ADULTS COMMITTEE

Cambridgeshire County Council

Date:Tuesday, 01 March 2016

Democratic and Members' Services
Quentin Baker
LGSS Director: Law, Property and Governance

14:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room
Shire Hall
Cambridge
CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1 Apologies and Declarations of Interest

Guidance for Councillors on declaring interests is available at

http://tinyurl.com/ccc-dec-of-interests

2 Minutes of the 12th January 2016 **5 - 14**

3 Petitions

KEY DECISIONS

None

OTHER DECISIONS

The Adults Committee comprises the following members:

Councillor Michael Tew (Chairman) Councillor Anna Bailey (Vice-Chairwoman) Councillor Chris Boden Councillor Sandra Crawford Councillor Derek Giles Councillor Lynda Harford Councillor Samantha Hoy Councillor Gail Kenney Councillor Richard Mandley Councillor Lucy Nethsingha Councillor Paul Sales Councillor Graham Wilson and Councillor Fred Yeulett

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

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ADULTS COMMITTEE: MINUTES

Date: Tuesday12th January 2016

Time: 2.00p.m. to4.20 p.m.

Present: CouncillorsA Bailey (Vice-Chairwoman), D Giles,L Harford, R Mandley, L Nethsingha, T Orgee (substituting for Councillor Hoy),P Sales, M Tew (Chairman) andG Wilson

Apologies: Councillors C Boden, S Hoy, G Kenney and F Yeulett.

139. DECLARATIONS OF INTEREST

None.

140. MINUTES –1ST DECEMBER2015 AND ACTION LOG.

The minutes of the meeting held on 1st December 2015 were agreed as a correct record and signed by the Chairman.

The Action Log was noted. In relation to item 104.b, the Finance and Outturn Performance Report 2014/15 it was requested that the overall strategy for falls prevention be presented to the Committee. **ACTION**

141. PETITIONS

No petitions were received.

142. HOMELESSNESS SERVICE WISBECH: THE FERRY PROJECT.

Members received a report informing the Committee that following market testing to establish whether there was sufficient interest from the market to justify undertaking a tender exercise for the Homelessness Service contract in Wisbech currently run by The Ferry Project, only one organisation had expressed an interest in providing the service. It was therefore requested that the Committee agree to an exemption from undertaking a full tender. Members were informed that the value of the contract was £197,968 per annum over 6 years.

During discussion of the report Members:

- Welcomed the length of the contract to be awarded, and questioned what arrangements were in place with regard to inflationary pressures and the Living Wage. Officers reported that work was being undertaken with all providers regarding the Living Wage and how the costs would be managed.

- Confirmed that the projected cost for the lifetime of the contract was approximately £5k less than the current contract.

- Clarified what the Council was actually purchasing through the contract and questioned whether the Cambridgeshire and Peterborough Foundation Trust (CPFT) should make a contribution towards the cost. Officers reported that the contract would pay for the staffing costs. It was explained that due to the transient nature of the service user group, the Ferry Project was viewed as a preventative service to attempt to mitigate the risks of individuals care needs escalating and therefore requiring more expensive social care intervention at a later date.

- Requested that when future contract exemptions were presented to the Committee that performance data was included in the report for scrutiny purposes. Officers confirmed this would be provided in future and directed Members to the Ferry Project website where many performance reports were available.

- Questioned whether the overall levels of homelessness had increased as anecdotally there appeared to be more individuals sleeping rough. Officers explained that the numbers had remained fairly static;however the number of admissions to night shelters had increased.

- Underlined the importanceof promoting and maintaining a service in the north of the county and commended the skills and education programme.

- Sought clarification regarding the funding streams of the service. Officers explained that since 2003 the support cost element of Housing Benefit was paid directly to County Councils because support costs were increasing rapidly. It was confirmed that the money was not ring-fenced but the Council had statutory duties it needed to discharge. It was confirmed that the Ferry Project had a number of funding streams beyond those provided by the Council.

It was resolved unanimously:

> To agree an exemption from a full procurement exercise following the market testing exercise, so that the contract could be awarded to The Ferry Project.

143. DRUG AND ALCOHOL INPATIENT DETOX BEDS CONTRACT EXEMPTION.

The Committee received a report that requested an exemption from a formal tendering process for an additional two years from 1st April 2017 to 31st March 2019 for the countywide Drug and Alcohol Inpatient Detoxification Service. The contract was worth £159k per annum for the duration of the contract. Three beds would be procured as part of the contract based at an acute mental health ward at Fulbourn Hospital. The purpose of the beds was for inpatient medically assisted withdrawal from alcohol and/or drugs. The contract included a 24 hour package of clinical care and oversight from a specialist consultant in substance misuse psychiatry.

