the complainant and should take no more than a day or two to complete.</li> <li>- The complaint response should be sent out promptly.</li> </ul>
<b>Level two</b>
<ul style="list-style-type: none"> <li>- The complaint involves more than one issue, of medium risk and complexity.</li> <li>- The investigation might involve more than one service team, or organisation, to investigate concerns.</li> <li>- There might be few practical actions that could be taken immediately to help resolve the complaint.</li> <li>- The relevant records might be full and complex to review.</li> <li>- The investigation manager might require 2 – 3 weeks carry out all necessary interviews.</li> </ul>
<b>Level three</b>
<ul style="list-style-type: none"> <li>- The complaint concerns matters of very high risk and/or many different and complex issues.</li> <li>- It might involve more than one organisation, and certainly more than one individual.</li> <li>- Some of the issues raised might put great personal strain on the investigation manager, and the complainant. In situations of likely conflict, mediation might be required.</li> <li>- It might not be possible to complete the investigation within 20 days, and an extension to the timeframe might need agreeing from the outset.</li> <li>- An independent review might be required, and the records and notes might be extensive.</li> <li>- Actions might have significant implications for governance, or quality of care and there might be a need to monitor the individual case.</li> </ul>



# Customer Care Annual Report 2015-16

## Information about compliments, comments, representations, MP enquiries and complaints.

1 April 2015 to 31 March 2016

Children, Families and Adults / Adult Social Care

### Report purpose:

- ▶ To provide information about compliments, comments, representations, MP enquiries, informal and formal complaints and to comply with the Department of Health's guidelines on Health and Adult Social Care Complaints Guidelines 2009.
- ▶ To identify trends and learning points from complaints received between April 2015 and March 2016.

### Content

1.0	Context.....	2
2.0	Executive Summary.....	2
3.0	Definitions.....	3
4.0	The complaints process and feedback.....	3
5.0	Compliments, comments, representations and complaints.....	4
6.0	Compliments.....	4
7.0	Comments and enquiries.....	5
8.0	Representations.....	6
9.0	MP enquiries.....	6
10.0	Informal complaints.....	8
11.0	Formal complaints.....	9
12.0	Reasons for complaining.....	12
13.0	Complaints involving independent providers.....	13
14.0	Complaint responses.....	14
15.0	Senior manager review.....	16
16.0	Independent investigations.....	17
17.0	Local Government Ombudsman (LGO).....	17
18.0	Specific learning from complaints.....	19
19.0	Complaint themes .....	21
20.0	Conclusions.....	22
21.0	Recommendations.....	22
	Appendices.....	23

## 1.0 Context

- 1.1 This report provides information about compliments, comments, representations, MP enquiries and complaints made between 1 April 2015 and 31 March 2016 under the Adult Social Care Complaints Procedure and 2009 Department of Health Guidelines on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.

The scope of this report includes adult social care services provided through Cambridgeshire County Council and those provided through an NHS partner organisation, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

## 2.0 Executive Summary

- ▶ Compliments have increased by 116% when compared to the previous year, 2014–2015.
- ▶ MP enquiries have increased by 129% when compared to the previous year, 2014–2015.
- ▶ 489 informal complaints were received from 1 April 2015 to 31 March 2016. This represents a significant increase when compared to the 181 informal complaints received the previous year.
- ▶ 118 formal complaints were received from 1 April 2015 to 31 March 2016. This compares to 110 received in 2014–2015, and shows an increase of 8 (7%).
- ▶ 16 (13%) of complaints were upheld
- ▶ 1.5% of the total population of Cambridgeshire who receive adult social care services complained about the services they received, and of those complaints one quarter were upheld.
- ▶ The most common reasons for complaining are support provision, standard of care and financial issues.
- ▶ The service area most commonly complained about is older people. However when the number of complaints about Older People's Services is compared with the total number of older people receiving services the percentage of complaints received is similar to the other major service areas.
- ▶ There were 16 (17%) complaints that referred to the provision of care by an independent provider.
- ▶ 8 (7%) complaints were reviewed by a senior manager as the complainants were dissatisfied with the first response. This compares to 9 (8%) reviewed by a senior manager the previous year.
- ▶ 8 (7%) of complaints were referred to the Local Government Ombudsman (LGO). This is an increase from 6 (5%) in the previous financial year 2014–2015.
- ▶ Specific learning from complaints and themes emerging from complaints are identified in sections 18.0 and 19.0. Examples of emerging themes include issues about financial matters and changes in service provision.

**Jo Collinson, Ros Dobbs and Lexien Gough – Customer Care Team**  
**May 2016**



### 3.0 Definitions

- 3.1 The terms: compliments, comments, representations and complaints are defined in Appendix 1 and an explanation of acronyms is provided in Appendix 2.

### 4.0 The complaints process and feedback

- 4.1 The complaints process has an emphasis on de-escalation and early resolution of complaints.
- 4.2 In order to ensure that the complaints process remains current, relevant and user friendly, questionnaires were sent to 28 complainants whose complaints were received between 1 October 2014 and 30 September 2015. For a summary of the results please see appendix 3
- 4.3 Not all complainants from this period were contacted, for example cases where the service user has passed away, or where the complainant still has open complaints with the department.
- 4.4 8 responses were returned in total, which amounts to 29%. 4 of the 8 returned were anonymous, and the remaining 4 provided their names and addresses. The results of this survey are included at Appendix 3.
- 4.5 An example of a complaint which was successfully resolved is given below.

*Questionnaires  
were sent to  
28 complainants  
to find out  
how their  
complaint was  
handled, and  
to ensure the  
complaints  
process remains  
current.*

A complaint was received about the cost of care. Mr X went into a residential home under a private arrangement. Shortly after an application was made to the Council for support, so a Financial Assessment was undertaken and a 12 Week Property Disregard application was made. When an individual who needs residential care has less than £23,250 in savings and owns a property the costs of the residential care up to an agreed amount will be paid by adult social care for a period of 12 weeks. The 12 Week Property Disregard is only agreed after a Social Care and Financial Assessment has been agreed. In the case of Mr X the 12 week Property Disregard application was agreed.

Mr X was advised of the outcome and the start date of the agreed Council funding, but because Mr X had been paying the care home directly during the 12 Week Property Disregard period he expected that the Council's funding would be paid to him directly. The Financial Assessment Team advised Mr X that he would need to seek a refund from the care home, and then pay his client contribution to the Council.

In response to the concerns raised Mr X received a full explanation of the charging policy, which had been applied correctly. However, the Older People's Team did contact the care home on Mr X's behalf to request the refund, followed this up, and ensured a cheque was sent to Mr X directly so that this responsibility did not fall to the service user.

When the Older People's Team met with Mr X to share the outcome he was satisfied with this outcome as he had received the refund expected, and acknowledged the support of

4.6 In order to address issues raised in some complaints the Adult Social Care Complaints Process has been amended and is currently awaiting senior manager approval.

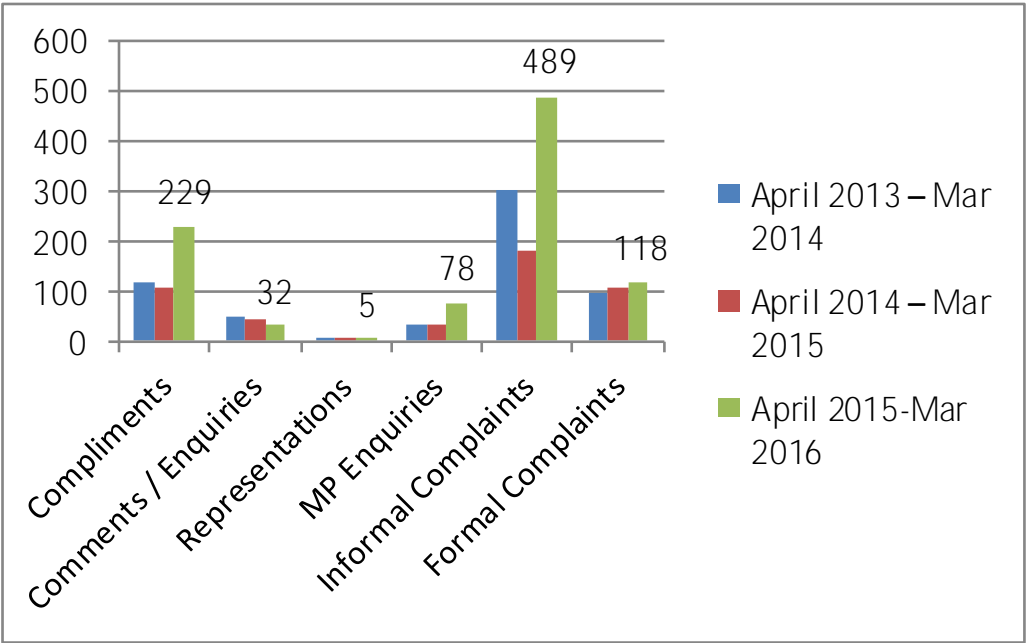
5.0 **Compliments, comments, representations and complaints**

5.1 Details relating to compliments, comments, representations, MP enquiries, informal and formal complaints are considered in the following sections.

The total number for each category of feedback for the previous three financial years are shown in Figure 1.

Comments on each type of contact received are given in the appropriate sections in this report.

5.2 *Figure 1: Number of compliments, comments, representations MP enquiries and complaints received*



6.0 **Compliments**

6.1 229 compliments were received between April 2015 and March 2016. This is 116% increase on the amount received for the previous year.

6.2 These compliments, as with previous years, refer primarily to two distinct areas, i.e. the high quality of service, and the helpful attitude of named staff members.

*There was a 116% increase in the number of compliments received between April 2015 and March 2016.*

6.3 During the course of the year Service Directors have been writing to staff members who have received compliments from service users. This is done to recognise good practice and has been received positively.

#### 6.4 Examples of compliments received



**“It was interesting that the staff member brought with him a young profoundly deaf learner/apprentice. It demonstrates CCC’s commitment to care for and employ disabled adults.”**

[Sensory Services, Quarter 1]

**“Thank you for all your help and guidance and going above and beyond the call of duty. We would have been lost without your help.”**

[Older People’s Service, Quarter 2]

**“Thanks for your effort to help my family member to turn a corner. She has much improved in terms of her mental health and she is engaging with personal care.”**

[Learning Disability Partnership, Quarter 3]

**“All of the care staff have been very helpful, everything was very good.”**

[Re-ablement, Quarter 4]



#### 7.0 Comments and enquiries

7.1 There were 32 comments and enquiries received between April 2015 and March 2016. This is a slight reduction of 24% on the number of comments and enquiries recorded for the previous year when 42 were received between April 2014 and March 2015.

***There was a slight reduction in the number of comments and enquiries recorded between April 2015 and March 2016***

## 7.2 Examples of comments and enquiries include:

- Concerns about a service user whose care was the responsibility of another local authority.
- Insurance claims.
- Asking for duplicate copies of correspondence.
- Asking how to challenge a Department of Work and Pensions decision.
- Comments from a care provider about slow payment of invoices.
- Enquiries regarding how to complain about charities or health services.
- Initial request for a social care assessment.
- Correspondence addressed to social care teams passed to Customer Care in error.
- Housing enquiry for District Council.

## 8.0 Representations

8.1 From April 2015 to March 2016 there were 5 representations. This compares to 3 representations received in the previous financial year.

8.2 Representations were received in relation to the following areas:

- The possibility of switching from paper invoices to electronic invoices.
- Changes in Carer's Support following the Care Act.
- The Peace of Mind Charge which pays for the staff of an extra care scheme to be available at anytime during a 24 hour period to respond to emergency call outs.
- Meeting staff costs within a Direct Payment.
- Debt recovery letters and the amount of paper correspondence sent.

## 9.0 MP enquiries

9.1 78 MP enquiries have been received between April 2015 and 31 March 2016. This is an increase of 129% on the amount received the previous year, April 2014 to March 2015 when 34 MP enquiries were received.

9.2 This significant increase may have been influenced by the UK General Election in May 2015.

9.3 Figure 2 gives details of which service area dealt with the MP enquiry.

*There was a  
129% increase  
in the number  
of MP enquiries  
received...*

*...this may have  
been influenced  
by the May 2015  
General Election .*

9.4 *Figure 2: MP enquiries by service area*

Service area	Number of MP enquiries
PDSS	22
OP	21
LDP	19
Other	5
DP	4
Carers	3
Finance	2
AAT	1
Re-ablement	1

9.5 Figure 3 shows details of the number of MP enquiries responded to in timescale.

9.6 *Figure 3: MP enquiry response times*

	Number of MP enquiries
Responded to within 10 working days	67 (86%)
Responded to after 10 working days	11 (14%)

9.7. This is a slight decrease on the response times for April 2014 to March 2015, when 91% of MP enquiries were responded to within the 10 day timescale.

9.8 In all cases where responses have been delayed a holding letter was sent to the MP to keep them informed.

9.9 MP enquiries are responded to in a different way to formal complaints. The response to the enquiry is given to assist the MP to support their constituent. MP enquiries are not investigated and upheld or not upheld in the same way that a formal complaint would be. As full a response as possible is given to the enquiry, covering the actions taken by the social care team to provide the necessary support. Care is taken to ensure that the confidentiality of the individual is respected and only information that the individual is willing to share is shared with the MP.

**86% of MP enquiries were responded to within the 10 day timescale, a slight decrease.**

## 10.0 Informal complaints

- 10.1 Please note that during the course of the year the number of formal and informal complaints varies slightly. This is because on occasion a complaint is initially dealt with informally and then the complainant states that they wish for the complaint to be escalated and dealt with formally.

Similarly some complainants wish their complaint to be dealt with formally and when initial remedial actions have been completed they then state that they wish to withdraw their complaint. In cases where the type of complaint changes the complaints records are amended accordingly. This report contains the final figures for both informal and formal complaints for 2015–2016.

- 10.2 In 2015–2016, there were 489 informal complaints received. This compares to 181 received in the previous financial year an increase of 170%.

*There was an increase of 170% in the number of informal complaints received.*

- 10.3 During the course of the year Heads of Service have worked with their teams to improve the recording of informal complaints. The increase in the number of informal complaints would to some extent evidence that this work has been effective.

- 10.4 To give some perspective, Figure 4 shows the number of informal complaints in relation to the major service areas and the total number of people receiving services. Figure 4 gives the total number of individual clients receiving services.

- 10.5 *Figure 4: Number of informal complaints received in relation to the population receiving services*

Service Area	No. individual clients receiving a service	No. complaints	Percentage of complaints per population receiving services
Learning Disability Partnership	1,546	102	6.6%
Physical Disabilities Team	765	20	2.7%
AAT	41	1	2.4%
Older People	5,067	365	7.2%
Mental Health	550	1	0.18%
<b>Total receiving Adult Social Care</b>	<b>8,009</b>	<b>489</b>	<b>6.1%</b>

- 10.6 Many of the 489 informal complaints could have escalated to a formal complaint if they had not been dealt with in an effective and timely manner.
- 10.7 Dealing with complaints informally has resulted in complainants' concerns being resolved promptly and managers not having to be involved in lengthy investigations and providing reports to the Customer Care Team.

## 11.0 Formal complaints

- 11.1 Emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease and in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on Cambridgeshire County Council's website (<http://www.cambridgeshire.gov.uk/complain>)

In addition how to make a complaint/provide feedback is explained by the Adult Support Coordinator/Social Worker during the assessment process and as part of that process the service user is given a fact sheet that explains the process.

- 11.2 The complexity of complaints has continued to increase during the course of the year, this is particularly the case when external organisations are involved. Responding to complaint investigations is becoming more time consuming and involving managers and senior managers in a very time intensive investigation. In addition there is a significant risk that number of complaints will increase as the result of saving requirements. This will also increase the pressure on investigation managers and the Customer Care Team.

*The complexity of complaints has continued to increase...*

*... this is particularly the case when external organisations are involved.*

- 11.3 Figure 5 gives details of the number of formal complaints received in the last 3 years and the comparative percentage rise/decrease.

- 11.4 *Figure 5: Number of formal complaints*

Financial year	Number of complaints received	Percentage rise from previous year
2013–2014	99	-
2014–2015	110	11%
2015–2016	118	7%

- 11.5 To give some perspective Figure 6 shows the number of complaints in relation to the major service areas and the total number of people receiving services.

11.6 *Figure 6: Number of complaints received in relation to the population receiving services*

Service Area	No. individual clients receiving a service	No. complaints	Percentage of complaints per population receiving services
Learning Disability Partnership	1,546	20	1.3%
Preparing for Adulthood	40	2	5%
Physical Disabilities Team	765	27	4%
AAT	41	4	10%
Older People	5,067	63	1%
Mental Health	550	2	0.4%
<b>Total receiving Adult Social Care</b>	<b>8,009</b>	<b>118</b>	<b>1.5%</b>

11.7 118 formal complaints were received from 1 April 2015 to 31 March 2016. This compares to 110 received in 2014–2015, and 99 received in 2013–2014. Comparing the number of complaints received in 2013–2014 with those received in 2015–2016 there has been an increase of 19% over 2 years.

11.8 There were 13 complaints about teams that cover more than 1 service area; these complaints have been included in the service area that was ultimately responsible for delivering social care to the individual for example the 2 complaints about Discharge Planning Services, 3 complaints about Re-ablement Services and 1 about a financial assessment were included in the Older People's figures.

*The number of formal complaints received has increased by 19% over 2 years...*

11.9 1.5% of the total numbers of people receiving services complained.

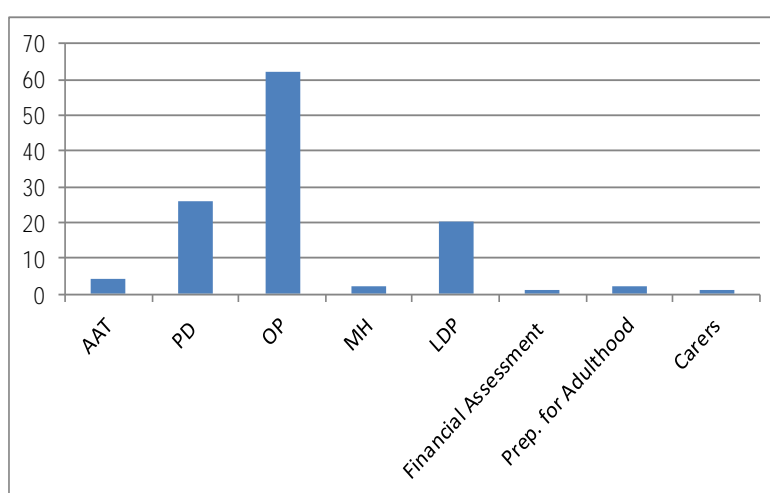
*...1.5% of people receiving services complained.*

11.10 Once consent has been obtained, complaints involving Mental Health Services and social care are discussed with the partner organisation and it is decided which organisation will lead. The complaint is then investigated and responded to using the lead organisation's complaints procedure.



- 11.11 During the course of the year a meeting was held with CPFT to further clarify the implementation of the information sharing and complaints section of the agreement between the two organisations. This has helped ensure that a consolidated approach is adopted when dealing with complaints that have health and social care issues.
- 11.12 During 2015–2016 there were 2 complaints that warranted a joint investigation with the Clinical Commissioning Group and 2 that warranted a joint investigation with CPFT.
- 11.13 Figure 7 shows the number of complaints received by each area.
- 11.14 *Figure 7: Service area complaints information April 2015 to March 2016*

**It is important to set the number of complaints by older people in the context of the number of people that the service delivers to.**



- 11.15 Whilst the number of complaints for older people is much higher than any other service, it is important to set this in the context of the size of the population that the service area delivers to. Figure 6 shows that 1.5% of older people receiving services complained. This is on a par with other service areas.
- 11.16 There was one complaint that covered 3 teams Physical Disabilities, Discharge Planning and Re-ablement. As the service user's needs were physical; this complaint was recorded under Physical Disabilities.

11.17 As of April 2015 the Care Act 2014 was implemented. The Customer Care team will monitor the number and nature of complaints to determine if any new trends related to the implementation of the Act emerge.

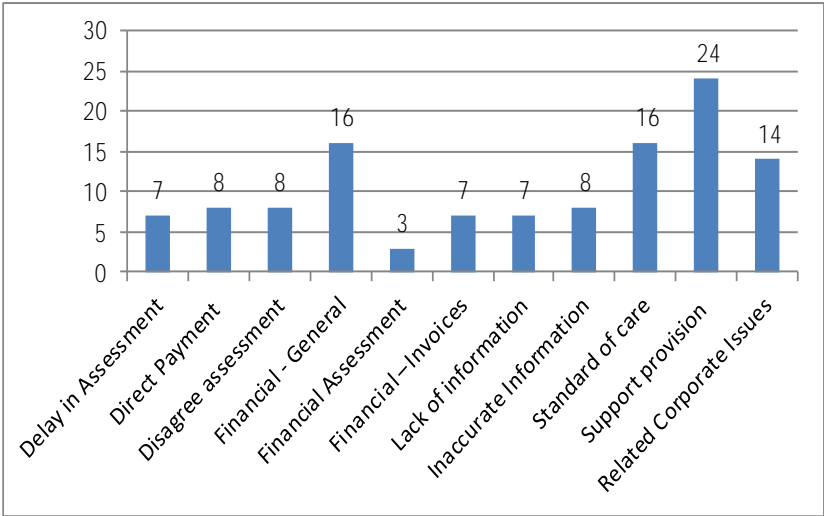
*The Customer Care Team monitor complaints to identify any trends resulting from the introduction of The Care Act 2014.*

12.0 **Reasons for complaining**

12.1 Figure 8 gives details about the reasons why people complain.

12.2 *Figure 8: Reasons why people complain*

20% of complaints were about the support provided.



12.3 24 of the 118 (20%) complaints were about the support provided. The term ‘Support Provision’ covers a number of issues, for example lack of support regarding specialised needs, the amount of support provided and the cancellation of respite.

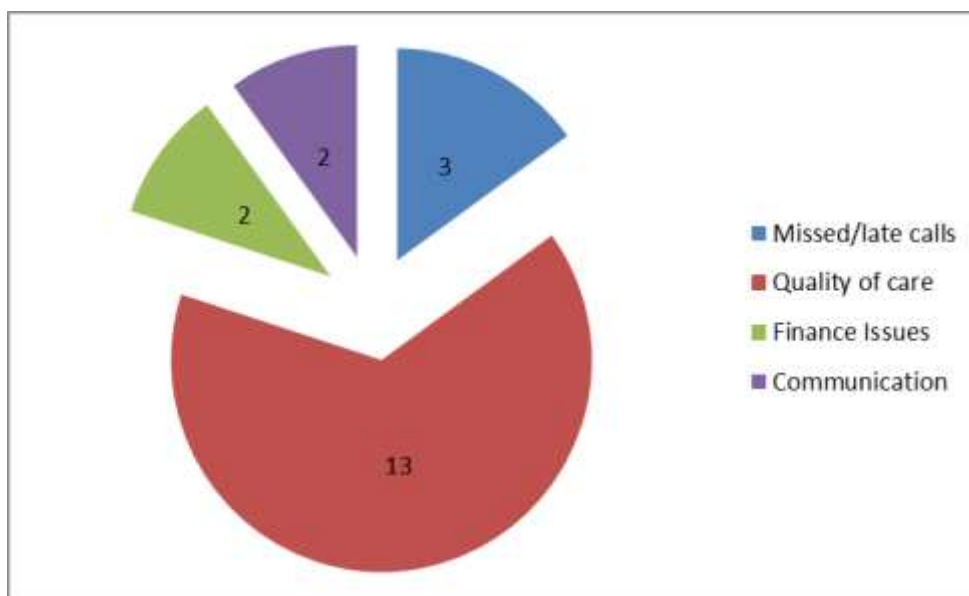
12.4 In the last quarter of 2015–2016 6 of the 11 complaints about support provision referred to a reduction in services.

12.5 8 (7%) of the 118 complaints were about the assessment decision. The complainants in 6 of these 8 complaints disagreed with the assessment decision and felt that they or their relative were entitled to more care provision.

12.6 There were a total of 26 (22%) complaints that referred to financial issues. 16 complaints were about general financial issues such as disputes about the outcome of the financial assessment, disputes involving when a referral for CHC funding should have been made and disputes about the information that was given about the costs of care.

12.7	There were 3 complaints about how the financial assessment was carried out.	
12.8	There were 7 complaints about inaccurate or confusing invoices. In 2014–2015 there were 13 complaints about invoices; this is a reduction of 46%. The changes to the Contribution Policy in 2014 could account in part for the reduction in the number of complaints about invoices.	<b><i>Complaints about invoices reduced by 46%...</i></b>
12.9	There were 15 (13%) complaints about communication issues. The details of the complaints varied from a complaint about the length of time it took to confirm care arrangements, to confusion regarding respite provision to complaining of not being told about possible charges for care.	<b><i>...this could be partly due to changes to the Contribution Policy.</i></b>
12.10	16 of the complaints were about the expected standard of care not being met. This category refers to the care provided by Independent providers see Section 13 for more detail.	
12.11	14 (12%) of the complaints received are about social care and corporate issues. Corporate issues refer to complaints that relate to a named staff member. In such cases, to ensure that the complainant has a cohesive response to their complaint, the complaint is processed as a social care complaint and the complainant receives one response that covers all areas of their complaint.	
<b>13.0</b>	<b>Complaints involving independent providers</b>	
13.1	Complaints that refer to independent sector providers are investigated by the Locality Team Manager. The responses to the complaints about practice are copied to Heads of Service.	<b><i>20 complaints referred to the provision of care by an independent provider...</i></b>
13.2	Complaints and responses to complaints involving independent care providers are copied as a matter of routine to the appropriate Contracts Monitoring Manager.	<b><i>...the same percentage as the previous year.</i></b>
13.3	There were 20 (17%) complaints that referred to the provision of care by an independent provider. This is the same percentage of complaints received the previous year.	
13.4	Figure 9 gives details about the issues involved with complaints about the standard of care provided by independent providers.	

13.5 *Figure 9: Issues involved with complaints about the standard of care*



13.6 The most common reason for complaining was the quality of care delivered. This refers to a number of different issues such as hygiene issues and lack of support with food.

***The most common reason for complaining was the quality of care delivered.***

13.7 The communication issues refer to confusion about what information could be shared in compliance with the Data Protection Act 1998 and information about a transfer to another home.

## 14.0 Complaint responses

14.1 The adult social care complaints process specifies that complaints should be acknowledged within 3 working days and responded to within 25 working days.

If there are mitigating circumstances for exceeding this time frame then a written explanation is sent to the complainant. All of the formal complaints were acknowledged within 3 working days.

***All formal complaints were acknowledged within the 3 day timescale.***

14.2 Figure10 shows that between April 2015 and March 2016, 91 of the 118 complaints were responded to within 25 working days, while there were 27 complaints where the response took longer than 25 working days.

14.3 The reasons for the extensions were:

- Complaints involving safeguarding investigations.
- Difficulties obtaining consent and engagement from the family.
- Delays waiting on the complainant to provide the details in writing.
- Complex cases involving other organisations, or multiple teams within the Council.
- Delays in receiving information from external organisations.

14.4 *Figure 10: Complaint acknowledgement response times*

	Number of complaints
Acknowledged within 3 working days	118 (100%)
Acknowledged after 3 working days	0 (0%)
Response sent within 25 working days	91 (77%)
Response sent after 25 working days	27 (23%)

14.5 Complaint outcomes are recorded using the following definitions:

**Upheld** – all issues raised in the complaint required remedial action to rectify the situation and prevent a similar issue arising in the future.

**Partially upheld** – at least 1 issue in the complaint required remedial action.

**Not upheld** – none of the issues raised required remedial action.

14.6 Figure 11 gives details of the number of complaints upheld, partially upheld and not upheld.

14.7 *Figure 11: Complaint outcomes*

	Number of complaints
Not upheld	37 (31%)
Partially upheld	60 (51%)
Upheld	16 (13%)
Other	5 (6%)

14.8 76 (64%) complaints were either upheld or partially upheld. This is very consistent with previous years, as 65 (65%) were either upheld or partially upheld in 2014–2015 and 69 (69%) were either upheld or partially upheld in 2013–2014.

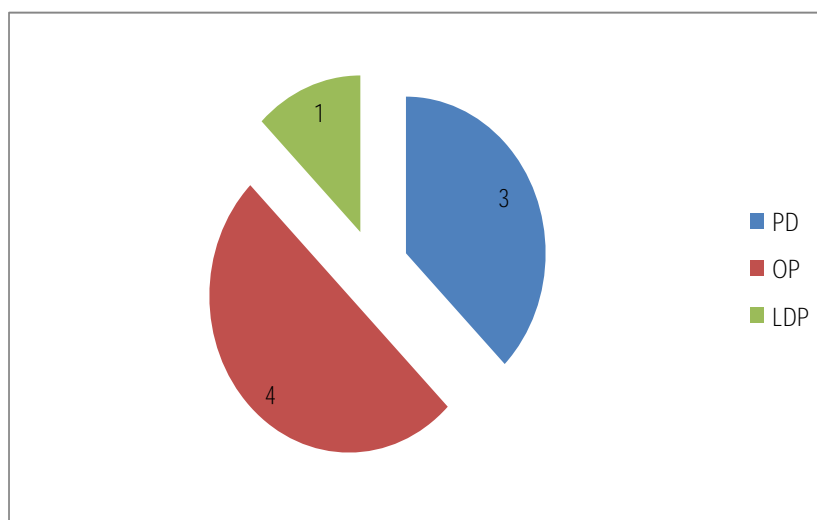
## 15.0 Senior manager review

15.1 As part 2 of the complaints process, complaints can be reviewed by a senior manager. From April 2015 to March 2016 8 (7%) complaints were sent to a senior manager to be reviewed. It is worth noting that there are occasions when it is deemed that there is nothing to be gained by carrying out a senior manager review, for example when there is clear evidence that the complaint will not be substantiated.

15.2 Before agreeing that a complaint will be reviewed by another senior manager every effort is made to resolve the complaint using other methods such as providing additional information.

15.3 Figure 12 gives details of the service area the complaint reviewed by a senior manager relates to.

15.4 *Figure 12: Number of service area complaints referred to senior manager review*



15.5 Of the 8 complaints that were reviewed by a Senior Manager: None were upheld, 2 were partially upheld and 5 were not upheld. 1 was withdrawn by the complainant,

15.6 Previously, there were no definitive timescales by which a Senior Manager review had to be completed. After feedback received, a proposal was put forward to amend the process and set timescales in which the response must be sent. A timescale of 3 months was agreed and this been adopted by the Customer Care Team. The timescale of 3 months has been written into the Council's amended Adult Social Care Complaints Policy which is currently awaiting approval.

15.7 The Customer Care Managers review all draft responses before they are sent out from senior managers.

## **16.0 Independent investigations**

16.1 Some complex complaints were investigated independently in the past. In view of the cost of independent investigators, a decision was made to use independent investigators only when all other options had been explored. During 2015– 2016 no complaints were investigated independently.

16.2 The Adult Social Care Complaints Policy has been amended to include more detail on independent investigations.

## **17.0 Local Government Ombudsman (LGO)**

17.1 Figure 13 shows the decisions reached by the Ombudsman on complaints managed by Cambridgeshire County Council Adult Social Care.

17.2 *Figure 13: LGO referrals*

2015– 2016	Service Area				Comments
	LD	PD	OP	MH	
April – June	1	0	3	2	<p>2 No fault 1 No investigation (although this case was re-opened in Oct-Dec)</p> <p>1 apology, £250 payment and Council to carry out MCA promptly.</p> <p>Apology and £2,500 payment in recognition of services not provided and Council to consider and implement any lessons learnt.</p> <p>1 apology and £1,000 payment. Council to appoint an independent social worker and occupational therapist</p>
July – Sept	0	0	0	0	
Oct – Dec	0	0	1	0	Apology on behalf of independent provider.
Jan – March	0	0	1	0	Council to ensure that all staff receive Continuing Healthcare training and that all staff introduce themselves correctly.
Total	1	0	5	2	Overall total 8 complaints referred to the LGO.

- 17.3 From April 2015 to March 2016, 8 complaints were referred to the Local Government Ombudsman; this is one more than in the previous financial year.
- 17.4 5 of the 8 complaints resulted in the LGO recommending actions to the Council to address the concerns raised by the complainants. 3 were not investigated further.
- 17.5 2 investigations found that the Council was not a fault.
- 17.6 1 final view concluded that the investigation would not be taken any further however this decision was subsequently revoked and the complaint was further investigated. The final view on the second investigation was that the independent provider involved had been at fault and the Council had to apologise on behalf of the provider.



17.7 The decision by the LGO to re-investigate a complaint when they had already provided a final view is unprecedented with regard to LGO investigations of complaints involving Cambridgeshire County Council.

17.8 The quality of responses from managers to LGO investigations varied. In 2015 the Customer Care Team introduced specific training for managers on how to respond to an investigation from the LGO. This training has been well received. With only 2 LGO investigations taking place since the introduction of the training it is difficult to conclude how effective the training has been.

## **18.0 Specific learning from complaints**

18.1 A complaint about inaccurate information regarding a proposed placement, and the length of time the planning process was taking resulted in the team taking the following action:

- The importance of accurate communication and information sharing has been emphasised to staff.
- Any discharges which require funding from an organisation other than Cambridgeshire County Council, such as CPFT, will include a worker from that organisation at a much earlier stage.
- Out of county service provision will be required to provide a detailed care plan of intended service delivery to ensure this meets needs.

18.2 A complaint about the Direct Payment process and the length of time it took resulted in the team completing further training on Direct Payments.

18.3 A woman complained to the LGO that the Council and a care home would not allow her to have unsupervised contact with her mother or allow her to move her mother to a care home closer to her home. This complaint was subsequently investigated by the LGO and they made a number of recommendations to the Council.

These recommendations have been implemented. In addition the Contracts Monitoring Team and Head of Service (Mental Health) have met with the care home to consider the issues and agree the necessary action to ensure that a similar situation does not happen again. In addition the Head of Service, kept the complainant updated with regards to the Council's ongoing response to her complaint.

18.4 The outcome of an investigation by the LGO was that the Council had not provided an interim care package to a woman with Mental Health needs. The LGO recommended that the Council carry out a re-assessment. In order to address the issues raised in this Complaint. Work is currently being undertaken to consider how the Social Care Mental Health Teams and the Adults and Autism Team can share their expertise in order to best support people who are Autistic and have Mental Health needs.

- 18.5 Another complaint investigated by the LGO was concerned with the adequacy of a personal budget and the amount of contact with the family. The complainant complained that the indicative amount was insufficient to buy care to meet the person's needs for 24/7 support and that the communication was inadequate. The LGO recommended that the Council appoint an independent social worker and occupational therapist. This has been done and following the independent assessments a support plan was produced by the family. There has been ongoing communication with the LGO as the complainant prefers to communicate through them. Currently the activity that will be included in the support plan and the cost of this activity are being finalised before the plan is signed off.
- 18.6 A complainant raised concerns about inaccurate invoices. The investigation showed that these invoices resulted from a delay in putting a care package onto the recording system. This was brought to the attention of the relevant staff members who are now ensuring that the correct information is loaded onto the system promptly.
- 18.7 A complaint about lack of information given during the discharge planning process showed that there was confusion about the roles of hospital staff and social care staff. This issue has been clarified with the relevant staff members.
- 18.8 The investigation into a complaint about the Peace of Mind Charge, which pays for staff of an extra care scheme to be available during a 24 hour period, showed that the complainant had not been informed about the charge. This resulted in a refund of the charge for the disputed period and an instruction to the team to inform people of the charge at the earliest opportunity.
- 18.9 A complaint about the client contribution showed that incorrect information had been given regarding the contribution. The contribution was refunded for the disputed period and the staff member reminded of the importance of giving the information clearly and accurately.
- 18.10 The Re-ablement Team have responded to a complaint about erratic times of care visits and missed visits by trialling a GPS system for staff so that they have updated schedules and the timing of calls can be monitored.
- 18.11 The investigation into a complaint about the cancellation of booking for respite showed that the staff of the care provider had inadequate knowledge about the Data Protection Act (1998). When the respite was cancelled the staff did not give a reason for the cancellation. This led to the complainant assuming that the care provider was discriminating on the grounds of disability. The cancellation was made on the basis of the needs of two other residents who at that time were experiencing poor mental health. The lack of information was based on an over zealous implementation of the Data Protection Act. A meeting was held and the complainant was satisfied with the outcome. All staff working for the provider will be updated regarding the requirements of the Data Protection Act.
- 18.12 A complaint about Continuing Healthcare funding showed that the practitioner had behaved appropriately and in line with due process when taking part in the assessment process for Continuing Healthcare funding (CHC). However the final view of the LGO was that all practitioners should be precise in the manner in which they introduce themselves and that the Council should ensure that all staff receive CHC training.

The Council has responded to this by drawing up a CHC training proposal which sets out the different levels of training. This has been agreed in principle and will be put in place later this year. In the meantime the Council's Continuing Healthcare Manager is continuing to provide CHC checklist training and training on CHC Decision Support Tool meetings.

- 18.13 The Adult Social Care Complaints Policy is in the process of being updated to reflect changes in social care practice and the learning from complaints.

## 19.0 Complaint themes

- 19.1 The main reason for complaining in the last financial year has been support provision. The complaints about support provision referred to the amount and type of support provided. In the last quarter of 2015– 2016 11 complaints referred to support provision and 6 of these complaints referred to reduction of services following a review. Although these complaints referred to a number of personalised issues relating to the service user, it is apparent that there is a correlation between these complaints and recent changes in the Support Planning Policy.
- The main reason for complaining was support provision and referred to the amount and type of support provided.*
- 19.2 In 2015– 2016 22% of complaints were about financial issues, some of these complaints refer to the financial assessment, people are dissatisfied with the amount they have to contribute or the amount that they have allocated to them as their personal budget. This increase in complaints could also be attributed to the recent changes in policy.
- There has been an increase in the number of complaints about financial issues.*
- 19.3 The number of complaints about Social Care Complaints with Corporate issues is very similar to the number received in the same quarter the previous year.
- A number of complaints continue to be complex and difficult to manage.*
- 19.4 There continues to be a number of complaints that are complex and difficult to manage. These complaints involve several different teams and/or partner organisations. There are some complainants who increase the complexity of a complaint by complaining to a number of different teams, organisations and individuals. In addition the volume of communication from a complainant can increase the complexity of a complaint.
- 19.5 A recurring theme is complaints that refer to incorrect information given to the complainant. It can be difficult to ascertain who said what to the complainant particularly with complaints that involve more than one organisation.
- 19.6 Related to the above point is the importance of accurate recording. This is a recurring theme throughout the complaints received in 2015–2016. Good recording makes the difference And enables the Council to evidence its response to a complaint.

## 20.0 Conclusions

- |      |   |  |
|------|---|--|
| 20.1 | Compliments have increased by 116 % when compared to the previous year.   | <b>116% increase in compliments.</b>                             |
| 20.2 | MP enquiries have increased by 129% when compared to the previous year.   | <b>129% increase in MP enquiries.</b>                            |
| 20.3 | Standard of care, support provision and financial issues continue to be areas that people are concerned about.  | <b>People are concerned about:</b>                               |
| 20.4 | The complaints about invoices have reduced when compared to the previous year and the reason for this can be attributed to the changes in the contributions policy. | <b>standard of care • support provision • financial issues •</b> |
| 20.5 | Complaints about service provision are beginning to include complaints about reduction in services. This could be due to recent policy changes.                     | <b>There have been less complaints about invoices.</b>           |

## 21.0 Recommendations

- |      |   |   |
|------|---|---|
| 21.1 | Customer Care Team to monitor and report on the number of complaints and representations received that refer to reduced or changed services as a result of recent policy changes. | <b>Complaints about support provision include complaints about reduction in services.</b> |
| 21.2 | Adult Social Care Management Teams to approve this report for publication on the external website in line with the 2009 DOH Regulations.  |   |
| 21.3 | Options to address the increase and complexity of number of complaints and MP enquiries need to be explored and considered.   |   |

# Appendices

## Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

**Compliment:** a formal expression of satisfaction about service delivery by a service user or their representative.

**Comment:** any suggestion or remark made formally by a service user, their representative or a member of the public.

**Representation:** a comment or complaint about County Council or Government resources or the nature and availability of services.

**Complaint:** A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal response'. It is therefore not always the complexity or severity of a concern/complaint that defines its formality or informality.

**Informal complaint:** any expression of dissatisfaction or disquiet about service delivery by a service user or their representative that can be resolved quickly and where the resolution is within the gift of the relevant team manager.

**Formal complaint:** any formal expression of dissatisfaction or disquiet about service delivery by a service user or their representative.

**Corporate complaints:** Corporate complaints are outside the legal scope of the NHS and Community Care Act i.e. complaints that refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

## Appendix 2

### Explanation of Acronyms

<b>ASCMT</b>	Adult Social Care Management Team
<b>BME</b>	Black and Minority Ethnic
<b>CCS</b>	Cambridgeshire Community Services NHS Trust
<b>CFA</b>	Children, Families and Adults Directorate
<b>CHC</b>	Continuing Healthcare
<b>CPFT</b>	Cambridgeshire and Peterborough NHS Foundation Trust
<b>CCT</b>	Customer Care Team
<b>DPT</b>	Discharge Planning Team
<b>DOH</b>	Department of Health
<b>EDT</b>	Emergency Duty Team
<b>FABA</b>	Finance and Benefits Assessor
<b>GP</b>	General Practitioner
<b>LDP</b>	Learning Disability Partnership
<b>LGO</b>	Local Government Ombudsman
<b>MCA</b>	Mental Capacity Assessment
<b>MP</b>	Member of Parliament
<b>NFA</b>	No further action
<b>OP</b>	Older People's Services
<b>OT</b>	Occupational Therapy
<b>PD</b>	Physical Disabilities
<b>PDSS</b>	Physical Disabilities and Sensory Services
<b>SOVA</b>	Safeguarding of Vulnerable Adults
<b>SS</b>	Sensory Service

## Appendix 3

### User Experience Survey Results (Period 1 October 2014 to 30 September 2015)

Questionnaires were sent to 16 complainants, whose complaints were received during the six month period 1 October 2014 to 31 March 2015, and a further 12 questionnaires were sent to complainants whose complaints were received during the six month period 1 April 2015 to 30 September 2015.

Not all complainants from this period were contacted, for example cases where the service user has passed away, or where the complainant still has open complaints with the department.

Of the 28 questionnaires sent out, 8 responses were returned in total which amounts to 29%. The statistics below relate solely to the 8 returned responses. 4 were returned anonymously, and the remaining 4 provided their names and addresses.

As we carried out the survey 4 to 9 months after their complaints were logged it may be that complainants were unable to remember specific details. This would account for some of the unanswered questions and responses which conflict with our records.

#### 1. Which service area was your complaint about?

Service area	Number of responses received	Percentage %
OP	4	50%
LDP	2	25%
Other: Carers	1	12.5%
Other: Finance	1	12.5%

#### 2. Did you make the complaint as the client or client's representative?

	Number of responses received	Percentage %
Client's representative	8	100%

**3. Did you receive acknowledgement of your complaint?**

	Number of responses received	Percentage %
Yes, received within 3 working days	8	100%

**4. If 'Yes' to Q3 – was this contact helpful?**

	Number of responses received	Percentage %
Yes	7	87.5%
Not sure	1	12.5%

**5. Did you receive a full written response in 20-25 working days?**

	Number of responses received	Percentage %
Yes	7	87.5%
No	1	12.5%

The complainant who responded 'no' provided their name. Having checked their complaint file it indicated that their response was actually sent within timescale.

**6. If 'No' to Q5 – Did you receive an explanation for the delay?**

	Number of responses received	Percentage %
Yes	1	12.5%
Not answered	7	87.5%

This complainant who answered 'Yes' to receiving a holding letter provided their name. Having checked their complaint file it indicates that their response was sent within timescale so a holding letter would not have been sent. They may have confused the response letter with the holding letter.



**7. Was the complaint resolved to your satisfaction?**

	Number of responses received	Percentage %
Yes	3	37.5%
No	2	25%
Some of it	3	37.5%

**8. Were you told how to take your complaint further?**

	Number of responses received	Percentage %
Yes	4	50%
No	2	25%
Not sure	2	25%

All customer care responses include the advice that they contact the Customer Care Team if they want to take their complaint further.

**9. Overall, how satisfied were you with the way your complaint was dealt with?**

	Number of responses received	Percentage %
Fairly satisfied	2	25%
Satisfied	3	37.5%
Very satisfied	2	25%
Not answered	1	12.5%



Cambridgeshire County Council is committed to providing high quality care and support



Cambridgeshire  
County Council



**0345 045 5202** (Customer Services)



[customercare@cambridgeshire.gov.uk](mailto:customercare@cambridgeshire.gov.uk)



[www.cambridgeshire.gov.uk/careandsupport](http://www.cambridgeshire.gov.uk/careandsupport)

Ref: CS.Feedback.FS-April-16

# What do you think about care and support services?

Cambridgeshire County Council is committed to providing high quality services. **Please give us your feedback.**

**care and  
support  
& you**








## Please let us know if:

- ✓ you feel staff have done something particularly well
- ✓ there is something you particularly like about our services
- ✓ you have a suggestion about how we could improve how we do things
- ✓ you have a view about one of our policies or how we allocate resources
- ✓ you are unhappy with the services you have received

## What should you do?

If you have something to tell us you can do this by:

-  **completing the online form at [www.cambridgeshire.gov.uk/customercare](http://www.cambridgeshire.gov.uk/customercare)**
-  **0345 045 5202 (customer services)**
-  **[customercare@cambridgeshire.gov.uk](mailto:customercare@cambridgeshire.gov.uk)**
-  **completing and returning the form on page 3**
-  **contacting your County Councillor or speaking to any member of staff**

If the service is registered and regulated by Care Quality Commission (CQC). You can also share your experiences with them.

-  **[www.cqc.org.uk/share-your-experience-finder](http://www.cqc.org.uk/share-your-experience-finder)**

## What if you need help?

If you have difficulty in giving us your feedback you can ask someone to help you. In these circumstances we will check with you that you are happy with the feedback that has been made.

There are groups, organisations or advocates that can help you to make a comment. Ask the Customer Care Manager for details. If you have help to make your comments it will not affect how we deal with them.

## What happens when you make a comment, representation or give a compliment?

Compliments are forwarded to the appropriate team or individual if it relates to a specific County Council employee. Suggestions are forwarded to the appropriate team. Representations about a policy or resource are passed to senior managers and Councillors as appropriate.

## What happens when you make a complaint?




If you make a complaint it will be managed by the Customer Care Team. If your complaint can be resolved quickly and informally the Customer Care Team will try to do this. If this cannot be done, your complaint will be investigated and you will receive a written response. We will contact you to agree a timescale for your complaint.

## What will we do with the information?

The things you tell us will only be shared with those people who need to know in order to take action. If your complaint is about a member of staff or an agency, we will tell them who has made the complaint, this will not affect the service that you receive. If we need to contact an external organisation to respond to your complaint then we will discuss this with you at that time.

## What if we can't resolve your complaint?

If you remain unhappy you can contact the **Local Government Ombudsman** and ask them to look at your complaint independently.

-  Complete the online form [www.lgo.org.uk/contactus](http://www.lgo.org.uk/contactus)
-  0300 061 0614
-  Local Government Ombudsman  
PO Box 4771, Coventry, CV4 0EH

# Tell us what you think about care and support services

I wish to make a: *(please tick)*

- ☐ Comment
- ☐ Compliment
- ☐ Complaint

## Your details

Name:

.....

Address:

.....

.....

Postcode:

.....

Telephone:

.....

Email:

.....

**If you are completing this form on behalf of someone else we also need their details.**

Name:

.....

Address:

.....

.....

Postcode:

.....

Telephone:

.....

Email:

.....



Save time and postage costs - do it online  
[www.cambridgeshire.gov.uk/customercare](http://www.cambridgeshire.gov.uk/customercare)  
or call 0345 045 5202

Which service do you wish to tell us about?

.....

.....

Please give details:

.....

.....

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.....

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.....

.....

.....

Please seal your response in a stamped addressed envelope and post to:



Customer Care Services, Box SH1216,  
Shire Hall, Cambridge CB3 0AP



Alternatively give this form to  
your Key Worker or care provider.



**FINANCE AND PERFORMANCE REPORT – OUTURN 2015-16**

**To:** Adults Committee

**Meeting Date:** 7 July 2016

**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 2015-16 Outturn 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 the 2015-16 financial year.

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

<b>Officer contact:</b>	
Name:	Tom Kelly
Post:	Strategic Finance Manager
Email:	<a href="mailto:tom.kelly@cambridgeshire.gov.uk">tom.kelly@cambridgeshire.gov.uk</a>
Tel:	01223 703599

## **1.0 BACKGROUND**

- 1.1 A Finance & Performance Report for the Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the CFA Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in Appendix A.

## **2.0 MAIN ISSUES IN THE 2015-16 OUTTURN CFA FINANCE & PERFORMANCE REPORT**

- 2.1 The Outturn 2015-16 Finance and Performance report (F&PR) is attached at Appendix B. In March, a year-end underspend of £1,904k was forecast across CFA. At the end of the closedown period the final outturn is an underspend of £1,623k.

### **2.2 Revenue**

Between March and the final outturn position, the main revenue changes within the Adults service areas were as follows:

- In Adult Social Care, the service directorate underspend is £62k lower than expected at the end of March, the result of additional commitments in Disabilities Services, the Learning Disability Partnership and Practice & Safeguarding.
- In Older People Services, Fenland Locality and City & South Locality report outturns that were £131k and £120k more than forecast, respectively. This is the result of additional costs for service user transport and lower than forecast client contributions.
- Mental Health underspent by an additional £232k, the result principally of lower than expected costs of staffing the service. We are working with our NHS partner, who manage the workforce, to pick this up earlier in future.
- Older People Mental Health spent £202k more by year-end than previously anticipated. The closedown process confirmed lower client contribution levels and additional care package spending than had been forecast in March.

### **2.4 Performance**

Of the eighteen CFA service performance indicators at the end of 2015-16 seven are shown as green, four as amber and seven are red.

Of the Adults Performance Indicators, three are currently red. These were:

- average number of all bed-day delays,
- the average number of Adult Social Care attributable bed-day delays, and
- the proportion of adults with learning disability in paid employment.

### **2.5 CFA Portfolio**

The major change programmes and projects underway across CFA are detailed in Appendix B-8 of the report – none of these was assessed as red at the end of the 2015-16 financial year.



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

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

3.1.1 There are no significant implications for this priority.

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

3.2.1 There are no significant implications for this priority

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

3.3.1 There are no significant implications for this priority

### **4.0 SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

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

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

4.2.1 Financial risk continuing into 2016/17 has been considered in detail.

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

4.3.1 There are no significant implications within this category.

#### **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.

<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 A

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

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

Strategic Management - ASC

Procurement

ASC Strategy and Transformation

ASC Practice & Safeguarding

Local Assistance Scheme

#### Learning Disability Services

LD Head of Services

LD Young Adults

City, South and East Localities

Hunts and Fenland Localities

In House Provider Services

#### Disability Services

PD Head of Services

Physical Disabilities

Autism and Adult Support

Sensory Services

Carers Services

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

Director of Older People and Mental Health

City & South Locality

East Cambs Locality

Fenland Locality

Hunts Locality

Addenbrooke's Discharge Planning Team

Hinchingbrooke Discharge Planning Team

Reablement, Occupational Therapy & Assistive Technology

Integrated Community Equipment Service

#### Mental Health

Head of Services

Adult Mental Health

Older People Mental Health

#### **Director of Enhanced and Preventative Services**

Safer Communities Partnership

From: Tom Kelly and Martin Wade  
 Tel.: 01223 703599, 01223 699733  
 Date: 13 May 2016

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

### **Finance and Performance Report – Closedown 2015/16**

#### **1. SUMMARY**

##### **1.1 Finance**

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

##### **1.2. Performance and Portfolio Indicators – Mar 2016 Data (see sections 4&5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
Mar Performance (No. of indicators)	7	4	7	18
Mar Portfolio (No. of indicators)	0	2	6	8

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

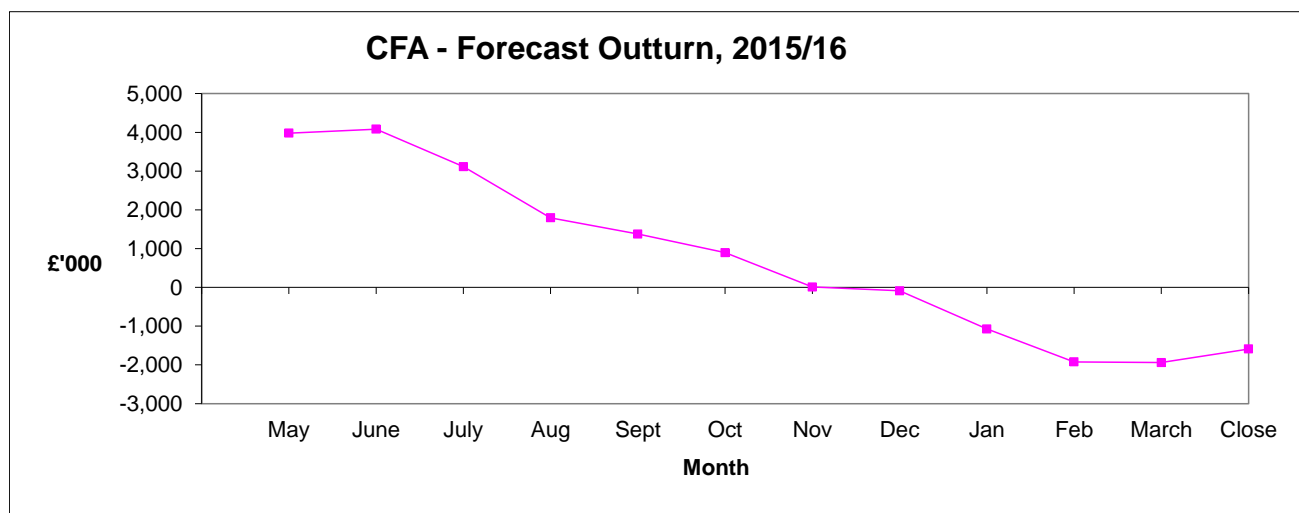
##### **2.1 Overall Position**

<b>Previous Outturn</b>	<b>Directorate</b>	<b>Budget 2015/16</b>	<b>Actual</b>	<b>Outturn Variance</b>	<b>Outturn Variance</b>
<b>£000</b>		<b>£000</b>	<b>£000</b>	<b>£000</b>	<b>%</b>
-2,608	Adult Social Care	89,314	86,768	-2,546	-2.9%
-4,063	Older People & Adult Mental Health	85,221	81,398	-3,823	-4.5%
2,093	Children's Social Care	35,056	37,210	2,154	6.1%
2,936	Strategy & Commissioning	52,423	55,764	3,341	6.4%
-493	Children's Enhanced and Preventative	31,864	31,316	-548	-1.7%
499	Learning	20,450	20,849	398	1.9%
<b>-1,635</b>	<b>Total Expenditure</b>	<b>314,328</b>	<b>313,304</b>	<b>-1,024</b>	<b>-0.3%</b>
-305	Grant Funding	-54,335	-54,934	-599	1.1%
<b>-1,940</b>	<b>CFA Net Expenditure</b>	<b>259,993</b>	<b>258,370</b>	<b>-1,623</b>	<b>-0.6%</b>

To allow for accurate completion of Government & CIPFA statistical returns, we are required to charge certain corporate overheads to direct services. These recharges relate to the net cost of a significant element of Corporate Services, LGSS Managed and LGSS Cambridge Office. The charges are transferred to services at year end with matching budget, therefore there is no impact on services' final outturn variance. For CFA, the 15/16 corporate overheads equate to £14.391m and can be seen in [appendix 4](#)

The service level finance & performance report for 2015/16 can be found in [appendix 1](#)

Further analysis of the outturn position can be found in [appendix 2](#)



## 2.2 Significant Issues

At the end of Closedown 2015/16, CFA is reporting a year end underspend of £1,623k. Significant changes since last month are detailed below:

- i) In Adult Social Care, the service directorate underspend is £62k lower than expected at the end of March. Further unused Care Act funding of £189k has been identified, however this was more than offset by additional commitments in the Disabilities Services, the Learning Disability Partnership and Practice & Safeguarding.
- ii) In Older People & Mental Health, the Fenland Locality and City & South Locality report outturns that were £131k and £120k worse than forecast, respectively. This is the result of additional costs for service user transport in both areas and lower than forecast client income in City & South.
- iii) In Older People & Mental Health, Adult Mental Health underspent by an additional £232k, the result principally of lower than expected costs of staffing the service, which is managed by an NHS partner.
- iv) In Older People & Mental Health, Older People Mental Health spent £202k more by year-end than previously anticipated. Client contribution levels were less than recent forecasts and there was additional care package spending.
- v) In Children's Social Care, the legal proceedings budget overspend has increased to £212k. This is mainly due to a recent Judicial Review case and three other court cases from other Local Authorities.
- vi) In Learning, the Home to School Transport overspend has reduced from £520k to £384k following the year-end review of outstanding commitments.

- vii) In Strategy and Commissioning the SEN placement budget overspend has increased by £122k, mainly due to 10 new placements in the last quarter of the financial year. This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant.
- viii) In Strategy and Commissioning the Commissioning Services budget has ended the year £246k overspent. This is due to pressures on the Out of School Tuition budget as a result of the LA fulfilling its duty to provide interim full-time education provision when moving a child with a Statement of Special Educational Needs from one school to another. This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant.

## 2.3 Additional Income and Grant Budgeted this Period (De Minimis reporting limit = £160,000)

A full list of additional grant income anticipated and reflected in this report can be found in [appendix 3](#).

## 2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De Minimis reporting limit = £160,000)

A list of virements made in the year to date can be found in [appendix 4](#).

## 2.5 Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

### 2.5.1 Key activity data as at the end of 2015/16 for **Looked After Children** (LAC) is shown below:

Service Type	BUDGET				ACTUAL (Closedown)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Close 15/16	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost
Residential - disability	2	£381k	52	3,663.30	1	2.54	£331k	2,223.00	0.54	-£50k	-1,440.30
Residential - secure accommodation	0	£k	52	0.00	0	0.28	£70k	5,110.00	0.28	£70k	5,110.00
Residential schools	8	£828k	52	1,990.93	10	10.83	£983k	1,709.74	2.83	£155k	-281.19
Residential homes	16	£2,342k	52	2,814.92	26	27.73	£4,157k	3,044.18	11.73	£1,815k	229.26
Independent Fostering	261	£9,813k	52	723.03	225	238.16	£9,639k	792.26	-22.84	-£174k	69.23
Supported Accommodation	15	£1,170k	52	1,500.00	27	23.14	£1,239k	1,146.67	8.14	£69k	-353.33
16+	9	£203k	52	433.58	11	10.29	£261k	357.29	1.29	£58k	-76.29
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£188k	-	-	-£188k	-
<b>TOTAL</b>	<b>311</b>	<b>£14,737k</b>			<b>300</b>	<b>312.97</b>	<b>£16,492k</b>		<b>1.97</b>	<b>£1,755K</b>	
In-house fostering	140	£3,472k	55	185.55	147	143.93	£3,379k	176.19	3.93	-£93k	-9.37
Kinship	26	£733k	55	185.55	50	33.82	£790k	187.29	7.82	£57k	1.74
In-house residential	16	£1,588k	52	1,908.52	15	11.42	£1,588k	2,673.93	-4.58	£k	765.41
Concurrent Adoption	3	£50k	52	350.00	10	9.24	£181k	350.00	6.24	£131k	0.00
Pressure funded within directorate	-	£k	-	-	-	-	-£95k	-	-	-£95k	-
<b>TOTAL</b>	<b>185</b>	<b>£5,843k</b>			<b>212</b>	<b>198.41</b>	<b>£5,843k</b>		<b>13.41</b>	<b>£k</b>	
Adoption	289	£2,550k	52	162.50	355	339.65	£3,121k	168.41	50.65	£571k	5.91
<b>TOTAL</b>	<b>289</b>	<b>£2,550k</b>			<b>355</b>	<b>339.65</b>	<b>£3,121k</b>		<b>50.65</b>	<b>£571k</b>	
<b>OVERALL TOTAL</b>	<b>785</b>	<b>£23,130k</b>			<b>867</b>	<b>851.03</b>	<b>£25,456k</b>		<b>66.03</b>	<b>£2,326k</b>	

## 2.5.2 Key activity data to end of Closedown 15/16 for SEN Placements is shown below:

BUDGET				ACTUAL (Closedown)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Close 15/16	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	£5,753k	£62,536	102	100.44	£6,366k	£63,377	10	8.44	£612k	£841
Behaviour, Emotional and Social Difficulty (BESD)	35	£1,438k	£41,089	37	36.27	£1,484k	£40,911	2	1.27	£46k	-£179
Hearing Impairment (HI)	4	£135k	£33,690	3	2.85	£78k	£27,407	-1	-1.15	-£57k	-£6,283
Moderate Learning Difficulty (MLD)	3	£99k	£33,048	3	2.21	£83k	£37,443	0	-0.79	-£16k	£4,395
Multi-Sensory Impairment (MSI)	1	£75k	£75,017	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£16k	£16,172	1	1.34	£23k	£16,864	0	0.34	£6k	£692
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41,399	0	0.31	£13k	£41,344	-1	-0.69	-£29k	-£55
Speech, Language and Communication Needs (SLCN)	3	£141k	£47,128	3	3.01	£171k	£56,684	0	0.01	£29k	£9,556
Severe Learning Difficulty (SLD)	2	£174k	£87,129	1	1.72	£140k	£81,532	-1	-0.28	-£34k	-£5,596
Specific Learning Difficulty (SPLD)	10	£170k	£16,985	7	7.52	£134k	£17,863	-3	-2.48	-£36k	£877
Visual Impairment (VI)	2	£55k	£27,427	2	2.00	£55k	£27,477	0	0.00	£0k	£49
Recoupment	0	£0k	£0	-	-	£60k	-	-	-	£60k	-
<b>TOTAL</b>	<b>154</b>	<b>£8,099k</b>	<b>£52,590</b>	<b>160</b>	<b>157.67</b>	<b>£8,605k</b>	<b>£54,200</b>	<b>5</b>	<b>3.67</b>	<b>£507k</b>	<b>£1,611</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

## 2.5.3 Key activity data as at the end of 2015/16 for **Adult Social Care Services** is shown below:

		BUDGET			ACTUAL (Closedown)			VARIANCE
Service Type		Budgeted No. of Clients 2015/16	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Close 15/16	Current Average Unit Cost (per week)	Actual Spend	Net Variance to Budget
Physical Disability Services	Residential	40	£969	£2,015k	42	£1,111	£2,421k	£406k
	Nursing	23	£926	£1,107k	23	£826	£971k	-£136k
	Community	620	£334	£10,758k	654	£336	£10,625k	-£133k
<b>Physical Disability Services Total</b>		<b>683</b>		<b>£13,880k</b>	<b>719</b>		<b>£14,017k</b>	<b>£137k</b>
<b>Income variance</b>								<b>-£142k</b>
<b>Further savings assumed within forecast</b>								<b>£0k</b>
Learning Disability Services	Residential	294	£1,253	£19,161k	312	£1,316	£21,415k	£2,254k
	Nursing	17	£1,437	£1,270k	18	£1,391	£1,306k	£36k
	Community	1,272	£543	£35,907k	1,209	£596	£37,595k	£1,688k
<b>Learning Disability Service Total</b>		<b>1,583</b>		<b>£56,338k</b>	<b>1,539</b>		<b>£60,315k</b>	<b>£3,977k</b>

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

Until this has been fully completed, activity analysis is based on more restricted details about package volume (hours/nights) and length, than is available through AFM. In the table above, the assumption has been made that packages that are currently open last 365 days, as a proxy for full year activity, rather than full reflection of closed and part-year packages

**2.5.4** Key activity data as at the end of Closedown for **Adult Mental Health Services** is shown below:

		BUDGET			ACTUAL (Closedown)			VARIANCE
Service Type		Budgeted No. of Clients 2015/16	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of Close 15/16	Current Average Unit Cost (per week)	Actual Spend	Variance
Adult Mental Health	Community based support	67	£76	£265k	116	£103	£501k	£236k
	Home & Community support	196	£87	£886k	218	£74	£683k	-£203k
	Nursing Placement	13	£682	£461k	20	£670	£558k	£97k
	Residential Placement	71	£732	£2,704k	79	£751	£2,490k	-£214k
	Supported Accommodation	137	£81	£579k	152	£84	£559k	-£20k
<b>Adult Mental Health Total</b>		<b>484</b>		<b>£4,895k</b>	<b>585</b>		<b>£4,791k</b>	<b>-£104k</b>

**2.5.5** Key activity data as at the end of 2015/16 for **Older People (OP) Services** is shown below:

OP Total		BUDGET			ACTUAL (Closedown)			Variance From Budget
Service Type		Expected No. of clients 2015/16	Budgeted Average Cost (per week)	Gross Annual Budget	Service Users	Current Average Cost (per week)	Gross Projected spend	Gross Projected spend
Residential		531	£455	£12,593k	540	£434	£13,128k	£535k
Residential Dementia		319	£520	£8,675k	356	£501	£9,044k	£369k
Nursing		319	£613	£10,189k	314	£591	£10,043k	-£146k
Respite		289	£497	£861k	109	£501	£1,057k	£196k
Community based								
~ Direct payments		356	£176	£3,276k	274	£257	£3,535k	£259k
~ Day Care		326	£104	£1,773k	431	£131	£1,795k	£22k
~ Other Care				£5,434k			£5,567k	£134k
~ Homecare arranged		1,807	per hour £16.48	£18,572k	1,713	per hour £16.83	£17,991k	-£581k
<b>Total</b>		<b>3,947</b>		<b>£61,372k</b>	<b>3,737</b>		<b>£62,160k</b>	<b>£788k</b>
<b>Income Variance</b>								<b>-£1,858k</b>

**2.5.6** Key activity data as at the end of 2015/16 for **Older People Mental Health (OPMH)** Services is shown below:

OP Mental Health	BUDGET			ACTUAL (Closedown)			Variance From Budget
Service Type	<i>Budgeted No. of clients 2015/16</i>	<i>Budgeted Average Cost (per week)</i>	<i>Gross Annual Budget</i>	<i>Service Users</i>	<i>Current Average Cost (per week)</i>	<i>Gross Projected spend</i>	<i>Gross Projected spend</i>
Residential	14	£455	£332k	51	£617	£403k	£71k
Residential Dementia	38	£529	£1,097k	28	£487	£1,331k	£234k
Nursing	36	£625	£1,172k	40	£717	£1,173k	£1k
Nursing Dementia	156	£680	£5,534k	154	£667	£5,537k	£3k
Respite	16	£400	£38k	6	£442	£45k	£7k
Community based:							
~ Direct payments	16	£271	£226k	18	£204	£218k	-£8k
~ Other Care			£62k			£48k	-£14k
~ Homecare arranged	92	<i>per hour</i> £16.08	£615k	76	<i>per hour</i> £15.27	£543k	-£72k
<b>Total</b>	<b>368</b>		<b>£9,076k</b>	<b>373</b>		<b>£9,298k</b>	<b>£222k</b>
<b>Income Variance</b>							<b>-£131k</b>

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

We are continuing to develop the methodology for providing this data; this complicates comparisons with previous months.

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



### **3. BALANCE SHEET**

#### **3.1 Reserves**

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

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

##### Funding

A £2,333k net increase in funding has occurred in March 2015 as a result of the following;

£3,846k Schools funded capital balances being confirmed.

£77k increase to other contributions for contributions received

£1,590k reduction in S106 funding due to corrections from previous years after detailed reconciliations identified secondary funding applied to a primary scheme.

These funding changes result in a net increase in prudential borrowing of £1,513k

##### 2015/16 Pressures/Slippage

The 2015/16 Capital spend was £92,098m resulting in a £14,106m underspend. The significant changes in the following schemes have been the major contributory factors to this;

- Alconbury 1st Primary; £607k slippage due to poor weather disrupting mobile cranes lifting frame of the school into place.
- Isle of Ely Primary; £1,613k slippage due to delays in establishing infrastructure on the site that impacted on IT installation and fixtures and fittings.
- Westwood Primary expansion; £925k slippage due to start on site slipping from September following receipt of an objection which meant the scheme could not proceed under delegated authority, but required approval by the Development Control Committee.
- Southern Fringe Secondary; £2,445k slippage experienced due to significant delay in construction (£1,609k), this had a knock on effect in procuring fitting and fixtures and ICT equipment (£836k)
- Littleport Secondary & Special; £3,577k slippage. Significant delays to the start on site date, which commenced Feb 2016. The winter start meant progress was slower than hoped with contractor only carrying out ground works, infrastructure and site set up. Work has not commenced on the building.
- Hampton Garden Secondary; £1,730k accelerated spend. Project started on site February 2016 triggering the first payments to Peterborough City Council, Agreement was also reached in March 2016 that a £1,500k contribution will be made for the land the school is sited on
- Condition, Maintenance and Suitability; £1,660k overspend due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, (£850k) together with significantly higher than anticipated tender prices for kitchen ventilation works required to meet health and safety standards and projects requiring urgent attention to ensure schools remained operational
- Early Years Provision; £590k slippage due to delays in planning permissions for two schemes which have failed to commence in 2015/16.

- Trinity School £2,640k slippage occurred due to delays in finalising the acquisition of the property from Huntingdonshire Regional College. As a result, work on site could not commence until October 2015
- CFA IT Infrastructure; £2,500k slippage due to reduced project costs of £2,000k resulting from responses from the invitation to submit outline solution process; this along with revised project timescales has resulted in the slippage for 2015/16.

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

#### 4. **PERFORMANCE**

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

A new development for this year is inclusion of deprivation indicators. Information on all the indicators is now included in the performance table in appendix 7: % Y12 in Learning, % 16-19 NEET, Take up of Free 2 places, % young people with SEND who are EET, % Adults with a Learning Disability (aged 18-64) in employment and Adult Mental Health Service users in employment, KS2 FSM/non-FSM gap and the GCSE FSM attainment gap.

Seven indicators are currently showing as RED:

- **The proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by OFSTED**

The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out of 32 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 49.4% of pupils against the target of 75%.

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

The number of Looked After Children increased to 610 during March 2016. This includes 61 UASC, 10% 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. These workstreams cannot impact current commitment but aim to prevent it increasing:

- Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population.
- In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.

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

In spite of excellent progress earlier in the year we have seen some deterioration in the last few months. The Cambridgeshire health and social care system is experiencing a monthly average of 2,442 bed-day delays, which is 17% above the

current BCF target ceiling of 2,088. In February there were 2,772 bed-day delays, down 96 compared to the previous month.

We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community

Between March '15 and February '16 there were 29,477 bed-day delays across the whole of the Cambridgeshire system - representing a 9% decrease on the preceding 12 months.

Across this period NHS bed-day delays have decreased by 9% from 22,575 (Mar 14 - Feb 15) to 20,435 (Mar 15 - Feb 16), while bed-day delays attributed to Adult Social Care have decreased from 7,969 (Mar 14 - Feb 15) to 7,720 (Mar 15 - Feb 16) an improvement of 3%.

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

Between April '15 - Feb '16 there were 7,209 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 128 delays per 100,000 of 18+ population. For the same period the national rate was 107 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.

Please note that we receive the official data for DTOC measures from NHS England 6 weeks after the end of the month so reporting is always a month behind. However, we receive more up-to-date data on Social Care delays from the Acute hospitals. The latest update (at 22<sup>nd</sup> April 2016) shows the following delays:

Cambridge University Hospital [51 bed day delays]

There are 7 social care delays

3 patients waiting for residential care. Brokerage team currently sourcing

3 patients waiting for nursing care. Brokerage have contacted providers to assess and discharges planned

1 patient waiting for residential care [12 week dis regard]

Hinchingbrooke Hospital

There are 4 social care delays [25 bed days]

3 patients are awaiting domiciliary care. These are double up packages of care in some hard to reach areas of the county. Staff currently working on sourcing care

1 patient waiting for nursing care. Family declined one home and looking at another

Peterborough hospital [The hospital has been on Black Alert this week]

There are 2 social care delays [5 bed days]

1 patient waiting for domiciliary care – currently being sourced

1 patient waiting for interim provision. Brokerage currently sourcing

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

Performance has increased very slightly during March though still well below target. 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**

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. 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.

## **5. CFA PORTFOLIO**

The CFA Portfolio performance data can be found in appendix 8 along with comments about current issues.

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a monthly basis by the CFA Management Team at the CFA Performance Board. The programmes and projects highlighted in appendix 8 are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.

The programmes and projects within the CFA portfolio have been reviewed to align with the business planning proposals for 2016/17.

## APPENDIX 1 – CFA Service Level Budgetary Control Report

Previous Outturn	Service		Budget 2015/16	Actual 2015/16	Outturn Variance	
£'000			£'000	£'000	£'000	%
Adult Social Care Directorate						
-2,529	1	Strategic Management – ASC	8,861	6,142	-2,718	-31%
-10		Procurement	563	554	-9	-2%
-37		ASC Strategy & Transformation	2,184	2,194	10	0%
-1,197	2	ASC Practice & Safeguarding	2,109	982	-1,127	-53%
-76	3	Local Assistance Scheme	386	306	-81	-21%
<u>Learning Disability Services</u>						
-667	4	LD Head of Services	250	-461	-711	-284%
979	4	LD Young Adults	626	1,464	838	134%
1,282	4	City, South and East Localities	31,287	32,921	1,634	5%
382	4	Hunts & Fenland Localities	21,744	22,111	367	2%
58	4	In House Provider Services	4,539	4,502	-38	-1%
<u>Physical Disability Services</u>						
-167	5	PD Head of Services	947	732	-215	-23%
-140	5	Physical Disabilities	12,585	12,470	-115	-1%
-4	5	Autism and Adult Support	607	727	120	20%
-20	5	Sensory Services	504	494	-10	-2%
-462	6	Carers Services	2,121	1,629	-491	-23%
-2,608	Director of Adult Social Care Directorate Total		89,314	86,768	-2,546	-3%
Older People & Adult Mental Health Directorate						
-1,818	7	Director of Older People & Adult Mental Health Services	8,907	7,150	-1,757	-20%
-893	8	City & South Locality	18,600	17,827	-773	-4%
-409	9	East Cambs Locality	7,269	6,852	-417	-6%
185	10	Fenland Locality	8,169	8,485	317	4%
-282	11	Hunts Locality	12,443	12,245	-198	-2%
-33		Addenbrooke Discharge Planning Team	1,051	1,002	-50	-5%
0		Hinchingbrooke Discharge Planning Team	634	633	-1	0%
-605	12	Reablement, Occupational Therapy & Assistive Technology	7,718	7,091	-627	-8%
8		Integrated Community Equipment Service	802	744	-58	-7%
<u>Mental Health</u>						
-2		Head of Services	4,231	4,216	-15	0%
-104	13	Adult Mental Health	7,132	6,796	-336	-5%
-111	14	Older People Mental Health	8,266	8,358	91	1%
-4,063	Older People & Adult Mental Health Directorate Total		85,221	81,398	-3,823	-4%

Previous Outturn		Service	Budget 2015/16	Actual 2015/16	Outturn Variance	
£'000			£'000	£'000	£'000	%
Children's Social Care Directorate						
400	15	Strategic Management – Children's Social Care	3,138	3,535	398	13%
411	16	Head of Social Work	4,249	4,660	411	10%
150	17	Legal Proceedings	1,530	1,742	212	14%
157	18	Safeguarding & Standards	1,177	1,337	160	14%
420	19	Children's Social Care Access	4,448	4,862	414	9%
85	20	Children Looked After	10,860	10,982	121	1%
470	21	Children in Need	3,933	4,375	443	11%
0		Disabled Services	5,722	5,717	-4	0%
2,093		Children's Social Care Directorate Total	35,056	37,210	2,154	6%
Strategy & Commissioning Directorate						
-365	22	Strategic Management – Strategy & Commissioning	417	38	-379	-91%
-77		Information Management & Information Technology	1,859	1,795	-64	-3%
-52		Strategy, Performance & Partnerships	1,521	1,462	-59	-4%
Commissioning Enhanced Services						
1,712	23	Looked After Children Placements	16,490	18,245	1,755	11%
385	24	Special Educational Needs Placements	8,469	8,976	507	6%
0	25	Commissioning Services	3,665	3,911	246	7%
0		Early Years Specialist Support	1,323	1,250	-72	-5%
625	26	Home to School Transport – Special	7,085	7,702	617	9%
575	27	LAC Transport	671	1,327	655	98%
Executive Director						
0		Executive Director	10,203	10,196	-7	0%
133	28	Central Financing	719	861	142	20%
2,936		Strategy & Commissioning Directorate Total	52,423	55,764	3,341	6%
Children's Enhanced & Preventative Directorate						
-89	29	Strategic Management – Enhanced & Preventative	1,771	1,656	-115	-7%
-60		Children's Centre Strategy	707	656	-51	-7%
0		Support to Parents	3,532	3,550	18	1%
-15		SEND Specialist Services	5,371	5,338	-34	-1%
-24		Safer Communities Partnership	7,132	7,124	-8	0%
Youth Support Services						
-4		Youth Offending Service	2,364	2,358	-6	0%
-146	30	Central Integrated Youth Support Services	1,112	925	-186	-17%
Locality Teams						
-86		East Cambs & Fenland Localities	3,427	3,356	-72	-2%
-41		South Cambs & City Localities	3,915	3,868	-47	-1%
-28		Huntingdonshire Localities	2,532	2,485	-47	-2%
-493		Children's Enhanced & Preventative Directorate Total	31,864	31,316	-548	-2%

Previous Outturn	Service		Budget 2015/16	Actual 2015/16	Outturn Variance	
£'000			£'000	£'000	£'000	%
Learning Directorate						
151	31	Strategic Management - Learning	67	224	156	233%
-55		Early Years Service	1,813	1,758	-55	-3%
-40		Schools Intervention Service	1,710	1,679	-31	-2%
-157	32	Schools Partnership Service	1,324	1,133	-191	-14%
291	33	Children's' Innovation & Development Service	163	535	372	227%
-25		Integrated Workforce Development Service	1,486	1,451	-34	-2%
-26		Catering & Cleaning Services	-350	-368	-18	-5%
-116	34	Teachers' Pensions & Redundancy	3,000	2,887	-114	-4%
Infrastructure						
-48		0-19 Organisation & Planning	1,769	1,685	-85	-5%
0		Early Years Policy, Funding & Operations	149	149	0	0%
4		Education Capital	176	189	13	8%
520	35	Home to School/College Transport – Mainstream	9,143	9,527	384	4%
499	Learning Directorate Total		20,450	20,849	398	2%
-1,635	Total		314,328	313,304	-1,024	0%
Grant Funding						
-305	36	Financing DSG	-23,212	-23,811	-599	-3%
0		Non Baselined Grants	-31,123	-31,123	0	0%
-305	Grant Funding Total		-54,335	-54,934	-599	1%
-1,940	Net Total		259,993	258,370	-1,623	-1%

## APPENDIX 2 – Commentary on 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	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management – ASC</b>	<b>8,861</b>	<b>6,142</b>	<b>-2,718</b>	<b>-31%</b>
<p>In July, the government announced a 4-year delay in implementing the Care Act funding reforms. This meant that the assessment of people funding their own care (self-funders), who would have begun to accrue spending against the care cap from April, did not begin this financial year and technical preparations for care accounts can take place over a longer timeframe. The Council had taken a cautious approach to making spending commitments and confirmation was received in October that none of the additional funding received in 2015/16 for Care Act duties will be clawed back. This careful spending of Care Act funding, combined with the monitoring of other workstreams, resulted in an underspend of £2,794, which is an increase in the underspend of £189k compared to the March 2016 forecast.</p> <p>There has been national recognition that the social care system is under significant strain and the funding instead was used to offset significant demand pressures for existing social care services, particularly in the Learning Disability Partnership (see note 4). Care Act funding is within general funding from government in 2016/17, rather than standalone grants, with a smaller separate contribution continuing through the Better Care Fund. This has been reflected in Business Planning.</p> <p>This underspend has partially been offset by a pressure on the vacancy savings budget.</p>				
<b>2) ASC Practice &amp; Safeguarding</b>	<b>2,109</b>	<b>982</b>	<b>-1,127</b>	<b>-53%</b>
<p>The Mental Capacity Act/Deprivation of Liberty Safeguarding (MCA/DoLS) budget has underspent by £1,127k due to shortage of available assessors and the resulting level of activity to date.</p> <p>There was a delay in being able to secure appropriate staff to manage the increased demand for processing MCA/DOLS cases, as all local authorities seek to respond to changes in case law and recruit from a limited pool of best interest assessors and other suitable practitioners.</p> <p>Although there was moderate recent success in recruiting to posts in the final round of interviews in 2015/16, lead-in times for staff joining meant that the underspend on assessors and related activity remained £1,197k.</p> <p>Since the March 2016 report the underspend for the service as a whole as decreased by £70k to £1,127k as a result of an increase in the cost of the external advocacy contract and lower than expected income from Court of Protection cases, which only becomes apparent at the end of the year.</p>				
<b>3) Local Assistance Scheme</b>	<b>386</b>	<b>306</b>	<b>-81</b>	<b>-21%</b>
<p>The Cambridgeshire Local Assistance Scheme has an overall underspend of £81k against budget, equating to the saving taken within the Business Plan for 2016-17. This is predominantly due to an underspend of £73k on the investments element of the budget as a result of a lack of suitable investment opportunities. The total expenditure in relation to the direct grant provision and the administration fee for this scheme was £279k at year-end.</p>				



Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>4) Learning Disability Services</b>	<b>58,447</b>	<b>60,537</b>	<b>2,091</b>	<b>4%</b>

There is an overspend across the Learning Disability Partnership (LDP) at the end of 2015/16 of £2,625k. Of this, £2,091k relates to the County Council after the pooled budget risk share with the NHS is taken into account. The overspend is principally caused by higher than expected expenditure on care packages for service users. Although still of concern, this is a significant improvement on the £4,800k forecast outturn reported at the start of this financial year.

This overall final position is an increase in the overall overspend of £77k, though there have been larger changes within individual localities as a result of changes in commitments during the last two weeks of the year (including the full-year effect of some changes), and the final level of accruals becoming known.

The overspend was managed to this level due to mitigating actions put in place during the year, including:

- Additional project management capacity and scrutiny around numbers / pace of re-assessments, with a focus on the financial outcome of re-assessments.
- Work within the teams on reviewing areas of funding in packages of care.
- Increased use of in-house day services and respite services, set alongside the principles of choice and control, with self-directed support in mind.
- Close work with Children's colleagues to set realistic expectations and to prepare young people for greater independence in adulthood.
- Robust negotiations with providers where new or increased packages were required. This involved embedding the Transforming Lives principles, and aligning hours of care being delivered by providers around provisions rather than individuals with the aim of giving increased flexibility and capacity of provision.

All of these actions will be carrying-on into 2016/17, alongside a thorough review of care packages, in order to manage this pressure and deliver on savings targets agreed in the Business Plan.

From April 2016 the North and East Teams will use AFM commitment records and work is continuing to move the City and South Teams to the commitment records for a fully automated process that will provide greater accuracy and provide managers with better management information to support their oversight of changes from month to month. Further attention continues to be given to this area to ensure that progress is made.

Work has already been started to reduce the expenditure on staffing in in-house provider services. Vacant posts and relief posts are being recruited to reducing the need to use agency staffing. A number of protocols are being produced to limit the rate overtime hours are paid at as well as the need for senior management authorisation for the use of agency staffing, with use being monitored and reported across the services. Budget surgeries have taken place with budget holders in these services to ensure they are aware of the emerging pressures in their budgets and have plans in place to manage these. These budget surgeries have brought about better understanding of all of the budget areas enabling more accurate forecasting. Many of the cost pressures identified within the in house services have now been offset by doing this.

We are further developing the process for tracking costs for young people with a learning disability as they prepare for adulthood.

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>5) Physical Disabilities incl. Head of Services</b>	<b>14,644</b>	<b>14,423</b>	<b>-220</b>	<b>-2%</b>
<p>The previous reported underspend in Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) of £307k has reduced overall by £87k. An underspend in the Physical Disability service and in the Head of Service budget was previously identified due to contract funding no longer being required, expected clawbacks on direct payments paid to people with a physical disability and management of demand; final figures for clawbacks and expected income have increased the underspend in these areas.</p> <p>This has been offset during closedown by around £120k of additional costs being incurred in the Autism and Adult Support service as a result of transfers of two clients from the Learning Disability Partnership, resulting in an overall reduction in underspend in the Disabilities Service as a whole.</p>				
<b>6) Carers Service</b>	<b>2,121</b>	<b>1,629</b>	<b>-491</b>	<b>-23%</b>
<p>Allocations to individual carers have been below expected levels, and as such, the year-end underspend is £491k. Revised arrangements for carers support were implemented this year, following the Care Act, and took longer than expected for the additional anticipated demand to reach budgeted levels. Whilst activity increased towards the end of the year, resulting in a reduced underspend forecast in March, the final year-end expenditure was slightly lower than forecast resulting in the underspend increasing by £29k during Closedown.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>7) Director of Older People and Mental Health Services</b>	<b>8,907</b>	<b>7,150</b>	<b>-1,757</b>	<b>-20%</b>
<p>The year-end position for the Director of Older People and Mental Health Services was an underspend of £1.757m, an adverse change of £61k from the position reported in March. This is due to an increase in the expected level of expenditure on delayed transfers of care reimbursement. This is with a view to all reimbursement ending in 2016/17 in line with a planned saving.</p> <p>Previously reported underspends under this heading are principally the result of:</p> <ul style="list-style-type: none"> <li>• Services to respond to new responsibilities for social care needs for prisoners are still being established with the underspend this year being £289k.</li> <li>• Release of an accrual made in last year's accounts for a £290k potential dispute on costs of nursing care. This was resolved without making use of the provision.</li> <li>• Reductions realised on housing related support totalling £390k; this has been shown as a permanent saving in Business Planning</li> <li>• Deferred payment income was £205k above the expectation set at the start of the year.</li> <li>• A one-off underspend of £182k on a centrally held seasonal cost of care budget which was not utilised, reflecting the favourable overall Older People's cost of care forecast, managed through the locality teams</li> <li>• £349k underspend on vacancy savings, reflecting difficulties experienced in recruiting to posts across the directorate (and the first year in which Reablement staff have been employed directly).</li> <li>• An under-recovery on funded Nursing Care of £150k for 2015/16</li> <li>• An underspend of £11k on the Addenbrookes' discharge to assess budget used to reduce hospital delays</li> <li>• A £10k underspend on the Brokerage team budget which represents a vacant post that has been permanently deleted in business planning</li> </ul> <p>Client debt levels outstanding for more than twelve months have increased compared to a year-ago. This triggers an increase in the Council's bad debt provision. However this charge is offset by other transactions from previous years where income and expenditure has been incurred in arrears.</p>				
<b>8) City &amp; South Locality</b>	<b>18,600</b>	<b>17,827</b>	<b>-773</b>	<b>-4%</b>
<p>The outturn position for City and South Locality was an underspend of £773k, an adverse change of £120k from the position reported in March. This is due in part to a late swing on transport costs (£53k) where sporadic processing of invoices has led to commitment difficulties. The remainder of the change (£67k) is due to a net increase in cost of care, attributable to a reduction in income received by year-end compared to the previous forecast.</p> <p>Staffing vacancies persisted throughout the year despite several attempts to recruit to all levels in this team. Capacity was supported with Agency workers however the time taken to induct them has impacted on performance and spending patterns. The waiting list in March was 140 people, some of whom will be waiting for long term placements and care packages and some of whom will need court of protection applications submitting. This means that the year-end underspend does not reflect the true position of eligible needs that currently need supporting in the City and South Locality.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>9) East Cambs Locality</b>	<b>7,269</b>	<b>6,852</b>	<b>-417</b>	<b>-6%</b>
<p>There was a small £8k favourable change in the East Cambs Locality outturn position compared to March. Previously reported underspend on net cost of care held to year end.</p> <p>Work continues in the new year to review packages and identify potential savings.</p>				
<b>10) Fenland Locality</b>	<b>8,169</b>	<b>8,485</b>	<b>317</b>	<b>4%</b>
<p>The outturn position has increased by £131k to a £317k overspend as a result of the following:</p> <ul style="list-style-type: none"> <li>• £109k increase due to day centre transport. There was inaccurate level of commitment previously forecast due to sporadic processing of invoices and the need to fund additional routes not provided by the Council's transport fleet. The total transport project is seeking to address some of these issues.</li> <li>• £15k – Staffing overspend due to extended agency worker arrangements. Agency workers are being used to increase the review capacity of the team in order to achieve savings targets after incurring large unforeseen pressures.</li> </ul> <p>Savings have been difficult to make on individual packages of care, and the following underlying pressures still apply:</p> <ul style="list-style-type: none"> <li>• £140k under budgeting for clients with a learning disability who transferred service at 65, prior to the change in procedure.</li> <li>• £102k pressure due to the above transport issue.</li> <li>• £30k pressure on staffing</li> <li>• £45k unmade savings.</li> </ul>				
<b>11) Hunts Locality</b>	<b>12,443</b>	<b>12,245</b>	<b>-198</b>	<b>-2%</b>
<p>The outturn position for Hunts Locality reduced by £84k to £198k underspent. The adverse change since the March report was due to estimated legal costs for a deferred payment (£40k), new costs for clients reaching the asset threshold for Council funding (£18k) together with a number of other year-end accruals and adjustments (£26k).</p> <p>Previously reported underspends which were achieved through reductions of cost of care following reviews and increases in Continuing Healthcare funding awarded still applied.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>12) Reablement, Occupational Therapy &amp; Assistive</b>	<b>7,718</b>	<b>7,091</b>	<b>-627</b>	<b>-8%</b>
<p>Reablement, Occupational Therapy and Assistive Technology underspent by £627k, which was an increase of £22k from the March forecast position. The increase was due to a number of small underspends on non-staffing budgets across the service.</p> <p>Previously reported underspends still applicable at year-end include the following:</p> <ul style="list-style-type: none"> <li>• release of a £118k accrual made in last year's accounts for potential accommodation and administrative costs. Negotiations have progressed and this provision was not required.</li> <li>• a one-off delay in salary costs of £72k. Some salary costs such as enhancements and extra hours are paid a month in arrears. Payments for these in April 2015 were made by the NHS as they related to March 2015 and were therefore prior to the Reablement service being transferred to County Council management. Only 11 months of costs were incurred by CCC this year.</li> <li>• £220k reduced support (non-staff) costs of the Reablement Service following its move into the Council of which £174k are expected to be ongoing and have been built into the Business Planning process</li> <li>• £55k identified across the Reablement Teams due to enhancements and extra hour's payments being lower than expected for the winter period.</li> <li>• £85k underspend on Assistive Technology and Environmental Controls split across both staffing and equipment</li> </ul> <p>And the following, anticipated on an ongoing basis, through the Business Plan</p> <ul style="list-style-type: none"> <li>• reduction in the overheads related to Occupational Therapy, as this service moved to a new NHS provider this year (£45k).</li> </ul>				
<b>13) Adult Mental Health</b>	<b>7,132</b>	<b>6,796</b>	<b>-336</b>	<b>-5%</b>
<p>The outturn position for Adult Mental Health had a favourable change of £232k compared to the position reported in March.</p> <p>The increased underspend was due to:</p> <ul style="list-style-type: none"> <li>• £108k underspend on staffing following a significant reduction compared to the expected level of recharge from CPFT for use of bank staff to cover CCC vacancies;</li> <li>• a further reduction of £60k in the cost of care packages compared to the March snapshot; and</li> <li>• an increase in the Section 75 agreement underspend from £64k to £117k. The Section 75 funds CPFT staff employed to provide mental health services on behalf of CCC and their associated overheads.</li> </ul>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>14) Older People Mental Health</b>	<b>8,266</b>	<b>8,358</b>	<b>91</b>	<b>1%</b>
<p>The outturn position for Older People Mental Health was an overspend of £91k, an adverse change of £202k compared to the figures reported in March. This was due to £99k increase in the costs of care packages, primarily relating to residential care, and actual levels of client contributions at year end being reduced compared to the figure included in the March forecast.</p> <p>The year-end overspend on cost of care has resulted in an increase in commitment levels moving in to 2016/17. This is expected to be addressed as part of the work to achieve savings allocated in the Business Plan.</p>				
<b>15) Strategic Management - Children's Social Care</b>	<b>3,138</b>	<b>3,535</b>	<b>398</b>	<b>13%</b>
<p>The Children's Social Care (CSC) Director budget is showing an outturn overspend of £398k.</p> <p>CSC Strategic Management had a vacancy savings target of £656k and although the directorate actively managed the staff budgets and use of agency staff, savings were not achieved to meet the target in full. This is due to service need; posts are required to be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post.</p> <p>We continue to make concerted efforts to minimise the dependency on agency and continue to look at other ways to manage work within the Units despite high levels of demand. The recruitment and retention strategy for social work staff should decrease the reliance on agency staffing.</p> <p>Recruitment in Wisbech and East Cambs remains problematic which may be due in part to that area bordering a number of other Local Authorities. This area holds the highest amount of vacancies and is therefore more reliant on agency social workers to cover vacancies.</p> <p><u>Actions being taken:</u></p> <p>Workforce management continues to be reviewed weekly/fortnightly at CSC Heads of Service and CSC Management Teams respectively. We have monitoring procedures in place to manage the use of agency staff going forward and are focusing on the recruitment of Consultant Social Workers and Social Workers, but good quality agency staff continues to be needed in order to manage the work in the interim. The approval of the approach to recruitment and retention recently agreed by relevant Committees will support the work to reduce the use of agency staff.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>16) Head of Social Work</b>	<b>4,249</b>	<b>4,660</b>	<b>411</b>	<b>10%</b>
<p>The Head of Social Work budget is showing an outturn over spend of £411k.</p> <p>The adoption allowances budget has overspent by £580k due to an increase in the number of adoption/special guardianship orders. The increase in Adoption / Special Guardianship / Child Arrangement orders are however a reflection of the good practice in making permanency plans for children outside of the looked after system. The over spend is mostly attributable to demographic pressures and previously no demography has been allocated to reflect the rise in numbers.</p> <p>The overspend has been mitigated by an underspend of £169k in the Clinicians budget which has arisen due to recruitment difficulties. Initially there were three unsuccessful recruitment campaigns that resulted in continuing vacancies as there were no applicants, or applicants that we were not able to appoint. Between September 2015 and the end of January 2016 we were further delayed in the recruitment process by CPFT human resources delays and on CPFT's part in relation to the partnership agreement between CPFT and CCC. These issues are now resolved and recruitment has since commenced.</p> <p><u>Actions being taken:</u> The adoption pressure is now being managed as part of the 2016/17 Business Planning process. We are implementing a review of all adoption allowances and updating our policy in order to better manage our costs.</p>				
<b>17) Legal Proceedings</b>	<b>1,530</b>	<b>1,742</b>	<b>212</b>	<b>14%</b>
<p>The legal proceedings budget has finished the year with an overspend of £212k.</p> <p>This is mainly due to a recent Judicial Review case (costs c£80k) and three other court cases from other Local Authorities (£60k). Aside from these exceptional cases there is an outturn overspend of £72k on other legal cases.</p>				
<b>18) Safeguarding &amp; Standards</b>	<b>1,177</b>	<b>1,337</b>	<b>160</b>	<b>14%</b>
<p>The Safeguarding and Standards budget has overspent by £160k.</p> <p>In Head of Safeguarding and Standards there was a £99k pressure due to the use of seconded and agency staff to cover the increased number of initial and review child protection conferences and initial and review Looked After Children Reviews. The numbers of looked after children and children with a child protection plan is significantly higher than the last five years.</p> <p>There was a further pressure of £61k in Complaints through an increase in Stage 2 and Stage 3 complaints and the associated costs in dealing with these cases.</p> <p><u>Actions being taken:</u> Review is underway to manage the Complaints pressure from within CSC going forward into 2016/17.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>19) Children's Social Care Access</b>	<b>4,448</b>	<b>4,862</b>	<b>414</b>	<b>9%</b>
<p>The Access budget has overspent by £414k due to the use of agency staffing in both Children's Social Care Access and First Response services.</p> <p>Please see Strategic Management Children's Social Care (note 15) above.</p>				
<b>20) Children Looked After</b>	<b>10,860</b>	<b>10,982</b>	<b>121</b>	<b>1%</b>
<p>The Children Looked After budget has ended the year with an overspend of £121k.</p> <p>Historically the Home Office grant allowance for unaccompanied asylum seeking children (UASC) does not cover expenditure and a small, now reducing, reserve has been utilised to manage any deficit. In previous years the cohort of UASC that CCC have been supporting has been relatively small but in 2015/16 we have seen an additional 55 UASC cases up to February 2016 which has seen expenditure exceed the grant beyond the limit of the reserve. The overspend is based on expectation of grant to be approved in 2015/16 but final confirmation will not be received until June 2016 and is dependent on necessary documentation being provided</p> <p><u>Actions being taken:</u> Controls are being put in place to proactively manage expenditure in this area in 2016/17 with accommodation costs being the main focus.</p>				
<b>21) Children In Need</b>	<b>3,933</b>	<b>4,375</b>	<b>443</b>	<b>11%</b>
<p>The Children in Need budget has overspent by £443k due to the use of agency staffing in the Children in Need Service.</p> <p>Please see Strategic Management Children's Social Care (note 15) above.</p>				
<b>22) Strategic Management – S&amp;C</b>	<b>417</b>	<b>38</b>	<b>-379</b>	<b>-91%</b>
<p>The overall underspend is £379k. Within the additional savings identified at the September GPC meeting there was an expectation for the following;</p> <ul style="list-style-type: none"> <li>• reduction of £227k in earmarked Building Schools of the Future reserve to reflect anticipated demand levels</li> <li>• saving on SEND delivery grant funding of £25k</li> <li>• saving of £14k on the High Needs Block (HNB) – this is subsumed within the Dedicated Schools Grant (DSG)</li> </ul> <p>The remaining £113k is the result of £25k underspend on Strategy &amp; Commissioning central legal budgets and £88k over-recovery of vacancy savings.</p>				



Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>23) Looked After Children Placements</b>	<b>16,490</b>	<b>18,245</b>	<b>1,755</b>	<b>11%</b>

Overall Looked After Children (LAC) numbers at the end of March 2016, including placements with in-house foster carers, residential homes and kinship, are 610, 75 more than 1 April 2015 and 11 more than the end of February 2016. This includes 61 unaccompanied asylum seeking children (UASC).

External placement numbers (including 16+ and supported accommodation) at the end of March are 300, 1 fewer than in February.

External Placements Client Group	Budgeted Packages	29 Feb 2016 Packages	31 Mar 2016 Packages	Variance from Budget
Residential Disability – Children	2	1	1	-1
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	10	10	+2
Child Homes – General	16	27	26	+10
Supported Accommodation	15	26	27	+12
Supported living 16+	9	11	11	+2
Fostering & Adoption	261	226	225	-36
<b>TOTAL</b>	<b>311</b>	<b>301</b>	<b>300</b>	<b>-11</b>

As can be seen in the Key Activity Data and the figures above, the budgeted external placements included a target composition change from residential placements to fostering. Although the total number of external placements is not too dissimilar to the budgeted number, there are 15.38 more residential placements and 22.84 fewer fostering placements than budgeted. As residential placements are on average three times more expensive per week, this unfavourable composition is the driver of the year end overspend of £1.755m. This overspend is net of the staffing underspends within in-house fostering (£57K) and Alternatives to Care (£69K), and the use of CFA reserves allocated for Alternatives to Care (£44K).

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

Actions taken to manage the rising LAC numbers and the resulting financial pressure, all of which will continue throughout 2016/17, 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 Strategic Director of CFA has been established which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions.

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%

#### Looked after Children Placements, continued:

- A monthly LAC Commissioning Board reviews the financial pressures and achievement of savings. This Board also reviews the top 50 cost placements, linking with the Section 20 panel and finding innovative, cost-effective solutions. The Board is responsible for monitoring against activity targets and identifying solutions if targets are missed.
- A cross council LAC Strategy has been developed and was agreed by CYP Committee in January. Alongside this is an action plan with savings allocated to activities to ensure that future savings will be achieved.

The savings target for LAC Placements in 2015/16 was £2m. Within the LAC Strategy there are a number of work streams which have achieved savings in 2015/16, including:

- Review of high cost residential placements - developing in county provision including long breaks and challenging new residential placements.
- Commissioning savings - seeking discounts and savings through tendering.
- Creative care - using resources more creatively to identify better solutions for young people. One case has been completed, and savings achieved are currently being reviewed.

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

- Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC (non-UASC) population.
- In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.

<b>24) SEN Placements</b>	<b>8,469</b>	<b>8,976</b>	<b>507</b>	<b>6%</b>
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OFSTED Category	1 Apr 2015	29 Feb 2016	31 Mar 2016	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	102	102	+4
Behaviour, Emotional and Social Difficulty (BED)	38	37	38	-
Hearing Impairment (HI)	3	3	3	-
Moderate Learning Difficulty (MLD)	1	2	3	+2
Multi-Sensory Impairment (MSI)	0	0	0	-
Physical Disability (PD)	1	1	1	-
Profound and Multiple Learning Difficulty (PMLD)	2	0	0	-2
Speech, Language and Communication Needs (SLCN)	3	3	3	-
Severe Learning Difficulty (SLD)	3	1	1	-2
Specific Learning Difficulty (SPLD)	9	7	7	-2
Visual Impairment (VI)	2	2	2	-
<b>Total</b>	<b>160</b>	<b>158</b>	<b>160</b>	<b>-</b>

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%

#### **SEN Placements, continued:**

The Special Educational Needs (SEN) Placements budget has come in £507k over budget. This includes secured additional income from Health, following development of a tool to assess the percentage level of contributions to placement costs. The increase of £122k to the previously reported overspend mainly relates to 10 new placements in the last quarter of the financial year. This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant. Included in the above numbers are 20 children educated under a block contract.

The budget continues to be under significant pressure due to numbers: whilst maintained Statement numbers are decreasing the level of need escalated in early years with this age group requiring additional capacity in all of our Special Schools in 2015/16. This additional need in early years meant schools are at capacity, placing greater pressure to look outside of Cambridgeshire.

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

- Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs.
- Offer a shared care service enabling parents to continue to keep children at home has recently come on line.
- Additional classes (and places) commissioned and funded at all of our area special schools to meet the rise in demand for early years. Funded from the HNB.
- Previous discussions for 3 new special schools to accommodate the rising demand over the next 10 years needs to be revisited as there is a pressure on capital funding. One school is underway and alternatives to building more special schools are being investigated, such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 courses.
- Establish ASC specialist cabin provision for the primary sector.
- Review SEBD provision and look to commission additional specialist provision.
- Business case presented to health commissioners to improve the input of school nursing in area special schools to support increasingly complex medical/health needs. Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education.
- Reviewing the opportunity for developing residential provision attached to an existing special school in-county. The remit will be extended to include New Communities and newly built special schools.

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>25) Commissioning Services</b>	<b>3,665</b>	<b>3,911</b>	<b>246</b>	<b>7%</b>
<p>The Out of School Tuition budget is overspent by £358k.</p> <p>We have a number of children with a Statement of Special Educational Needs out of school in receipt of alternative education (tuition) packages. When moving a child with a Statement of Special Educational Needs 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 from one school to another took much 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>It is important to note that a large number of our special schools started the academic year full. This created an additional pressure on this budget as there were an increased number of children requiring interim education provision whilst the search for a new school placement was underway.</p> <p>The educational equipment budget is underspent by £16k, the special equipment budget is underspent by £84k and the Access &amp; Inclusion budget is underspent by £12k, so bringing the Commissioning Services overspend down to £246k.</p>				
<b>26) Home to School Transport – Special</b>	<b>7,085</b>	<b>7,702</b>	<b>617</b>	<b>9%</b>
<p>The outturn position for Home to School Transport – Special is an overspend of £617k.</p> <p>This excludes a pressure on LAC Transport which is detailed below. There was a residual pressure of £1.2m from 14/15 but this has in part been mitigated by delivered savings:</p> <ul style="list-style-type: none"> <li>• A reduction in the amount paid to parents approved to use their own transport to get their children to school to from 45p to 40p per mile effective from 1 September 2015</li> <li>• Reviews to reduce the number of single occupancy journeys undertaken and routes rationalised.</li> <li>• Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs.</li> <li>• Worked with Health professionals to agree an alternative to using ambulances for Home to School Transport.</li> </ul> <p>To manage the pressure going forward in 2016/17, the following options are being worked on:</p> <ul style="list-style-type: none"> <li>• Cost-benefit analysis on path improvement at Meadowgate School has begun which, if beneficial, will enable the removal of transport. This will be implemented in 2016/17.</li> <li>• Retendering of 500 routes. The tender process is due to begin in the summer 2016 and contracts awarded for the start January 2017.</li> <li>• Introducing termly reviews of transport with Casework Officers and schools. This is ongoing to ensure current transport arrangements are appropriate and to review all single occupancy routes.</li> <li>• Including transport reviews at both the first and second statutory reviews. This is ongoing, reviewing the permanence of social care placements and therefore the appropriateness of a young person's educational centre.</li> <li>• Introducing the use of Personal Travel Budgets.</li> </ul>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>27) LAC Transport</b>	<b>671</b>	<b>1,327</b>	<b>655</b>	<b>98%</b>
<p>The outturn position for LAC Transport is an overspend of £655k.</p> <p>The pressure is a result of an increasing LAC population and a policy to, where possible, keep a young person in the same educational setting when they are taken into care or their care placement moves, providing stability.</p> <p>To manage the pressure going forward into 2016/17, the following activity is taking place:</p> <ul style="list-style-type: none"> <li>• Conducting a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport.</li> <li>• Reviewing all LAC routes for possibility to combine with existing Mainstream and SEN transport routes.</li> <li>• Improved procurement and a target reduction in the number of short notice journeys.</li> <li>• Additional challenge provided by the Statutory Assessment &amp; Resources Team (StART) for all transport requests.</li> </ul>				
<b>28) Central Financing</b>	<b>719</b>	<b>861</b>	<b>142</b>	<b>20%</b>
<p>The overspend is primarily made up from a new commitment of £133k following Children and Young People Committee's resolution that the Local Authority should financially support Bottisham Multi-Academy Trust's sponsorship of the Netherhall School.</p>				
<b>29) Strategic Management – E&amp;P Services</b>	<b>1,771</b>	<b>1,656</b>	<b>-115</b>	<b>-7%</b>
<p>The Enhanced &amp; Preventative Service Strategic Management budget has under spent by £115K. This is the result of a favourable increase in the amount of vacancy savings achieved in quarter 4 of 2015/16. There was an overall increase in the number of vacancies in the final part of the year, including Locality Manager posts which have been backfilled. This level of over recovery is expected to be a one off non-recurrent position when compared to the trend for under recovery against target in recent years. The vacancy savings target remains a challenging target, following the Early Help Review.</p>				
<b>30) Central Integrated Youth Support Services</b>	<b>1,112</b>	<b>925</b>	<b>-186</b>	<b>-17%</b>
<p>An under spend of £186k has occurred across the Central Youth Support Services. A one-off under spend of £114k occurred against the Young Carers budget. New expectations around the level of support provided to young people who take on caring roles for adults has led to a review and enhancement of the service in line with the expectations of the Care Act and a new contract was awarded during 2015/16. Due to a period of transition between the current service contract and the transfer to a new enhanced offer, not all of the additional 'pressures' funding awarded in the 2015/16 Business Plan for this work was required in 2015/16. This is a non-recurrent position and the additional funding will be applied in full from 2016/17 through the revised contract.</p> <p>A £20k under spend has arisen by allocating costs to an external grant received for an innovation project. A £10k under spend occurred due to a reduction in the number of small grant payments to the voluntary and community sector and a £20k under spend occurred against the budget supporting teenage pregnancy coordination. A £5k under spend occurred against the legal budget and staff training budgets and £17k of additional income has been generated by the Attendance and Behaviour Service.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>31) Strategic Management – Learning</b>	<b>67</b>	<b>224</b>	<b>156</b>	<b>233%</b>
<p>There is a pressure of £156k on Strategic Management – Learning.</p> <p>A pressure of £106k exists on the Directorate's vacancy savings target. The directorate was significantly restructured in 14/15, leading to a reduced headcount and a greater traded income target. This has meant there are fewer posts from which to take savings. Furthermore when an income-generating post falls vacant, the salary saving is used in part to offset the reduced income. The vacancy savings target was not reduced to reflect this new position and consequently a pressure has emerged. However this pressure has reduced from £200k to £106k since the last quarter as a result of increased income in the Directorate meaning that the vacancy saving held to cover the income could be released.</p> <p>There is an underspend of £8k reported against funding earmarked for the independent chair of the School-led School Improvement board. This is due to the delay in appointment, which will now not be until the Spring term. There is further underspend of £8k against lines in the Director budget.</p> <p>There is a pressure of £58k on Business Support as a result of savings budgeted for not being realised. This will be addressed in full in 2016/17 through a business support restructure. It was hoped in-year vacancies would realise this saving but that has not been the case.</p>				
<b>32) Schools Partnership Service</b>	<b>1,324</b>	<b>1,133</b>	<b>-191</b>	<b>-14%</b>
<p>The Education Support for Looked After Children Team (ESLAC) is reporting an underspend on its Local Authority budget of £191k. This is mainly because it has had to allocate less of this budget to individual tuition than it had anticipated.</p>				
<b>33) Children's Innovation &amp; Development Service</b>	<b>163</b>	<b>535</b>	<b>372</b>	<b>227%</b>
<p>The overall pressure on CID is £372k.</p> <p>There is a pressure of £285k reported on the Head of Service's income target of £314k from sponsorship from external organisations. Whilst significant sums have been / are being secured from sponsors that will fund a wide range of activities for children and young people, the income to the LA, e.g. for administration has been less than had been modelled. This target should be secured in 16/17 but will need reviewing for 17/18 onwards as the external environment has changed significantly since the original target was set.</p> <p>The Service Development team is reporting an underspend of £50k. This is a combination of a vacant post and a staff member of maternity leave, plus a small underspend on the expenditure of the Adventure Playground in Wisbech. This team has been reviewed and the saving made permanent for 2016/17.</p> <p>The Education Wellbeing Team are reporting a combined overspend of £22k. This is due to staffing changes and missed income targets. The team has significantly reviewed its operations for 2016/17 in order to meet its future targets.</p> <p>The Outdoor Centres – Stibbington, Burwell House and Grafham Water Centre – under-recovered by a combined total of £88k. The centres have reviewed their operations. Stibbington has consulted on staffing reductions and Burwell House has had some capital investment in its domestic facilities that should result in an increase in income.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Children's Innovation &amp; Development Service, continued:</b>				
<p>The ICT Service under-recovered by a total of £14k, mostly due to some disputed internal invoices not resolved before the internal invoice deadline.</p> <p>Professional Centre Services (PCS) under-recovered by £13k. This was due to the continuation of the loss making Wisbech base. Plans are underway to reduce this for 16/17.</p>				
<b>34) Redundancy &amp; Teachers Pensions</b>	<b>3,000</b>	<b>2,887</b>	<b>-114</b>	<b>-4%</b>
<p>The Teachers' Pension and Redundancy budget is underspent by £114k.</p> <p>This budget is used to fund historic pension commitments, and redundancies of staff in maintained schools where staffing changes have had to be made due to reasons beyond the school's control.</p> <p>£16k of this relates to an in-year renegotiation of the EPM contract by the Director of Learning.</p> <p>This year the pension fund has seen a greater membership turnover than expected and so the required charges have been lower than in previous years. This has resulted in an underspend of £98k.</p>				

Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>35) Home to School / College Transport – Mainstream</b>	<b>9,143</b>	<b>9,527</b>	<b>384</b>	<b>4%</b>

The outturn position for Home to School/College Transport – Mainstream is a £384k.overspend.

This includes £150k cross CFA transport saving which had been expected to be achieved this financial year by further aligning activity and exploring opportunities for greater joint working across Home to School Mainstream, SEND and Adult Learning Disabilities (ALD) transport. Work is taking place to review the procurement of school and day care routes together, which is expected to deliver savings in 2016/17 conditional on changes to ALD and Older People's transport.

The outturn position for Home to School Mainstream transport is an overspend of £234k, this includes in-year savings achieved as a result of the implementation of a reduction in the amount paid to parents approved to use their own transport to get their children to school from 45p to 40p per mile and the withdrawal of free transport between Horningsea and Fen Ditton Primary School and between Stapleford/Great & Little Shelford and Sawston Village College for those children living within the statutory walking distances following decisions by the Service Appeal Committee that these routes are available for a child to use to walk to school accompanied by an adult as necessary.

The position also takes account of the following, all of which came into effect on 1 September 2015:

- Changes to the post-16 transport policy including the introduction of a subsidised rate for new students living in low-income households who would previously have been entitled to free transport
- Implementation of an £10 per term increase in the cost of purchasing a spare seat on a contact service and for post-16 students who do not meet low income criteria
- Award of contracts following re-tendering

In addition, the amount of funding anticipated to be required to meet the cost of new transport arrangements as a result of families moving into and within Cambridgeshire in cases where the local schools are full has been reassessed to take account of a reduction in the number of in-year admission requests lodged since the start of the spring term.

However, the main influencing factor in the significant adjustment in the outturn results from a comprehensive review of the commitment record to identify and remove routes and transport arrangements which are no longer required.

Following approval of the Business Plan, those post-16 students who are commencing a new course of study from 1 September 2016 under the Council's low-income criteria will be responsible for meeting all of their transport costs. This change to the Council's post-16 transport policy will further reduce demands on this budget.

Increased levels of income are anticipated as a result of increasing the cost of purchasing a spare seat on one of the Council's contract services from £160 to £200 per term from September. In addition, those students who qualify for assistance will be required to pay an extra £10 per term.

The following options are being worked on to further reduce demand and costs in future years:

- funding late in-catchment applications on a discretionary basis;
- a bike purchase scheme as an alternative to providing a bus pass or taxi ;
- incentives for volunteering / parent car pool schemes;
- cost-benefit analysis for limited direct provision, e.g. Council-run minibuses for a small number of high cost routes



Service	Budget 2015/16	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>36) Financing DSG</b>	<b>-23,212</b>	<b>-23,811</b>	<b>-599</b>	<b>-3%</b>

Within CFA, spend of £23.2m is funded by the ring fenced Dedicated Schools Grant. This year the Education Placements budget overspent by £507k and the Commissioning Services budget overspent by £249k, however these in part were offset with underspends with Early Years Specialist Support (-£72k), 0-19 Place Planning & Organisation Service (-£45k), SEND Specialist Services (-£29k) and E&P Locality teams (-£7k).

Vacancy savings are taken across CFA as a result of posts vacant whilst they are being recruited to, and some of these vacant posts are also DSG funded. The DSG pressure of £599k for this financial year has been met in full by DSG related vacancy savings.

## APPENDIX 3 – Grant Income Analysis

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

Grant	Awarding Body	Expected Amount £'000
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	6,823
Better Care Fund	Cambs & P'Boro CCG	15,457
Adult Social Care New Burdens	DCLG	3,193
Social Care in Prisons Grant	DCLG	339
Delayed Transfer of Care	Department of Health	170
Unaccompanied Asylum Seekers	Home Office	832
Youth Offending Good Practice Grant	Youth Justice Board	584
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	193
Troubled Families	DCLG	2,105
Children's Social Care Innovation Grant (MST innovation grant)	DfE	519
Music Education HUB	Arts Council	781
<b>Total Non Baselined Grants 2015/16</b>		<b>31,123</b>

Financing DSG	Education Funding Agency	23,212
<b>Total Grant Funding 2015/16</b>		<b>54,371</b>

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

Directorate	Grant Total £'000
Adult Social Care	3,418
Older People	16,116
Children's Social Care	899
Strategy & Commissioning	111
Enhanced & Preventative Services	9,682
Learning	897
<b>TOTAL</b>	<b>31,123</b>

## APPENDIX 4 – Virements and Budget Reconciliation

	Effective Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>244,270</b>	
Commissioning Services	May	37	SEND Preparation for Employment Grant
Early Years Service	May	26	Supporting Disadvantaged Children in Early Years Grant
Reablement, Occupational Therapy & Assistive Technology	June & Sept	-64	With the TUPE of 270 staff from the NHS to the County Council on 1 April, a contribution has been made by CFA to LGSS for payroll, payables and other professional services to support this new workforce. These services were previously provided by Serco through the now ended NHS contract.
Across CFA	June	-262	Centralisation of the budget for mobile telephone/device costs.
Mental Health – Head of Services	July	-7	The Mental Health service has agreed with a care provider to convert some existing accommodation, at Fern Court in Huntingdonshire, to ensure high needs services can continue to be provided at this location. Facilities Management will manage an ongoing rental contribution from the Council to the provider.
Children Looked After	July, Dec & Mar	108	Allocation of 2015/16 Staying Put Implementation Grant
Across ASC and OP&MH	Sept, Oct & Feb	1,037	Allocation of 15/16 Independent Living Fund (ILF) following transfer of function from central government
Across CFA	Feb	454	Annual Insurance Charges 2015/16
Across CFA	Close	3	Building Maintenance Funding 2015/16
Executive Director	Close	9,762	Corporate Overheads
Strategic Management - ASC	Close	4,628	
<b>Current Budget 2015/16</b>		<b>259,993</b>	

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Year End Balance 2015/16	Notes
		Movements in 2015/16	Balance at Close 15/16		
	£'000	£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
CFA carry-forward	0	1,623	1,623	1,623	Underspend of £1,623k applied against reserves.
<b>Subtotal</b>	<b>0</b>	<b>1,623</b>	<b>1,623</b>	<b>1,623</b>	
<b><u>Equipment Reserves</u></b>					
ICT Equipment Replacement Reserve	566	38	604	604	Ed ICT plan to replace major infrastructure and need to build up reserve to do so.
IT for Looked After Children	178	0	178	178	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>744</b>	<b>38</b>	<b>782</b>	<b>782</b>	
<b><u>Other Earmarked Funds</u></b>					
<b>Adult Social Care</b>					
Capacity for Reviews	336	-47	289	289	Resources to support reviews to achieve savings from reviews of packages for LD and PD service users. Funding requested from transformation fund going forward.
Capacity in Procurement and Contracts	250	-25	225	225	Increase in capacity for contract rationalisation and review etc. Staff in post and expected to be used further in 16/17
In-house Care Home	15	-16	-1	-1	External consultancy advice received on potential options considered during the year
AFM Implementation	10	0	10	10	Cost of short term staff / cover to support transferring all commitment records to AFM were funded from existing budgets without recourse to this fund during 2016-17.
MASH & Adult Safeguarding	7	0	7	7	After departure of project manager, development of the MASH & safeguarding changes linked to the Care Act, were supported without use of this reserve
<b>Older People &amp; Mental Health</b>					
Resilient Together	399	-78	321	321	Programme of community mental health resilience work (spend over 3 years)
Reviews of Packages in Older People and Mental Health Services	300	-300	0	0	Invest in additional capacity to undertake package reviews on a much larger scale than previously possible - on the assumption that by applying our latest thinking and the transforming lives approach to each case we will reduce the cost of packages

Fund Description	Balance at 31 March 2015	2015/16		Year End Balance 2015/16	Notes
		Movements in 2015/16	Balance at Close 15/16		
		£'000	£'000		
Continuing Health Care	130	-12	118	118	The County Council could decide to employ its own staff to undertake CHC assessments - ensuring they are completed in a transparent way with a view to ensuring that those who are eligible for CHC receive it. This would allow us to address the issues whereby clients with continuing health needs are currently being funded in full by social care services. CHC Manager in post..
Social Work Recruitment	120	-12	108	108	Social Work recruitment support advisors working with managers on a fixed term basis to address workforce gaps.
Home Care Development	90	-28	62	62	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work
Falls Prevention	80	-36	44	44	To upscale the falls prevention programme - contract with Forever Active continues into 2016/17
Dementia Coordinator	50	-15	35	35	Dementia Coordinator role to be filled and funding required in 2016/17
Live in Care	20	29	49	49	Trialling the Adult Placement Scheme within OP&MH - scheme to start in 2016/17
Children Social Care					
Alternatives to Care / Family Crisis Support Service	500	-104	396	396	New service which is able to offer a rapid response to situations where young people are identified as at risk of becoming looked after either in an emergency or as a result of a specific crisis. The intention would be to offer a direct and intensive intervention which would explicitly focus on keeping families together, brokering family and kinship solutions and finding alternatives to young people becoming looked after.
Repeat Removals	100	-33	67	67	Establishing a dedicated team or pathway to provide on-going work with mothers who have children taken into care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. This project will span 15/16 and 16/17.
Brokering Family Solutions / Family Group Conferences	100	-100	0	0	Part fund the FGC Service or alternative arrangements within CSC from reserves, providing it with sufficient resource to allow it to ensure we can attempt to broker family solutions for all cases where there is potentially escalating cost to CCC and a chance/plan for reunification - i.e. All risk of LAC, PLO, court work and all relevant CP cases

Fund Description	Balance at 31 March 2015	2015/16		Year End Balance 2015/16	Notes
		Movements in 2015/16	Balance at Close 15/16		
	£'000	£'000	£'000	£'000	
IRO & CP Chairperson	80	-52	28	28	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)
Fostering Marketing Manager	50	-50	0	0	Provide resource to support the programme of work to drive the recruitment of in-house foster carers and hit recruitment target of a 36 net increase in available carers
Adaptions to Respite Carer homes	29	-15	14	14	Committed for adaptations to respite carer homes.
Strategy & Commissioning					
Building Schools for the Future	477	-336	141	141	Funding allocated to cover full programme and associated risks. £108k ICT risk, Costs associated with transition from Dell contract expected in 2016/17
Flexible Shared Care	415	-415	0	0	Provision opened May 2014.
START Team	164	-154	10	10	Funding capacity pressures as a result of EHCPs.
Home to School Equalisation	165	87	253	253	Reserve to even out the number of school days per year.
Time Credits	157	-74	83	83	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Disabled Facilities	200	-73	127	127	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children’s Placements	84	-51	33	33	Funding to increase capacity. Two additional Resource Officers are in post. To be used flexibly between 2015/16 to 2016/17.
IT Infrastructure Costs	57	-57	0	0	Roll Out for Corporate iPads
Enhanced & Preventative					
Multi-Systemic Therapy Standard	364	-182	182	182	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
Family Intervention Project Expansion	366	-366	0	-0	To increase capacity in Family Intervention Project. Additional FIP workers and Deputy Managers are in post. Funding used in 2015/16.
Information Advice and Guidance	320	-240	80	80	Proposal to delay the saving from the IAG teams by 1 year by funding from reserves. However E&P are currently developing a traded offer with schools, and any income received by trading in 2015/16 may reduce the call on this reserve. Of £80K remaining, £20K is required to fund posts in to 16/17 prior to redundancy in May 2016 and £60K is to be reallocated
MST Child Abuse & Neglect	307	-229	78	78	To continue funding the MST CAN project (previously DoH funded).

Fund Description	Balance at 31 March 2015	2015/16		Year End Balance 2015/16	Notes
		Movements in 2015/16	Balance at Close 15/16		
		£'000	£'000		
YOT Remand	223	27	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	0	40	40	Trialling an all age locality lead professional - Appoint 5 and see how they get and how the idea works
Learning					
Trinity School	105	-50	55	55	New pressures emerging in Learning driven by requirement to resource the Post Ofsted Action Plan for Trinity Special School, which has been placed in Special Measures by Ofsted.
Art Collection Restoration Fund / Cambridgeshire Culture	140	-53	87	87	Fund to support cultural activities within the county and the maintenance and development of the Art Collection.
Discretionary support for LAC education	134	48	182	182	LAC Pupil Premium grant from Department for Education to provide further discretionary support for Looked After Children.
Schools Partnership - NtG CREDS	72	-72	0	0	Funding used in 2015/16
ESLAC support for children on edge of care	50	0	50	50	Earmarked for CIN post starting 2016/17
Capacity to attract private and independent sponsorship of programmes for children	50	-50	0	0	A number of private sector organisations have begun to discuss how they might invest in Cambridgeshire's children and young people. This funding has been used to cover the initial work required to support this initiative.
School advisor savings	35	0	35	35	Short term commissioning capacity (35k) in Learning to allow £90k school advisor savings to be made by not recruiting to vacant posts. Unlikely to be required in year due to other vacancy savings offsetting
Capacity to establish a self-sustaining and self-improving school system - leadership	13	-13	0	0	Tender for a skilled education sector leader/professional with an in-depth knowledge of school improvement (£13k) to support the move towards a self-sustaining and improving school system
CCS Equipment reserve and groomfields debt	0	119	119	119	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.
Cross Service					
SW recruitment and retention	674	-363	311	311	Actual cost of re-grading social work staff mid-year. Funded from April 2016 onwards through Business Planning.
Other Reserves (<£50k)	255	-49	206	206	Small scale reserves usually associated with academic years.
Subtotal	7,533	-3,436	4,097	4,097	
TOTAL REVENUE RESERVE	8,277	-1,775	6,502	6,502	

Fund Description	Balance at 31 March 2015	2015/16		Year End Balance 2015/16	Notes
		Movements in 2015/16	Balance at Close 15/16		
	£'000	£'000	£'000	£'000	
<b><u>Capital Reserves</u></b>					
Building Schools for the Future	280	0	61	61	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 16/17
Basic Need	2,774	-2,774	0	-0	Targeted basic need and standard basic grants spent in 2015/16
Capital Maintenance	0	0	0	0	The Capital Maintenance allocation received in 2015/16 will be spent in full.
Other Children Capital Reserves	635	-525	110	110	Contributions spent to fund 2015/16 capital expenditure. £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	2,583	-326	2,257	2,257	Adult Social Care Grant to fund 2015/16 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>6,272</b>	<b>-3,624</b>	<b>2,428</b>	<b>2,428</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.



## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2015/16					TOTAL SCHEME	
Original 2015/16 Budget as per BP	Scheme	Revised Budget for 2015/16	Actual Spend (Close)	Forecast Variance - Outturn (Close)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>					
27,500	Primary Schools - New Communities	15,657	15,006	-649	95,765	3,400
32,611	Primary Schools - Demographic Pressures	40,124	36,044	-4,078	125,820	18,179
1,810	Primary Schools – Adaptations	1,882	1,997	115	6,541	0
16,000	Secondary Schools - New Communities	16,906	14,411	-2,494	114,596	-4,150
9,936	Secondary Schools - Demographic Pressures	8,747	7,649	-1,098	113,380	-12,070
0	Final Payments	0	51	51	0	0
250	Building Schools for the Future	363	219	-144	9,118	0
1,126	Devolved Formula Capital	2,248	1,398	-850	17,425	0
0	School Funded Capital (Fund 05/18)	3,846	3,846	0	0	0
0	Universal Infant Free School Meals	164	154	-10	0	0
3,400	Condition, Maintenance and Suitability	3,521	5,181	1,660	47,578	1,450
300	Site Acquisition and Development	300	68	-232	1,870	0
500	Temporary Accommodation	500	1,435	935	8,748	0
0	Youth Service	134	7	-127	0	0
4,307	Children Support Services	4,607	1,073	-3,535	10,636	0
4,614	Adult Social Care	4,706	3,555	-1,151	12,952	0
2,500	CFA Wide	2,500	0	-2,500	5,000	-2,000
<b>104,854</b>	<b>Total CFA Capital Spending</b>	<b>106,204</b>	<b>92,095</b>	<b>-14,106</b>	<b>569,429</b>	<b>4,809</b>

#### Primary School - New Communities £649k slippage.

The Shade, Soham has experienced £31k accelerated spend for initial design and feasibility works. The accelerated spend have been offset by North West Cambridge (NIAB site);(-£97k) slippage due to limited design work being completed and Alconbury 1st Primary( £607k) where poor weather disrupted mobile cranes lifting frame into place. Trumpington Meadows slippage on final accounts being settled (£39k)

#### Primary School – Demographic Pressures £4,078k slippage and cost variation.

Changes to project costs

These total £5,754k. This figure is made up as follows;

£5,760k relates to four new schemes in the business plan for 2015/16. These being, Hardwick Primary Second Campus £2,360k, Fourfields Primary £1,500k, Grove Primary £1,000k and Huntingdon Primary £900k

£1,486k relates to the 2015/16 impact of the increased costs of existing schemes. These being, Little Paxton £100k, Fordham Primary £500k, Burwell Primary £486k and Orchard Park Primary £400k

The remaining -£13,000k is due to reduced costs of existing schemes in future years, which is currently showing as a total scheme variance and will be managed through the 2016/17 business planning process.

#### Slippage and Acceleration

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

Little Paxton (£36k), Loves Farm (£162k), Cottenham Primary (£129k) and Grove Primary (£68k, Eastfield/Westfield, St Ives, (£31k) and Huntingdon Primary School (£60k), Orchards Primary, Wisbech £89k), Cavalry Primary (£31k), Swavesey Primary (£127k)

Slippage has occurred in respect of the following schemes;

Fordham (£174k) where original phasing not achieved as a result of the decision to undertake a review of possible alternative options to meet in-catchment need; start on site commenced March 2016;

Fulbourn (£115k) due to overall scheme revision phase 2 works have been identified as a separate scheme in the 2016/17 Business Plan;

Orchard Park, Cambridge (£406k) the scheme is currently on hold

Fourfields, Yaxley (£32k) slippage from original programme occurred and the start on site is now anticipated in April 2016.

Burwell Primary (£430k) programme slipped by one month to February 2016 following a slight revision to enabling works timetable.

Isle of Ely Primary (£1,613k) due to delays in establishing infrastructure required to further develop the site.

Westwood Primary expansion (£930k) start on site slipped from September following receipt of an objection which meant the scheme could not proceed under delegated authority, but required approval by the Development Control Committee in October.

Hemingford Grey (£65k) final accounts agreed resulting in 2015/16 slippage and an overall project reduction

Brampton Primary (£85k) final accounts agreed resulting in 2015/16 slippage and an overall project reduction

Fawcett Primary (£324k) rephrasing of the access road within the scheme timescales.

School final account settled for less than expected due to contingencies not being used. (£50k).

#### **Secondary Schools – New communities’ £2,494k slippage**

Southern Fringe Secondary scheme has experienced slippage (£2,445k) due to significant delay in construction (£1,609k), this had a knock on effect in procuring fitting and fixtures and ICT equipment (£836k). Northstowe secondary is also reporting slippage (£23k) as design work has not progressed as quickly as expected and is at early option/feasibility stage. Cambridge City Additional Capacity (£26k) part of the project is on hold while planning permissions are being sought.

#### **Secondary Schools - Demographic Pressures £1,098k slippage**

Three schemes experienced significant accelerated expenditure since the 2015/16 business plan was approved. Cambourne Secondary expansion (£419k) in 2015/16 due to design work being progressed ahead of original plan. The scheme has been rephased in the 2016/17 Business Plan. Swavesey Village College (£312k) overspent in 2015/16 due to increased project cost to create additional capacity for Northstowe pupils ahead of the new Northstowe secondary school opening. Hampton Garden Secondary (£1,730k). The project started onsite February 2016 triggering the first payments to Peterborough City Council. In March it was agreed that a £1,500k contribution will be made for the land the school is sited on.

This has been offset by Littleport secondary & special slippage (£3,577k) due to delays to the start on site. Work commenced in February 2016.

**Building Schools for Future; £144k slippage**

£144k slippage as costs anticipated in 2105/16 to transfer ICT arrangements from Dell in September 2016 have slipped into 2016/17.

**Devolved Formula Capital £850k slippage**

Devolved Formula Capital (DFC) has encountered slippage of £850k. The slippage reflects DFC being a three year rolling funding stream and historical trend of school rolling forward balances.

**Condition, Maintenance and Suitability £1,660k overspend**

Condition, Maintenance and Suitability; £1,660k overspend due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, (£850k) together with significantly higher than anticipated tender prices for kitchen ventilation works required to meet health and safety standards and projects requiring urgent attention to ensure school remained operational

**Site Acquisition and Development £232k slippage**

Planned purchase of land in Wisbech to provide future site for additional capacity did not materialise resulting in the slippage.

**Temporary Accommodation £935k overspend**

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

**Children Support Services £3,535k slippage**

Trinity School (£2,640k) experienced significant slippage had occurred due to delays in finalising the acquisition of the property from Huntingdonshire Regional College. As a result, work on site could not commence until October 2015. Further slippage (£50k) occurred in August 2015 after a review to reduce the overall project cost in line with the available budget. Early Years Provision experienced slippage (£590k) due to delays in planning permissions for two schemes which have failed to commence in 2015/16.

Small slippage (£39k) on Children's minor works which has not been required in 2015/16

**Adults Strategic Investment £718k slippage**

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

**Adults Enhanced Frontline £433k slippage**

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

**CFA IT Infrastructure £2,500k slippage and cost revision**

The Management Information System project has reduced project costs of £2,000k as a result of responses from the invitation to submit outline solution process; this along with revised project timescales has resulted in the slippage for 2015/16. Revision to project cost has been reflected in the 2016/17 business plan.

## 6.2 Capital Funding

2015/16				
Original 2015/16 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2015/16 £'000	Actual Spend – Outturn (Close) £'000	Funding Variance - Outturn (Close) £'000
4,949	Basic Need	6,448	6,448	0
6,294	Capital maintenance	5,053	5,053	0
1,126	Devolved Formula Capital	2,248	1,398	-850
0	Universal Infant Free School meals	164	154	-10
4,614	Adult specific Grants	4,706	3,555	-1,151
25,557	S106 contributions	7,760	7,760	0
0	BSF -PFS only	280	219	-61
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Contributions	4,508	4,508	0
34,262	Prudential Borrowing	44,839	32,806	-12,033
27,352	Prudential Borrowing (Repayable)	30,197	30,197	0
<b>104,853</b>	<b>Total Funding</b>	<b>106,203</b>	<b>92,098</b>	<b>-14,105</b>

The overall net impact of the movements within the capital plan is an expected £14.1m underspend in 2015/16.

£1,151k is Adult Social Care grant, £61k Building Schools for future grant and £10k Universal Infant free school means grant which are all to be carried forward into future years, along with £850k of Devolved Formula Capital which represents the School DFC programme, a rolling three-year programme; and accounts for 14/15 and 15/16 rolled forward funds.






Prudential borrowing has underspent by £12,033k and will be required in 2016/17; provision for this has been made within the 2016/17 business plan.




## 6.2 Key Funding Changes 2015/16




Previously reported key funding changes that are still applicable are detailed in the table below.

<b>Funding</b>	<b>Amount (£m)</b>	<b>Reason for Change</b>
Additional / Reduction in Funding (Capital Maintenance)	-1.2	Condition, Suitability and Maintenance funding reduction – as reported in May 15.
Additional / Reduction in Funding (Prudential Borrowing)	+1.2	Prudential Borrowing required to offset the shortfall in funding from the DfE RE: Condition, Suitability and Maintenance (note above) – as in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Section 106)	-5.8	Rephasing (mainly North West Cambridge (NIAB) Primary) – as reported in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Prudential Borrowing)	-7.1	Rephasing (various schemes) – as in May 15 and approved by the GPC on 28th July 2015.
Additional / Reduction in Funding (Prudential Borrowing)	+3.2	New Schemes (various) – as reported in May 15 and approved by the GPC on 28th July 2015.
Additional / Reduction in Funding (Prudential Borrowing)	+1.5	Increase in costs (various schemes) – as reported in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Section 106)	-10.4	Delayed S106 developer contributions – as reported in Sep 15.
Revised Phasing (Prudential Borrowing)	10.4	Prudential Borrowing required to bridge the funding gap caused by the expected delay in S106 developer contributions – approved by the GPC on 22nd December 2015.
Revised Phasing (Other Contributions)	-0.7	Isle of Ely Primary – capital contributions of £0.7m have been delayed. A tariff agreement set up with the landowner to cover the infrastructure funded by CCC has been delayed. - as reported in Mar 16 and to be approved by the GPC May 2016..
Revised Phasing (Prudential Borrowing)	0.7	Delayed capital contribution in relation to the Isle of Ely Primary scheme - as reported in Mar 16 and to be approved by the GPC May 2016.


## APPENDIX 7 – Performance at end of March 2016






Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% year 12 in learning	Enhanced & Preventative	95.6%	96.5%	95.2%	Mar 16		A	Our performance in learning tends to drop at this point in the year as young people drop out before completing their programmes in learning. As many will not return until September it is unlikely that we will meet this target until later in the year.
% Clients with SEND who are NEET	Enhanced & Preventative	10.0%	9.5%	10.1%	Q4 (Jan to Mar 2016)		A	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 Primary schools judged good or outstanding by Ofsted	Learning	78.0%	75.0%	78.6%	Mar-16		G	155 Primary schools are judged as good or outstanding by Ofsted covering 36748 pupils. Two maintained primary school's remain in an Ofsted category and have specific actions plans in place to support their improvement.
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	49.4%	75.0%	49.4%	Mar-16		R	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out of 32 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 49.4% of pupils against the target of 75%.
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	92.9%	75.0%	92.9%	Mar-16		G	8 out of 9 Special schools are judged as Good or outstanding covering 903 (92.9%) pupils.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
No. of income deprived 2 year olds receiving free childcare		1308	1400	1425	Autumn Term 2015		G	The DfE Target set is 80% of eligible two-year olds. The latest information from the DfE suggests there are 1786 eligible two-year olds, on income grounds, which equates to a target of approx 1400 children. .
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	88.3%	85.0%	91.0%	Mar-16		G	This indicator is subject to a new calculation method for 2015/16. Performance remains above the provisional target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	54.9%	57.0%	55.0%	Mar-16		A	<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.</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 directly by providing additional support in the form of the Double Up Team who work with staff to reduce long term care needs and also release reablement capacity.</p>
<b>BCF</b> 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health		646	565	2014-15		G	This provisional score is calculated using 2nd cut submission data from the SALT return. This new method is different to previous years and as such a direct comparison could be misleading. This indicator is measured annually

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The number of looked after children per 10,000 children	Childrens Social Care	45.6	32.8 - 38.5	46.4	Mar-16		<b>R</b>	<p>The number of Looked After Children increased to 610 during March 2016. This includes 61 UASC, 10% 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. These workstreams cannot impact current commitment but aim to prevent it increasing:</p> <ul style="list-style-type: none"> <li>• Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population.</li> <li>• In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.</li> </ul>
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	19.6%	25.0%	19.1%	Mar-16		<b>G</b>	Performance in re-referrals to children's social care has shown a slight improvement in March and remains within target
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	459	406	469	Feb-16		<b>A</b>	<p>New measures are under development to report on Family CAFs and to better reflect the changes involved in the implementation of Think Family working from April 2016 onwards. Performance shows consistent improvement in the number of CAFs closed where outcomes were achieved. In the longer term, the move to Family CAF will improve our understanding of families and will allow us to incorporate support for the "whole family" in partnership with parents, carers and services, ultimately improving family engagement with the CAF process.</p>



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) – YTD	Older People & Mental Health	459	406	469	Feb-16		R	<p>In spite of excellent progress earlier in the year we have seen some deterioration in the last few months. The Cambridgeshire health and social care system is experiencing a monthly average of 2,442 bed-day delays, which is 17% above the current BCF target ceiling of 2,088. In February there were 2,772 bed-day delays, down 96 compared to the previous month.</p> <p>We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas 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. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community</p> <p>Between March '15 and February '16 there were 29,477 bed-day delays across the whole of the Cambridgeshire system - representing a 9% decrease on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have decreased by 9% from 22,575 (Mar 14 - Feb 15) to 20,435 (Mar 15 - Feb 16), while bed-day delays attributed to Adult Social Care have decreased from 7,969 (Mar 14 - Feb 15) to 7,720 (Mar 15 - Feb 16) an improvement of 3%.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	117	94	123	Feb-16		R	Between April '15 - Feb '16 there were 7,209 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 128 delays per 100,000 of 18+ population. For the same period the national rate was 107 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	13.5%	12.5%	13.7%	Mar-16		G	We have now been assured by CPFT that these figures are reliable following our concerns relating to discrepancies between locally and nationally reported data by CPFT.
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	2.2%	7.5%	2.3%	Mar-16		R	Performance is very low. Due to a change in calculation method performance at this indicator has fallen. 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.
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	Learning	28	21	28	2015		R	Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. 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
FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE	Learning	31.3	26	37.8	2015		R	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.

## APPENDIX 8 – CFA Portfolio at end of March 2016

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Transforming Lives/Care Act Programme:</b> Claire Bruin	A programme of six projects is in place to implement these changes. The Transforming Lives project is focusing on the implementation of the new way of working. . A quality assurance process is in development and will be applied to ensure the principles of Transforming Lives are being adhered to in practice.  No key issues.	GREEN
<b>Learning Disability Spend:</b> Claire Bruin	The focus of this project is to address the current overspends and a project plan is in place. This plan is being monitored by the Learning Disability Senior Management Team who consider the impact of the changes on the budget. Work is also underway to consider any policy changes that need to be in place to support the delivery of savings from April 2016.  Key issue: Monitoring the project plan to ensure that the changes being implemented are resulting in savings. Focus is on undertaking reviews to make savings, establishing systems to ensure accurate forecasting and providing support to Team Managers to manage their budgets	AMBER
<b>Building Community Resilience Programme:</b> Sarah Ferguson	This programme will respond to the Council's shifting focus from meeting the needs of individuals to supporting communities and families. The strategy has been approved by the General Purposes Committee. Focus is now on developing and delivering the action plans.  No key issues.	GREEN
<b>Older People Service Development Programme:</b> Charlotte Black	This programme was established to create the infrastructure for the new Older People and Mental Health Directorate. The projects within the programme are now complete including the transfer of 500 staff from Cambridgeshire Community Services. The programme is in the closedown phase.	GREEN
<b>CFA Strategy for 2016-20:</b> Adrian Loades	Delivering a strategy for the next five years that will respond to the savings that need to be made. Significant work has taken place to translate principles in the strategy into a five year Business Plan for CFA Services. The Business Plan was agreed by Council in February. Delivery plans are now in place including monitoring the impact of delivery of the CFA Strategy over the coming months and years – aligned to delivery of the resulting savings. This project is in the closedown phase.	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Accelerating Achievement:</b> Keith Grimwade / Meredith Teasdale / Sarah Ferguson	<p>Delivering the strategy aimed at groups of children and young people who are vulnerable to underachievement.</p> <p>Key issue: Letter received from Ofsted in March 2016 expressing concern about the quality of education and the outcomes for disadvantaged pupils in Cambridgeshire schools. The School Improvement Strategy is being refreshed and one of its key priorities is 'Accelerating the achievement of vulnerable groups'. The local authority action plan to support this priority will be refreshed in the light of this summer's results.</p>	<b>AMBER</b>
<b>LAC Placements Strategy:</b> Meredith Teasdale	<p>The revised final version of the strategy and action plan was presented to the CYP Committee in March 2016.</p> <p>This strategy needs to deliver significant savings targets but there are no major delivery issues to report.</p>	<b>GREEN</b>
<b>Early Help:</b> Sarah Ferguson	<p>This project delivered the implementation of a revised Early Help offer in Cambridgeshire. The new structures were in place on 1 April 2016 and the project is now being closed down.</p> <p>No key issues.</p>	<b>GREEN</b>

**FINANCE AND PERFORMANCE REPORT – MAY 2016**

**To:** Children and Young People Committee

**Meeting Date:** 7 July 2016

**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 May 2016 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 May 2016.

**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 as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines for which this Committee is responsible, which are detailed in Appendix A.
- 1.4 At the Committee meeting in May, some Members raised concern about the level of information provided in the finance and performance report. Although Officers view that it is useful to publish the full report for transparency reasons, for the new financial year, an additional summary table is provided in paragraph 2.2 to highlight the key financial forecasts for this Committee. The opportunity has been taken to schedule a briefing session (scheduled prior to this meeting) aimed at interpreting key parts of this report. All Members of the Committee have been invited.

## 2.0 MAIN ISSUES IN THE MAY 2016 CFA FINANCE & PERFORMANCE REPORT

- 2.1 The May 2016 Finance and Performance report is attached at Appendix C. This is the first available report for the 2016/17 financial year and at the end of May, CFA forecast an overspend of £1,304k. Attention is being directed to reducing this anticipated variance and achieving mitigating reductions and underspends.

### 2.2 Revenue

The forecast financial position on the major areas of service for Adults Committee is as follows:

Area	Forecast year-end variance £000	Forecast year-end variance %	Flagged
Learning Disability Services	412	+0.7%	Yes
Disability Services (PD/Sensory/Autism)	-95	-0.6%	-
Older People's Services	-675	-1.4%	-
Mental Health	-126	-0.7%	-

- 2.3 The main revenue forecast variances within services to Adults are as follows:

- Learning Disability locality teams are forecasting a deficit against savings plans. After mitigating actions are allowed for, we expect a pressure against these targets of £393k, and a further pressure of £19k in in-house Provider Services
- In Mental Health we expect price increases resulting from the living wage to be £126k less than originally budgeted, following negotiations with providers.
- In Older People Services, there is an underspend forecast of £675k. This is the result of provider price increase negotiations targeting budget appropriately and lower than expected levels of care provision at this point, the result of a downward trend since the Autumn. More details on performance are contained in the report.

- In Strategy and Commissioning, the Local Assistance Scheme forecast underspend of £163k is due to the allocation of contingency funding in Business Planning to this area, which is not currently required.

2.4 At its last meeting, the committee noted proposed virements between services and endorsed earmarked CFA reserve funding. GPC will be asked to approve these intentions in July, but the report is presented on the basis that this will be authorised; further details are at Appendix 4 and Appendix 5 of the main report respectively.

## 2.5 **Performance**

There are now twenty-one CFA service performance indicators and four are shown as green, eleven as amber and six are red.

In terms of Adults performance, there is one fewer red indicator compared to the end of 2015-16 (the number of ASC attributable bed-day delays). The remaining indicators which are red are:

- average number of all bed-day delays, and
- the proportion of adults with learning disability in paid employment.

## 2.6 **CFA Portfolio**

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

## 3.0 **ALIGNMENT WITH CORPORATE PRIORITIES**

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

3.1.1 There are no significant implications for this priority.

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

3.2.1 There are no significant implications for this priority

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

3.3.1 There are no significant implications for this priority

## 4.0 **SIGNIFICANT IMPLICATIONS**

### 4.1 **Resource Implications**

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

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

4.2.1 Significant financial risk owing to the nature of demand led budgets and savings targets.

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

4.3.1 There are no significant implications within this category.

### 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.

<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 A

### *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

Sensory Services

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

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

## 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>Learning Disability Services</b>								
0 2	LD Head of Services	250	22	860	838	3849%	11	4%
0 2	LD Young Adults	660	231	40	-191	-83%	29	4%
0 2	City, South and East Localities	30,981	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	LD Hub Services	554	1,012	1,014	174	32%	0	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 June 2016

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

### **Finance and Performance Report – May 2016**

#### **1. SUMMARY**

##### **1.1 Finance**

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

##### **1.2. Performance and Portfolio Indicators – Apr 2016 Data (see sections 4&5)**

<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
Apr Performance (No. of indicators)	6	11	4	21
Apr Portfolio (No. of indicators)	0	3	4	7

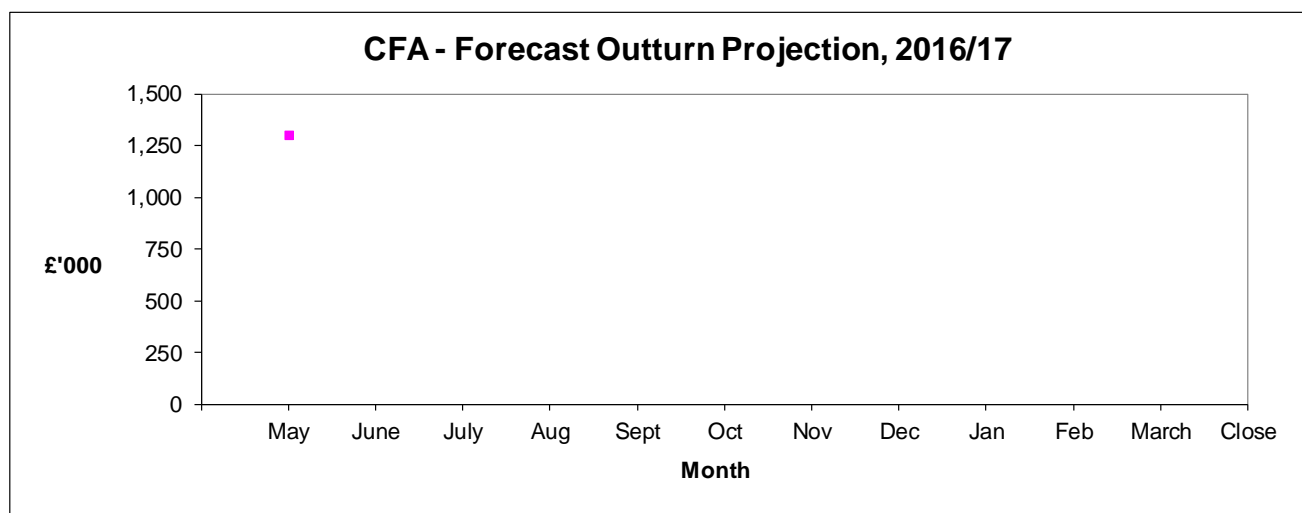
#### **2. INCOME AND EXPENDITURE**

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

<b>Forecast Variance - Outturn (Apr) £000</b>	<b>Directorate</b>	<b>Current Budget for 2016/17 £000</b>	<b>Current Variance £000</b>	<b>Current Variance %</b>	<b>Forecast Variance - Outturn (May) £000</b>	<b>Forecast Variance - Outturn (May) %</b>
-	Adult Social Care	80,293	87	0.6%	317	0.4%
-	Older People & Adult Mental Health	83,804	-227	-1.6%	-801	-1.0%
-	Children's Social Care	38,162	251	4.1%	1,201	3.1%
-	Strategy & Commissioning	40,880	-283	-4.3%	587	1.4%
-	Children's Enhanced and Preventative	30,510	-73	-2.1%	0	0.0%
-	Learning	19,670	-289	-20.1%	0	0.0%
-	<b>Total Expenditure</b>	<b>293,320</b>	<b>-534</b>	<b>-1.1%</b>	<b>1,304</b>	<b>0.4%</b>
-	Grant Funding	-50,957	0	0.0%	0	0.0%
-	<b>Total</b>	<b>242,362</b>	<b>-534</b>	<b>-1.3%</b>	<b>1,304</b>	<b>0.5%</b>

The service level finance & performance report for May 2016 can be found in [appendix 1](#).

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



## 2.2 Significant Issues

A number of suggested budget transfers between different areas of the CFA directorate were shared with Service Committees in May. These transfers reflect changes in budgetary position which have emerged since the Business Plan was agreed, and are detailed further in [Appendix 4](#). Although these transfers cannot be officially implemented until they are approved by the General Purposes Committee in July, this report is presented on the basis approval will be forthcoming.

At the end of May 2016, CFA is forecasting a year end overspend of £1,304k. Significant issues are detailed below:

- In Adult Social Care, Learning Disability locality teams are forecasting an overspend. The service is working towards a savings target exceeding £5m in 2016/17. Likely delivery against savings plans is being closely monitored and is suggesting a deficit. After mitigating actions are allowed for, we expect a pressure against savings targets of £393k.
- In Older People and Mental Health, a forecast underspend totaling £801k is forecast. Negotiations on price changes at the start of the year have progressed in the context of the implementation of the National Living Wage. We now expect this will cost £401k less than budgeted across the directorate, the result of attempts to restrict price increases for the highest cost providers who are better placed to absorb wage changes from within their existing fee levels.
- In Older People & Mental Health, the level of spending across Older People's Services has declined since the Autumn with care volumes being replaced at lower levels as clients change. An underspend of £400k has been allowed for in forecasting to reflect this trend and improved opening position in 2016/17.
- In Children's Social Care, an overall overspend of £1,201k is forecast across Strategic Management, Safeguarding and Standards and Children's Social Care Units due to the continued pressure of the cost of agency staff required to

both fill vacancies and to recruit above establishment given the considerable demand pressures the service is facing. Options for addressing this overspend are being reviewed.

- In Strategy and Commissioning, the Local Assistance Scheme forecast underspend of £163k is due to the allocation of contingency funding in Business Planning to this area, which is not currently required.
- In Strategy and Commissioning, the LAC Placements forecast overspend of £750k is due to LAC numbers having increased above the level anticipated by the start of this financial year, and a further increase in numbers since the 1<sup>st</sup> April.

## 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, and proposed to GPC, can be found in [appendix 4](#).

## 2.5 Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

### 2.5.1 Key activity data to the end of May for Looked After Children (LAC) is shown below:

Service Type	BUDGET				ACTUAL (May)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements May 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	2	2.99	£429k	2,743.20	-0.01	£123k	783.02
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	9	6.44	£519k	1,621.10	-1.56	-£156k	-1.70
Residential homes	23	£3,138k	52	2,623.52	24	23.25	£3,139k	2,705.87	0.25	£1k	82.35
Independent Fostering	180	£7,173k	52	766.31	227	221.74	£8,844k	780.23	41.74	£1,671k	13.92
Supported Accommodation	19	£1,135k	52	1,149.07	28	21.81	£1,433k	1,281.05	2.81	£298k	131.98
16+	6	£85k	52	272.60	14	10.10	£115k	222.81	4.1	£30k	-49.79
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£1,218k	-	-	-£1,218k	-
<b>TOTAL</b>	<b>239</b>	<b>£12,512k</b>			<b>304</b>	<b>286.33</b>	<b>£13,262k</b>		<b>47.33</b>	<b>£750k</b>	
In-house fostering	187	£3,674k	55	357.74	163	164.99	£3,227k	337.78	-21.73	-£447k	-19.96
Kinship	35	£375k	55	193.23	48	43.07	£500k	189.56	7.78	£125k	-3.67
In-house residential	14	£1,586k	52	2,259.72	12	11.80	£1,586k	2,585.27	-1.7	£k	325.55
Concurrent Adoption	6	£100k	52	349.86	8	8.22	£150k	350.00	2.72	£50k	0.14
Growth/Replacement	0	£k	-	0.00	0	0.00	£270k	0.00	-	£270k	-
<b>TOTAL</b>	<b>241</b>	<b>£5,735k</b>			<b>231</b>	<b>228.08</b>	<b>£5,734k</b>		<b>-12.93</b>	<b>-£1k</b>	
Adoption	325	£3,000k	52	177.52	359	353.71	£3,163k	0.00	28.71	£163k	-177.52
Savings Requirement	0	£k	0	0.00	0	0.00	-£163k	0.00	0	-£163k	0.00
<b>TOTAL</b>	<b>325</b>	<b>£3,000k</b>			<b>359</b>	<b>353.71</b>	<b>£3,000k</b>		<b>28.71</b>	<b>£k</b>	
<b>OVERALL TOTAL</b>	<b>805</b>	<b>£21,247k</b>			<b>894</b>	<b>868.12</b>	<b>£21,995k</b>		<b>63.11</b>	<b>£749k</b>	

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

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

BUDGET				ACTUAL (May 16)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Close 16/17	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	105	91.29	£5,898k	£64,610	13	-0.71	£68k	£1,234
Hearing Impairment (HI)	4	£110k	£27k	3	2.34	£48k	£20,656	-1	-1.66	£61k	£6,751
Moderate Learning Difficulty (MLD)	3	£112k	£37k	3	2.34	£99k	£42,423	0	-0.66	£13k	£4,980
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£0
Physical Disability (PD)	1	£17k	£17k	1	1.00	£16k	£15,945	0	0.00	£1k	£919
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	41	32.39	£1,362k	£42,055	6	-2.61	£70k	£1,144
Speech, Language and Communication Needs (SLCN)	3	£170k	£57k	3	1.68	£87k	£52,066	0	-1.32	£83k	£4,618
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	7	5.68	£112k	£19,743	-3	-4.32	£66k	£1,880
Visual Impairment (VI)	2	£55k	£27k	2	1.34	£43k	£32,126	0	-0.66	£12k	£4,650
Recoupment	-	-	-	-	-	£428k	-	-	-	£428k	-
<b>TOTAL</b>	<b>154</b>	<b>£8,185k</b>	<b>£53,148</b>	<b>166</b>	<b>139.06</b>	<b>£8,185k</b>	<b>£55,781</b>	<b>12</b>	<b>-14.94</b>	<b>£k</b>	<b>£2,633</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 impact of savings measures to take effect later in the year. The further savings within forecast lines within these tables reflect the distance from this position based on current activity levels.

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

		BUDGET			ACTUAL (May 16)		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 May 16	Current Average Unit Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Adult Disability Services	Residential	42	1,006	£2,197k	41	903	£1,918k	£279k
	Nursing	25	738	£959k	21	766	£837k	£122k
	Community	687	306	£10,936k	651	276	£11,711k	£775k
<b>Total expenditure</b>		<b>754</b>		<b>£14,092k</b>	<b>713</b>		<b>£14,466k</b>	<b>£374k</b>
<b>Income</b>				<b>£1,941k</b>			<b>£1,760k</b>	<b>£181k</b>
<b>Further savings assumed within forecast</b>								<b>£650k</b>
<b>Net Total</b>				<b>£12,151k</b>			<b>£12,706k</b>	<b>£95k</b>
Learning Disability Services	Residential	275	1,364	£19,505k	275	1,295	£21,040k	£1,535k
	Nursing	16	1,962	£1,632k	16	1,673	£1,760k	£128k
	Community	1,297	611	£41,182k	1,297	631	£44,425k	£3,243k
<b>Learning Disability Service Total</b>		<b>1,588</b>		<b>£62,319k</b>	<b>1,588</b>		<b>£67,225k</b>	<b>£4,906k</b>
<b>Income</b>				<b>£2,348k</b>			<b>£2,348k</b>	<b>£0k</b>
<b>Further savings assumed within forecast</b>								<b>£4,494k</b>

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

		BUDGET			ACTUAL (May)		FORECAST	
Service Type		<i>Budgeted No. of Clients 2016/17</i>	<i>Budgeted Average Unit Cost (per week)</i>	<i>Annual Budget</i>	<i>Snapshot of No. of Clients at End of May 16</i>	<i>Current Average Unit Cost (per week)</i>	<i>Forecast Actual</i>	<i>Forecast Variance</i>
Adult Mental Health	Community based support	19	£145	£143k	19	£92	£143k	£0K
	Home & Community support	204	£96	£1,023k	194	£87	£985k	-£38k
	Nursing Placement	19	£507	£502k	15	£884	£491k	-£11k
	Residential Placement	64	£748	£2,495k	57	£810	£2,322k	-£173k
	Supported Accommodation	130	£99	£671k	129	£102	£690k	£19k
	Direct Payments	21	£198	£217k	21	£208	£216k	-£1k
	Anticipated Further Demand						£372k	£372k
	Income			-£499k			-£359k	£140k
<b>Adult Mental Health Total</b>		<b>457</b>		<b>£4,552k</b>	<b>435</b>		<b>£4,860k</b>	<b>£308k</b>
<b>Further savings assumed within forecast</b>								<b>-£378k</b>

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

OP Total		BUDGET			ACTUAL (May 16)		Forecast	
Service Type		<i>Expected No. of Service Users 2016/17</i>	<i>Budgeted Average Cost (per week) £</i>	<i>Gross Annual Budget £000</i>	<i>Current Service Users</i>	<i>Current Average Cost (per week) £</i>	<i>Forecast Actual £000</i>	<i>Forecast Variance £000</i>
Residential		530	456	12,610	402	450	12,688	78
Residential Dementia		368	527	10,111	361	521	10,174	63
Nursing		306	585	9,340	296	617	9,640	300
Nursing Dementia		20	639	666	20	685	688	22
Respite				932			898	-34
Community based								
~ Direct payments		277	210	3,028	262	257	2,991	-37
~ Day Care				1,577			1,459	-118
~ Other Care				5,951			5,956	5
~ Homecare arranged		1,745	<i>per hour</i> £15.97	15,257	1,666	<i>per hour</i> £16.84	15,169	-88
~ Homecare Block				3,161			3,161	0
<b>Total Expenditure</b>		<b>3,246</b>		<b>62,633</b>	<b>3,007</b>		<b>62,824</b>	<b>191</b>
Residential Income				-8,613			-8,317	296
Community Income				-8,308			-8,005	303
<b>Total Income</b>				<b>-16,921</b>			<b>-16,322</b>	<b>599</b>
<b>Further Savings Assumed Within Forecast</b>								<b>-1,465</b>



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

OPMH Total	BUDGET			ACTUAL (May 16)		Forecast	
Service Type	<i>Expected No. of Service Users 2016/17</i>	<i>Budgeted Average Cost (per week) £</i>	<i>Gross Annual Budget £000</i>	<i>Current Service Users</i>	<i>Current Average Cost (per week) £</i>	<i>Forecast Actual £000</i>	<i>Forecast Variance £000</i>
Residential	33	585	1,007	32	610	1,122	115
Residential Dementia	27	467	658	28	505	702	44
Nursing	32	695	1,159	30	723	1,203	44
Nursing Dementia	140	658	4,802	134	684	4,987	185
Respite			34			10	-24
Community based							
~ Direct payments	17	200	177	16	189	160	-17
~ Day Care			5			5	0
~ Other Care			80			47	-33
~ Homecare arranged	69	<i>per hour</i> £17.34	534	60	<i>per hour</i> £17.84	453	-81
Total Expenditure	318		8,456	300		8,689	233
Residential Income			-998			-1,025	-27
Community Income			-292			-320	-28
Total Income			-1,290			-1,345	-55
Further Savings Assumed Within Forecast							-234

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

### Funding

The following changes in funding have occurred since the Business Plan was published:

- Devolved Formula Capital reduction in the government grant of £38k
- School Conditions Allocation government grant funding increased by £68k
- Community Capacity government grant reduction of £1,294k. Notification received that this grant has now ceased.
- Disabled Facilities Grant from government increased by £1,556k. This is distributed to district councils through the Better Care Fund.
- Adjustment to carry forward funding increased by £5,482k due to additional slippage.

### 2016/17 Revised Capital Programme

The Capital Plan for 2016/17 has reduced by £4,235K since the Business Plan was published, resulting in a revised budget of £92,921m. This is the figure against which progress will be monitored on a monthly basis. The revised budget includes a capital variation adjustment of £10,282k reduction in overall programme budget. This has been recommended by the capital programme board and represents a margin for slippage due to the historical performance of the capital programme. The following explains other significant movement and categorises schemes into rephased projects and cost changes.

### Rephased schemes

- Burwell Primary; £1,232k slippage. Project start on site has been deferred due to the need to replace the original contractor in response to poor performance.
- Little Paxton; £700k slippage due to start on site being delayed.
- Fulbourn Primary; £130k accelerated spend due to the need to complete this project by July 2018.
- Sawtry Infants; £1,000k slippage as only remodelling work is now required to enable the project to be completed in 2016/17.
- Hatton Park, Longstanton; £650k accelerated spend following decision to decant whole school to occupy the vacant Pathfinder Primary School in Northstowe. This will enable the project to be completed by November 2017 rather than summer 2018.
- St Ives Additional Places; £99k slippage. Project on hold awaiting strategic decision on the possibility of a school merger.
- Wintringham Park, St Neots; £250k slippage following Huntingdonshire District Council's decision to refuse planning permission for the development the school is intended to serve.
- The Shade, Soham; £1,451k accelerated spend as the additional places to be created are required for September 2017. The original completion date was summer 2018.
- Melbourn Primary; £150k accelerated spend as the additional places to be created are now required a year earlier than anticipated. Scheme scope more detailed and includes replacement of two temporary classroom structures.
- Hampton Gardens; £770k accelerated spend due to expected ICT costs needing to be met in 2016/17.
- Cambridge City Additional Places; £339k slippage. An element of the project continues to be on hold pending the conclusion of a comprehensive review of current and forecast demand. Rephrasing reflects expectation that additional places will be required for September 2019.

- Orchard Park; £291k slippage. No project commissioned to date as it is dependent upon the outcome of a review of current and forecast need for early years places in Cambridge City.
- Morley Memorial; £119k accelerated spend. Rephasing to cover likely project design costs in 2016/17.
- Adult Social Care – Strategic Investments; £487k slippage. Reflects revised spending plans in response to grant cut.

#### Cost Changes

- Huntingdon Primary Phase 2; £205k increase. Final cost of scheme estimated.
- Northstowe 1<sup>st</sup> Primary; £300k reduction. Project due to complete July 2016. Reduction reflects contingencies not required.
- Fulbourn Primary; £130k increase. Further planning has indicated cost of project will be higher than originally anticipated. There is also a further £1,000k increase relating to future years costs.
- The Shade, Soham; £1,200k increase due to a change in the specification for the accommodation.
- Melbourn Primary; £150k increase. Increased project scope includes replacement of two temporary classroom structures. There is also a further £1,900k increase relating to future years costs.
- Adult Social Care; £160k increase costs on Equipment Spend previously headed as Better Care Fund moved from Strategic Investments. £1,566k additional Disabled Facilities grant expenditure to reflect increased grant settlement.
- Adult Social Care; £530k cost reduction in Strategic Investment and Enhanced Frontline to reflect anticipated 2016/17 spend priorities.

#### Overall Capital programme

- Changes to the overall project cost of the capital plan total £6,419k. There have been no new schemes added since the Business Plan was published. Future year changes in scheme costs relating to existing schemes will be managed through the 2017/18 Business Plan process.

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 shown in italics at the bottom of appendix 7.

Six indicators are currently showing as RED:

- **The proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by OFSTED**

The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out of 20 Secondary schools with Inspection results are judged as good or outstanding, covering 14,676 pupils. This is 46.2% of pupils against the target of 75%.

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

The number of Looked After Children increased to 615 during April 2016. This includes 62 UASC, 10% 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. These workstreams cannot impact current commitment but aim to prevent it increasing:

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

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

Performance has improved during March following the recent worsening trend. Cambridgeshire is one of only a few authorities in England to have reduced their delays. The Cambridgeshire health and social care system is experiencing a monthly average of 2,436 bed-day delays, which is 17% above the current BCF target ceiling of 2,088. In February there were 2,369 bed-day delays, down 403 compared to the previous month.

We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community

Between April '15 and March '16 there were 29,229 bed-day delays across the whole of the Cambridgeshire system - representing a 12% decrease on the preceding 12 months.

Across this period NHS bed-day delays have decreased by 13% from 23,420 (Apr 14 - Mar 15) to 20,365 (Apr 15 - Mar 16), while bed-day delays attributed to Adult Social Care have remained at a similar level with 7,706 in Apr 14 - Mar 15 and 7,709 in Apr 15 - Mar 16 a change of less than 1%.

Please note that we receive the official data for DTOC measures from NHS England 6 weeks after the end of the month so reporting is always a month behind. However, we receive more up-to-date data on Social Care delays from the Acute hospitals. At 27/05/2016 there were no social care delays at Hinchingbrooke, At Addenbrookes, 3 social care delays were contributing 15 bed-day delays and at Peterborough 1 social care delay contributing 4 bed days.

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

Performance has improved again during April though it remains below target. 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. A Deep Dive on this indicator during May identified several recommendations, including promoting better recording that will be taken forward in an effort to improve performance in the future.

- **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**

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. 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.

## **5. CFA PORTFOLIO**

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

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a bi-monthly basis by the CFA Management Team at the CFA Performance Board. The programmes and projects highlighted in appendix 8 are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.

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 (Apr) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000   %		Forecast Variance Outturn (May) £'000   %	
Adult Social Care Directorate								
-	Strategic Management – ASC	699	214	231	17	8%	0	0%
-	Procurement	506	101	94	-8	-8%	0	0%
-	ASC Strategy & Transformation	2,166	439	411	-27	-6%	0	0%
-	ASC Practice & Safeguarding	1,290	-72	-104	-32	44%	0	0%
Learning Disability Services								
-	LD Head of Services	1,920	-793	-872	-80	10%	0	0%
-	LD Young Adults	2,065	418	334	-84	-20%	0	0%
- 1	City, South and East Localities	29,445	5,701	6,000	299	5%	255	1%
- 1	Hunts & Fenland Localities	19,706	4,802	4,934	132	3%	138	1%
-	In House Provider Services	5,500	1,000	1,017	17	2%	19	0%
Physical Disability Services								
-	PD Head of Services	1,222	295	259	-36	-12%	0	0%
-	Physical Disabilities	12,327	2,187	2,167	-20	-1%	-95	-1%
-	Autism and Adult Support	827	61	18	-42	-70%	0	0%
-	Sensory Services	519	116	83	-33	-29%	0	0%
-	Carers Services	2,101	351	334	-17	-5%	0	0%
-	Director of Adult Social Care Directorate Total	80,293	14,820	14,907	87	1%	317	0%
Older People & Adult Mental Health Directorate								
-	Strategic Management - OP&MH	3,473	284	339	55	19%	0	0%
-	Central Commissioning	11,727	2,140	2,102	-38	-2%	0	0%
- 2	OP - City & South Locality	12,663	3,013	2,943	-70	-2%	-235	-2%
- 2	OP - East Cambs Locality	6,197	1,135	1,134	-2	0%	-100	-2%
- 2	OP - Fenland Locality	8,330	1,233	1,184	-49	-4%	-141	-2%
- 2	OP - Hunts Locality	10,957	1,956	1,973	16	1%	-199	-2%
-	Discharge Planning Teams	2,064	341	289	-52	-15%	0	0%
-	Shorter Term Support and Maximising Independence	8,257	908	815	-93	-10%	0	0%
-	Integrated Community Equipment Service	779	353	380	27	8%	0	0%
Mental Health								
-	Mental Health Central	693	110	155	45	41%	0	0%
- 3	Adult Mental Health Localities	6,626	532	417	-115	-22%	-70	-1%
- 3	Older People Mental Health	7,911	1,490	1,529	39	3%	-56	-1%
-	Voluntary Organisations	4,125	774	784	10	1%	0	0%
-	Older People & Adult Mental Health Directorate Total	83,804	14,271	14,044	-227	-2%	-801	-1%

Forecast Variance Outturn (Apr) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance		Forecast Variance Outturn (May)	
					£'000	%	£'000	%
Children's Social Care Directorate								
- 4	Strategic Management - Children's Social Care	5,570	598	811	212	35%	475	9%
-	Adoption Allowances	3,076	520	621	101	19%	0	0%
-	Legal Proceedings	1,540	128	-83	-211	-165%	0	0%
- 5	Safeguarding & Standards	1,487	159	165	6	4%	112	8%
- 6	CSC Units Hunts and Fenland	3,897	682	647	-34	-5%	235	6%
-	Children Looked After	12,304	1,933	2,196	263	14%	0	0%
- 7	CSC Units East & South Cambs and Cambridge	3,680	729	581	-148	-20%	379	10%
-	Disabled Services	6,609	1,352	1,415	62	5%	0	0%
-	Children's Social Care Directorate Total	38,162	6,101	6,352	251	4%	1,201	3%
Strategy & Commissioning Directorate								
-	Strategic Management – Strategy & Commissioning	338	36	62	26	73%	0	0%
-	Information Management & Information Technology	1,828	707	711	4	1%	0	0%
-	Strategy, Performance & Partnerships	1,558	257	272	15	6%	0	0%
- 8	Local Assistance Scheme	484	146	157	11	7%	-163	-34%
Commissioning Enhanced Services								
- 9	Looked After Children Placements	14,265	1,005	1,041	36	4%	750	5%
-	Special Educational Needs Placements	8,563	2,981	2,931	-50	-2%	0	0%
-	Commissioning Services	3,504	519	467	-52	-10%	0	0%
-	Early Years Specialist Support	1,323	223	-36	-259	-116%	0	0%
-	Home to School Transport – Special	7,973	549	537	-12	-2%	0	0%
-	LAC Transport	1,107	121	121	-0	0%	0	0%
Executive Director								
-	Executive Director	454	76	73	-3	-4%	0	0%
-	Central Financing	-516	0	0	0	0%	0	0%
-	Strategy & Commissioning Directorate Total	40,880	6,620	6,336	-283	-4%	587	1%
Children's Enhanced & Preventative Directorate								
-	Strategic Management – Enhanced & Preventative	711	256	257	1	0%	0	0%
-	Children's Centre Strategy	520	56	54	-2	-3%	0	0%
-	Support to Parents	3,701	1,175	1,150	-25	-2%	0	0%
-	SEND Specialist Services	5,400	859	854	-6	-1%	0	0%
-	Safer Communities Partnership	6,963	187	161	-26	-14%	0	0%
Youth Support Services								
-	Youth Offending Service	3,032	181	180	-1	0%	0	0%
-	Central Integrated Youth Support Services	534	-1	2	3	-278%	0	0%
Locality Teams								
-	East Cambs & Fenland Localities	3,412	288	285	-2	-1%	0	0%
-	South Cambs & City Localities	3,783	283	276	-6	-2%	0	0%
-	Huntingdonshire Localities	2,455	166	157	-9	-5%	0	0%
-	Children's Enhanced & Preventative Directorate Total	30,510	3,449	3,376	-73	-2%	0	0%

Forecast Variance Outturn (Apr) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance		Forecast Variance Outturn (May)	
					£'000	%	£'000	%
	<b>Learning Directorate</b>							
-	Strategic Management - Learning	769	243	206	-38	-16%	0	0%
-	Early Years Service	1,321	249	242	-8	-3%	0	0%
-	Schools Intervention Service	1,188	112	141	29	25%	0	0%
-	Schools Partnership Service	746	299	296	-3	-1%	0	0%
-	Children's' Innovation & Development Service	87	-1,059	-1,073	-14	1%	0	0%
-	Integrated Workforce Development Service	1,225	119	145	26	22%	0	0%
-	Catering & Cleaning Services	-400	-202	-224	-22	11%	0	0%
-	Teachers' Pensions & Redundancy	2,936	792	568	-224	-28%	0	0%
	<u>Infrastructure</u>							
-	0-19 Organisation & Planning	1,812	171	134	-37	-21%	0	0%
-	Early Years Policy, Funding & Operations	89	13	9	-5	-35%	0	0%
-	Education Capital	172	113	118	5	4%	0	0%
-	Home to School/College Transport – Mainstream	9,726	587	589	2	0%	0	0%
-	<b>Learning Directorate Total</b>	<b>19,670</b>	<b>1,438</b>	<b>1,150</b>	<b>-289</b>	<b>-20%</b>	<b>0</b>	<b>0%</b>
-	<b>Total</b>	<b>293,320</b>	<b>46,699</b>	<b>46,166</b>	<b>-534</b>	<b>-1%</b>	<b>1,304</b>	<b>0%</b>
	<b>Grant Funding</b>							
-	Financing DSG	-23,318	-3,886	-3,886	0	0%	0	0%
-	Non Baselined Grants	-27,639	-2,077	-2,077	0	0%	0	0%
-	<b>Grant Funding Total</b>	<b>-50,957</b>	<b>-5,963</b>	<b>-5,963</b>	<b>0</b>	<b>0%</b>	<b>0</b>	<b>0%</b>
-	<b>Net Total</b>	<b>242,362</b>	<b>40,736</b>	<b>40,203</b>	<b>-534</b>	<b>-1%</b>	<b>1,304</b>	<b>1%</b>

## 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) Learning Disability – All Localities</b>	<b>49,151</b>	<b>431</b>	<b>4%</b>	<b>393</b>	<b>1%</b>
<p>The LDP as a whole is forecast to be overspent by £412k at year-end. It is expected that there will be a £1,200k shortfall in the delivery of savings from reassessing LD clients as a result of lead-in times for assessments, including recruitment for extra capacity and the number of visits assessments are taking to complete ensuring that all relevant aspects of legislation are included. Experience so far is suggesting that average cost-reduction per client is lower than expected. This would reduce total savings from reassessments from £4,400k to £3,000k (a £200k virement is anticipated, see Appendix 4). Reassessments are scheduled for all clients, and it is expected the reviews and changes to policies will still deliver significant savings.</p> <p>Partially offsetting this pressure, the LDP is expecting to exceed its target for savings on price increases negotiated at the beginning of the year by £806k. This has been achieved by ensuring that higher cost providers in the independent sector absorb as much of the impact of the living wage increases as possible. The LDP savings plan anticipates further negotiations with care providers throughout the remainder of the year to secure reductions in the price and volume of care purchased, and it is anticipated that this prospect will be challenging in this context.</p>					
<b>2) Older People – All Localities</b>	<b>38,148</b>	<b>-104</b>	<b>-1%</b>	<b>-675</b>	<b>-2%</b>
<p>Many care providers are facing significant cost pressures from April 2016 as a result of the introduction of the national living wage. Older People's Services had budgeted £1,840k for this pressure. Negotiations on price levels have progressed at the beginning of the year, and an underspend against the original allocation of £275k is now expected across the Older People's locality teams. This has been achieved by ensuring that higher cost providers in the independent sector absorb as much of the impact of the living wage increases as possible.</p> <p>Negotiations are not complete with all providers, and there is the possibility of further variance backdated to April 2016.</p> <p>Additionally, the level of spending across Older People's Services has declined since the Autumn with care volumes lower at this point than previously anticipated. An underspend of £400k has been allowed for in forecasting to reflect this trend – part of the "best case" scenario target for this budget.</p>					
<b>3) Mental Health– Adults &amp; OP</b>	<b>14,538</b>	<b>-76</b>	<b>-4%</b>	<b>-126</b>	<b>-1%</b>
<p>Mental Health had budgeted £0.46m for price increases due to the introduction of the national living wage. Negotiations on price levels have progressed at the beginning of the year and an underspend against the original allocation of £126k is now predicted across mental health support. This has been achieved by ensuring that higher cost providers in the independent sector absorb as much of the impact of the living wage increases as possible. Negotiations are not complete with all providers, and there is the possibility of further variance backdated to April.</p>					



Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>4) Strategic Management - Children's Social Care</b>	<b>5,570</b>	<b>212</b>	<b>35%</b>	<b>475</b>	<b>9%</b>
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £475k.</p> <p>The First Response Emergency Duty Team is forecasting a £179k overspend due to use of agency staffing. 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 have taken up post. Without the use of agency staff to back fill vacant posts, the service would not be able to complete their statutory function and the delay to children and families would be significant, jeopardising the 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 are not able to be met due to the continued need for use of agency staff across Children's Social Care due to increasing caseloads.</p> <p><u>Actions being taken:</u> The Children's Social Care directorate continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of the 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>5) Safeguarding &amp; Standards</b>	<b>1,487</b>	<b>6</b>	<b>4%</b>	<b>112</b>	<b>8%</b>
<p>The Safeguarding and Standards (SAS) budget is forecasting an over spend of £112k.</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 have risen steadily and then recently more sharply to 457 CP and 627 LAC, and show no immediate sign of decreasing. Independent Reviewing Officer caseloads are defined by statutory legislation so extra staff are required to manage that obligation.</p> <p><u>Actions being taken:</u> The service has already analysed, and is now implementing, new procedures on better use of staff time to free up capacity. Despite this workloads remain stretched and the service is exploring other avenues to secure resource to better manage the current caseloads.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>6) CSC Units Hunts and Fenland</b>	<b>3,897</b>	<b>-34</b>	<b>-5%</b>	<b>235</b>	<b>6%</b>
<p>The CSC Units Hunts and Fenland budget is forecasting an over spend of £235k due to the use of agency staffing.</p> <p>A policy decision was taken to ensure safeguarding responsibilities are fulfilled by ensuring that posts are 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 there is a risk of not being able to carry out our statutory duties; 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>The service continues to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of the recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. However, one option under consideration is to recruit peripatetic social workers over establishment. 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 to review the Unit Model design and how best to manage the Child's journey.</p>					
<b>7) CSC Units East &amp; South Cambs and Cambridge</b>	<b>3,680</b>	<b>-148</b>	<b>-20%</b>	<b>379</b>	<b>10%</b>
<p>The CSC Units East &amp; South Cambs and Cambridge budget is forecasting an over spend of £379k due to the use of agency staffing.</p> <p>See CSC Hunts and Fenland (note 6) for narrative.</p>					
<b>8) Local Assistance Scheme</b>	<b>484</b>	<b>11</b>	<b>7%</b>	<b>-163</b>	<b>-34%</b>
<p>A contingency budget of £163k was allocated to the Local Assistance Scheme during 2016/17 Business Planning, following a decision by GPC in Spring 2015.</p> <p>The contingency budget was not utilised in 2015/16, and it became clear after the budget was set that it was unlikely to be necessary in 2016/17. In May 2016, Adults Committee considered spending plans for the scheme at the "core funding" level of £321k.</p> <p>This means the contingency budget of £163k is not required, based on current spending plans.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>9) Looked After Children Placements</b>	<b>14,265</b>	<b>36</b>	<b>4%</b>	<b>750</b>	<b>5%</b>

The LAC Placements budget has received additional funding of £950k in 2016/17 from Older People's Service (subject to GPC approval), which has been incorporated into the reported figures this month. This decision was made due to a £1.3m pressure carried forward from 2015/16, which was due to an increase in LAC numbers throughout the year, and reflects a higher demand as at 1<sup>st</sup> April 2016 than was anticipated when the budget was set. There therefore remains a £350k pressure. In addition, LAC numbers have continued to increase above predicted numbers, thereby increasing the forecast overspend by £400k, to a total of £750k.

Overall Looked After Children (LAC) numbers at the end of May 2016, including placements with in-house foster carers, residential homes and kinship, are 632, 17 more than April 2016. This includes 64 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of May are 304.

External Placements Client Group	Budgeted Packages	30 Apr 2016 Packages	31 May 2016 Packages	Variance from Budget
Residential Disability – Children	3	-	2	-1
Child Homes – Secure Accommodation	0	-	0	-
Child Homes – Educational	8	-	9	+1
Child Homes – General	23	-	24	+1
Supported Accommodation	19	-	28	+9
Supported living 16+	6	-	14	+8
Fostering & Adoption	180	-	227	+47
<b>TOTAL</b>	<b>239</b>	<b>-</b>	<b>304</b>	<b>+90</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.

Actions being taken to address the forecast overspend 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.

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
<b>Looked after Children Placements, continued:</b>  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.					

### 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	317
Unaccompanied Asylum Seekers	Home Office	840
Youth Offending Good Practice Grant	Youth Justice Board	528
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	140
Troubled Families	DCLG	2,369
Children's Social Care Innovation Grant (MST innovation grant)	DfE	456
MST Standard & CAN	DoH	201
Music Education HUB	Arts Council	782
<b>Total Non Baselined Grants 2016/17</b>		<b>27,639</b>

Financing DSG	Education Funding Agency	23,318
<b>Total Grant Funding 2016/17</b>		<b>50,957</b>

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

<b>Directorate</b>	<b>Grant Total £'000</b>
Adult Social Care	136
Older People	15,774
Children's Social Care	911
Strategy & Commissioning	111
Enhanced & Preventative Services	9,857
Learning	850
<b>TOTAL</b>	<b>27,639</b>

## APPENDIX 4 – Virements and Budget Reconciliation

### Virements within the Children's, Families and Adults pending GPC approval

At the May Adults and Children's & Young People Service Committees were advised that budget transfers were suggested within CFA. There are some areas where we can identify a recurrent or structural underspend which has been confirmed since the Business Plan for 2016/17 was developed. Consideration has been given to transferring this budget away from the underspent service area to alleviate pressures arising in other areas. In this way we can ensure we move resources to where they are needed. This review of year-end variances forms part of the "finance and budget" theme within the Corporate Transformation Programme

The General Purposes Committee will be asked to give their approval to these budget transfers in July. This F&PR has been produced on the basis that this authorisation will be forthcoming, and budgets and forecasts are shown after the impact of these transfers is allowed for.

Area	Budget increase £'000	Budget decrease £'000	Reasoning
Older People's Services		-£950	Care spending and client contribution levels are significantly ahead of the target as at April 2016, due to forecast improvements in the final quarter 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: Mental Capacity Act – Deprivation of Liberty Safeguards		-£200	Commitments following budget build suggest there is surplus budget in 2016-17, ahead of planned timing of reduction.
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>	

### 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. The net additional contribution from CFA is £10k. This amount has been transferred to LGSS Property who handle 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.
<b>Current Budget 2016/17</b>		<b>242,362</b>	

## APPENDIX 5 – Reserve Schedule

May Service Committees endorsed the following proposals for CFA Earmarked Reserves (further detail is provided in the Committee reports). The General Purposes Committee will be asked to approve these in July. At that point when these reserves are confirmed, monitoring of spending and forecast balances will resume:

Proposal Title	Proposed Opening Balance 2016/17 £'000
<b>Adult Social Care</b>	
Capacity in ASC procurement & contracts	£225
Specialist Assistive technology input to the LDP	£186
Autism & Adult Support Workers (trial)	£60
Direct Payments - Centralised support (trial)	£174
Care Plan Reviews & associated impact - Learning Disability	£346
Care Plan Reviews & associated impact - Disabilities	£109
<b>Older People &amp; Mental Health</b>	
Continuing Healthcare project	£118
Homecare Development	£62
Falls prevention	£44
Dementia Co-ordinator	£35
Shared Lives (Older People)	£49
Mindful / Resilient Together	£321
Increasing client contributions and the frequency of Financial Re-assessments	£120
Brokerage function - extending to domiciliary care	£50
Specialist Capacity: home care transformation / and extending affordable care home capacity	£70
Care Plan Reviews & associated impact - Older People	£452
<b>Children's Social Care</b>	
IT for Looked After Children (LAC)	£178
Independent Reviewing Officers (IRO) and Care Planning (CP) Chairperson	£28
Adaptations to respite carer homes	£14
Child Sexual Exploitation (CSE) Service	£250
<b>Strategy &amp; Commissioning</b>	
Building Schools for the Future (BSF)	£141
Statutory Assessment and Resources Team (START)	£10
Home to School Transport Equalisation reserve	£253
Time Credits	£74
Reduce the cost of home to school transport	£60
Prevent children and young people becoming Looked After	£57
Disabled Facilities	£127
Commissioning Services – Children's Placements	£13

Proposal Title	Proposed Opening Balance 2016/17 £'000
<b>Enhanced &amp; Preventative Services</b>	
Information Advice and Guidance	£20
Changing the cycle (SPACE/repeat referrals)	£67
Multi-Systemic Therapy (MST) Standard	£182
MST Child Abuse & Neglect	£78
Youth Offending Team (YOT) Remand (Equalisation Reserve)	£250
All Age Lead Professional	£40
Maximise resources through joint commissioning with partners	£14
<b>Learning</b>	
Independent Domestic Violence Advisors	£24
Equipment Replacement Reserve	£604
Cambridgeshire Culture/Art Collection	£87
Discretionary support for LAC education	£182
Reduce the risk of deterioration in school inspection outcomes	£60
ESLAC Support for children on edge of care	£50
CCS (Cambridgeshire Catering and Cleaning Services)	£119
<b>Cross-CFA schemes</b>	
Develop 'traded' services	£57
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	£188
Reduce the cost of placements for Looked After Children	£184
<b>SUBTOTAL REVENUE RESERVES 2016/17</b>	<b>£5,832</b>

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 May 16		
	£'000	£'000	£'000	£'000	
<b><u>Capital Reserves</u></b>					
Building Schools for the Future	61	219	280	100	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 2015/16
Basic Need	0	6,448	6,448	-0	Further receipts anticipated in respect of the targeted basic need and standard basic need. All expected to be spent by Mar 2016
Capital Maintenance	0	5,053	5,053	0	The Capital Maintenance allocation received in 2015/16 will be spent in full.
Other Children Capital Reserves	110	820	930	130	Comprises the Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub & contributions from schools. Anticipate spending by year end.
Other Adult Capital Reserves	2,257	3,555	5,812	2,133	Receipts for Community Capacity grant and spend on planned programme.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,428</b>	<b>16,096</b>	<b>18,524</b>	<b>2,364</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 (May) £'000	Forecast Spend - Outturn (May) £'000	Forecast Variance - Outturn (May) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	<b>Schools</b>						
41,711	Basic Need - Primary	42,782	1,133	42,782	0	214,944	5,310
39,689	Basic Need - Secondary	41,162	3,960	41,162	0	213,851	0
321	Basic Need - Early Years	613	-68	613	0	2,203	0
770	Adaptations	654	38	654	0	6,541	0
2,935	Specialist Provision	3,225	591	3,225	0	5,060	0
3,250	Condition & Maintenance	3,250	474	3,250	0	25,750	0
204	Building Schools for the Future	348	2	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	0	10	0	0	0
300	Site Acquisition and Development	300	40	300	0	650	0
1,500	Temporary Accommodation	1,500	190	1,500	0	14,000	0
0	Youth Service	127	0	127	0	0	0
295	Children Support Services	295	0	295	0	2,530	0
3,717	Adult Social Care	5,311	0	5,311	0	25,777	1,299
1,350	CFA IT Infrastructure	1,700	0	1,700	0	3,000	0
0	CFA Capital Variation	-10,282	0	-10,282	0	0	0
<b>97,156</b>	<b>Total CFA Capital Spending</b>	<b>92,921</b>	<b>6,359</b>	<b>92,921</b>	<b>0</b>	<b>533,222</b>	<b>6,419</b>

#### Basic Need - Primary £5,310k increased total scheme cost

A total scheme variance of £5,310k has occurred due to changes since the Business Plan was approved in response to changes to development timescales and school capacity. The following have schemes have had cost increases;

- Fulbourn Primary (£1,000k) further planning has indicated cost of 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 cost to reflect removal costs required as part of the project
- The Shade, Soham (£1,200k) due to a change in the specification for the accommodation
- Wyton Primary (£2,250k) due to scheme being delivered in two phases and increased costs associated with the delay in phasing. Phase 1 - replacement of existing 1 form entry primary school; phase 2 - new 2 form entry primary school.

#### 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.

## Adults Social Care





Notification was given in January 2016 that the Community Capacity Grant would cease, and the Disabled Facilities Grant allocation increase. As a result, the Adult Social Care Total Scheme costs have increased by £1,299k to reflect the planned increase expenditure.

### 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 (May) £'000	Forecast Funding Variance - Outturn (May) £'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	22,612	0
0	BSF -PFS only	61	61	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Contributions	700	700	0
54,416	Prudential Borrowing	49,652	49,652	0
4,160	Prudential Borrowing (Repayable)	4,160	4,160	0
<b>97,156</b>	<b>Total Funding</b>	<b>92,921</b>	<b>92,921</b>	<b>0</b>



The overall impact of the movements since the Business Plan was approved is a net reduction of funding required of £4,235k. The capital variation represents a reduction in S106 of £2,013 and a reduction in borrowing of £8,199k. Other funding changes include grant carry forward of £921k for Universal Infant Free School Meals (UIFSM) (£10k), Building Schools for the Future (£61k) and Devolved Formula Capital (£850k). Together with the Adult Social Care grant increase of £1.566k and additional borrowing requirement of £4,869k carried forward from 2015/16.


## APPENDIX 7 – Performance at end of April 2016

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
No / % of families who have not required statutory services within six months of having a Think Family involvement	Enhanced & Preventative							New measure 2016/17. Target will be set and indicator reported on when 6 months data is available
% year 12 in learning	Enhanced & Preventative	95.2%	96.5%	95.0%	Apr 16		A	Our performance in learning tends to drop at this point in the year as young people drop out before completing their programmes in learning. As many will not return until September it is unlikely that we will meet this target until later in the year.
% 16-19 year olds not in Education, Employment or training (NEET)	Enhanced & Preventative	3.5%	3.3%	3.4%	Apr 16		A	NEET has risen slightly this month mainly due to the number of young people dropping out from learning. Locality teams will pick them up quickly and offer support to encourage them to return to learning as soon as possible, however this may not be until September.
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Apr-16		G	
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	78.0%	82.0%	80.5%	Apr-16		A	155 Primary schools are judged as good or outstanding by Ofsted covering 38342 pupils. 80.5% is our best performance ever.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	49.4%	75.0%	46.2%	Apr-16		<b>R</b>	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out Secondary schools with Inspection results are judged as good or outstanding, covering 14,676 pupils. This is 46.2% of pupils against the target of 75%. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	92.9%	100.0%	94.8%	Apr-16		<b>A</b>	8 out of 9 Special schools are judged as Good or outstanding covering 920 (92.9%) pupils.
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	19.1%	20.0%	22.0%	Apr-16		<b>A</b>	Performance in re-referrals to children's social care has shown a slight increase in April
Number of children with a Child Protection Plan per 10,000 population under 18	Childrens Social Care	33.4	30.0	34.9	Apr-16		<b>A</b>	The number of children with a Child Protection Plan has increased to 454 during April.




Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The number of looked after children per 10,000 children	Childrens Social Care	46.4	40.0	47.3	Apr-16		R	<p>The number of Looked After Children increased to 615 during April 2016. This includes 62 UASC, 10% 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. These workstreams cannot impact current commitment but aim to prevent it increasing:</p> <ul style="list-style-type: none"> <li>• Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population.</li> <li>• In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements.</li> </ul>
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	91.0%	93.0%	93.5%	Apr-16		G	<p>This indicator is subject to a new calculation method for 2015/16. Performance remains above the provisional target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.</p>
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.0%	57.0%	55.2%	Apr-16		A	<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.</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 directly by providing additional support in the form of the Double Up Team who work with staff to reduce long term care needs and also release re-ablement capacity.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	49.5%	50.1%	54.1%	Apr-16		G	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.
<b>BCF</b> 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	547	565	588	2015-16		A	Provisional statutory return data shows an increase in the rate of admissions for adults aged 65+ compared to the previous year. Population figures are subject to change with the release of 2015 estimates in late Summer which are likely to cause a small decrease in the rate.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	475	429	474	Mar-16		R	<p>Performance has improved during March following the recent worsening trend. The Cambridgeshire health and social care system is experiencing a monthly average of 2,436 bed-day delays, which is 17% above the current BCF target ceiling of 2,088. In February there were 2,369 bed-day delays, down 403 compared to the previous month.</p> <p>We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas 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. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community</p> <p>Between April '15 and March '16 there were 29,229 bed-day delays across the whole of the Cambridgeshire system - representing a 12% decrease on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have decreased by 13% from 23,420 (Apr 14 - Mar 15) to 20,365 (Apr 15 - Mar 16), while bed-day delays attributed to Adult Social Care have remained at a similar level with 7,706 in Apr 14 - Mar 15 and 7,709 in Apr 15 - Mar 16 a change of less than 1%.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	128	114	125	Mar-16	↓	A	Between April '15 - Mar '16 there were 7,709 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 125 delays per 100,000 of 18+ population. For the same period the national rate was 109 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.
% Clients with SEND who are NEET	Enhanced & Preventative	10.0%	9.0%	10.1%	Q4 (Jan to Mar 2016)	↑	A	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.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	13.5%	12.5%	13.7%	Mar-16	↑	G	We have now been assured by CPFT that these figures are reliable following our concerns relating to discrepancies between locally and nationally reported data by CPFT.
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	2.3%	6.0%	2.5%	Apr-16	↑	R	Performance has improved again during April though it remains below target. 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. A Deep Dive on this indicator during May identified several recommendations, including promoting better recording, which will be taken forward in an effort to improve performance in the future.



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
Proportion of income deprived 2 year olds receiving free childcare		1	1	1	Spring Term 2016		A	There were 1758 children identified by the DWP as eligible for the Spring Term. 1393 took up a place which equates to 79.2%
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	Learning	28	21	28	2015		R	Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. 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
FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE	Learning	31.3	26	37.8	2015		R	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.

## APPENDIX 8 – CFA Portfolio at end of April 2016

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Transforming Lives/Care Act Programme:</b> Claire Gibbs	<p>A programme of six projects is in place to implement these changes. The Transforming Lives project is focusing on the implementation of the new way of working. Physical and Learning Disability Services have started to implement this new way of working and a new project has been set up to manage Contact Centre changes required to facilitate the Older People's service roll-out. A quality assurance process is in development and will be applied to ensure the principles of Transforming Lives are being adhered to in practice.</p> <p>No key issues.</p>	GREEN
<b>Learning Disability Spend:</b> Claire Bruin	<p>The focus of this project was to address the overspend in 2015/16 and ensure accurate financial forecasting and a project plan was put in place. This work was used to inform the implementation plans that are underway to deliver savings in 2016/17.</p> <p>Key issue: The work being implemented in 2016/17 to deliver savings is being overseen through an LDP and PD Finance Meeting, chaired by the Service Director. The programme of work does not require project management input at this point and CFA MT will discuss whether or not it should continue to be included in the project portfolio. Progress of work to deliver savings will continue to be reported through the tracker and the financial commentary of this report.</p>	AMBER
<b>Building Community Resilience Programme:</b> Sarah Ferguson	<p>This programme will respond to the council's focus on strengthening our support to communities and families. The strategy has been approved by the General Purposes Committee. Focus is now on developing and delivering the action plans</p> <p>No key issues.</p>	GREEN
<b>CFA Strategy for 2016-20:</b> James Wilson	<p>Delivering a strategy for the next five years that will respond to the savings that need to be made. Significant work has taken place to translate principles in the strategy into a five year Business Plan for CFA Services. The Business Plan was agreed by Council in February. Delivery plans are now being finalised, including monitoring the impact of delivery of the CFA Strategy over the coming months and years – aligned to delivery of the resulting savings.</p> <p>No key issues.</p>	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Accelerating Achievement:</b> Keith Grimwade/Tammy Liu	<p>Although the achievement of almost all vulnerable groups of children and young people is improving, it is not doing so fast enough and the gap between vulnerable groups and other children and young people is unacceptably wide. The 2014-16 strategy is being revised and will be incorporated into the overall School Improvement Strategy. This revision, and the development of an accompanying 2016-18 action plan, are on track and nearing completion, together with new monitoring arrangements.</p> <p>No key issues.</p>	<b>AMBER</b>
<b>LAC Placements Strategy:</b> Faye Betts	<p>Whilst LAC numbers continue to rise, the composition of these placements is being positively impacted with the majority being met in-house. The In-House Fostering service continues to increase the number of filled beds (currently 170).</p> <p>The LAC Action Plan will be reviewed at an extended meeting in June to confirm future commissioning priorities and review achievement of savings.</p> <p>No key issues.</p>	<b>AMBER</b>
<b>Early Help:</b> Sarah Ferguson	<p>Delivering the implementation of a revised Early Help offer in Cambridgeshire. The consultation for the second phase of the Early Help review was launched in December 2015 and the response was published in February 2016. Recruitment &amp; selection has been completed.</p> <p>No key issues.</p>	<b>GREEN</b>



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

*To:* **Adults Committee**

*Meeting Date:* **07 July 2016**

*From:* **Democratic Services**

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

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

*Purpose:* **To present the agenda plan for the Adults Committee;**

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

**1. Notes the agenda plan at Appendix A.**

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## **1. AGENDA PLAN**

- 1.1.** The Adults Committee Agenda Plan is attached as Appendix A.

## **2. ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

### **2.3 Supporting and protecting vulnerable people**

There are no significant implications for this priority.

## **3. SIGNIFICANT IMPLICATIONS**

- 3.1** There are no significant implications within these categories:

- Resource Implications
- Statutory, Risk and Legal Implications
- Equality and Diversity Implications
- Engagement and Consultation Implications
- Localism and Local Member Involvement
- Public Health Implications

<b>Source Documents</b>	<b>Location</b>
None	<i>N/A</i>

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st June 2016  
Updated 28 June 2016



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>[04/08/16] Provisional Meeting</i>						27/07/16
<b>15/09/16</b>	Progress report on the Adults Autism Strategy	L McManus	Not applicable			
	Better Care Fund Update	G Hinkins	Not applicable			
	Proposed changes to local housing allowance and potential impact on supported housing	L O'Brien	Not applicable			
	Business Planning	A Loades	Not applicable			
	Transforming Lives - Includes Early Help	C Bruin	Not applicable			
	CLAS Project Update	J Hargrave	Not applicable			

	Finance and Performance Report	T Kelly	Not applicable.			
	Extra Care housing - Market Position statement	L O'Brien	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	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			
<i>[13/10/16] Provisional Meeting</i>	Business Planning	A Loades	Not applicable			05/10/16
	Drug and alcohol service update		Not applicable			
<b>03/11/16</b>	Finance and Performance Report	T Kelly	Not applicable.			26/10/16
	Commissioning for better outcomes peer challenge July 2016	A Loades	Not applicable			
	Business Planning	A Loades	Not applicable			
	Homecare Sufficiency	R O'Driscoll	Not applicable			
	Care Home development – business case	R O'Driscoll	Not applicable			
	Extra Care Housing – Market Position Statement	L O'Brien	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			



<i>[08/12/16] Provisional Meeting</i>	Business Planning	A Loades	Not applicable			30/11/16
<b>19/01/17</b>	Finance and Performance Report	T Kelly	Not applicable.			11/01/17
	Business Planning	A Loades	Not applicable			

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Spokes meeting date</b>	<b>Deadline for draft reports</b>	<b>Agenda despatch date</b>
	Risk Register	A Loades	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			
<i>[09/02/17] Provisional Meeting</i>						01/02/17
<b>09/03/17</b>	Finance and Performance Report	T Kelly	Not applicable			01/03/17
	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			
<i>[06/04/17] Provisional Meeting</i>						29/03/17
<b>01/06/17</b>	Finance and Performance Report	T Kelly	Not applicable			24/05/17

	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			

**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)