During discussion Members:

- Welcomed the good value of the contract and requested information regarding outcomes of patients. Officers confirmed that work was taking place that identified approximately 20 patients where updates would be sought on how they were progressing 6 and 12 months on following treatment. **ACTION**

- Expressed concerned that the service might become a "revolving door" as two weeks was not long enough for an individual who suffered from a chronic addiction to recover and break the habit. Officers explained that some patients did not want to achieve complete abstinence and used detox as a health break; however the detox beds were one element of a much wider treatment system that included psychological help as part of rehabilitation.

- Confirmed that there was a waiting list for the beds and that an additional bed was purchased last year following an underspend in the budget.

- Questioned why the contract would end in March 2019. Officers informed Members that a number of contracts would be renewed in 2019 and the contract might form part of a larger contract in the future rather than being tendered separately.

It was resolved unanimously to:

> Approve a contract exemption from a formal tendering process for an additional two years (1st April 2017 – 31st March 2019).

144. CONTRACT EXEMPTION FOR POPPYFIELDS EXTRA CARE SCHEME

A report was received by the Committee that outlined the case for the approval of contract exemptions for the provision of care and support at PoppyfieldsExtra Care housing scheme. Poppyfields was described as one of the older schemes and had been effective in reducing the need for residential care for many people. Contracts of this type had traditionally been very comprehensive but greater flexibility from the contract was now required.

During discussion of the report Members:

- Confirmed that the number of care hours would always fluctuate depending on demand; however it was preferred to have a more flexible contract that better responded to fluctuations in demand.

- Confirmed that there were elements of the scheme that focussed on preventative measures that were not necessarily statutory obligations for the Council to provide. It was noted that the schemes were a good focal point for a community and there was a desire to broaden the use of the schemes for outreach purposes and broader community use.

- Expressed concern regarding the level of social interaction for residents at the scheme as feedback from residents had suggested that it had reduced. Officers reassured Members that there was an element of the contract that would tackle the creation of a community for the residents and the wider community as a whole.

- Expressed concern that the current contract expired on 30th January 2016 and that it lefta very tight time-scale for the contract exemption process to be followed. Officers accepted that the time-scales were not ideal and work was already being undertaken to address the issue.

It was resolved unanimously:

a) To approve a contract extension for one year until 30th January 2017.

b) That officers work with the current provider to re-configure the staffing so that it reflects the care needs of people living in the scheme.

c) To tender future care and support services contract as a flexible 'core and add-on' contract.

145. ADULTS COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS 2016/17 TO 2020/21.

Members received the Draft Revenue Business Planning Proposals 2016/17 to 2020/21. The Executive Director: Children, Families and Adults highlighted the changes since the December meeting of the Adults Committee.

Members were informed that the "ring-fence" of the Public Health Grant remained in place. Reductions in the grant therefore had to be absorbed by the grant.The report set out proposed funding for Older People's day centres that adopted a more measured approach which allowed more time to complete the necessary transformation work.

It was confirmed that there would be no central government funding for the additional costs that would be incurred as a result of the implementation of the Living Wage. Research had demonstrated that the forecast pressures would be less than originally expected and work was ongoing with care providers on how the Living Wage would affect them.

Members were informed that further "invest-to-save" proposals were being worked through and being tested rigorously by the Council's Section 151officer.

During discussion Members:

- Confirmed that the Business Plan was based on a predicted 1.99% increase in Council Tax.

- Questioned whether there was a £4.8m hole in the budget regarding the Living Wage.Officers explained that the Living Wage would be corporately funded from reserves or revenue streams.

- Questioned whether the Treasury had explicitly intended the Adult Social Care precept to cover the cost of the Living Wage. Officers explained that although it had not been made explicitly clear by the Treasury that the purpose of the precept was to offset this additional pressure, there was a clear indication of what the precept was intended to do.

- Welcomed the reversal of the planned reduction to Older People's Day Centres, highlighting their importance to those who used them.

- Sought clarification of what was provided as community equipment. Officers reported that the equipment was provided for people in their own homes to enable them to remain living there longer and prevent them moving to residential care. It was confirmed that equipment was recycled as much as possible and targets were in place for recycling. Discussions were also taking place with the Fire Service to explore whether they could provide certain equipment.

It was proposed by Councillor Bailey, seconded by Councillor Orgee, to amend recommendation b) to read, "To recommend to the General Purposes Committee that the Social Care Precept was not utilised".

In speaking to her proposed amendment, Councillor Bailey emphasised the hard work of the Committee in producing a balanced budget but stressed that there were still opportunities for efficiency savings to be made in back office services. The forecast £4.8m generated by the precept would not be enough to reduce the overall savings required significantly and it was imperative that the Transforming Lives model was implemented to change the culture of social care delivery in Cambridgeshire. Whilst the demographic challenges facing the Council were recognised, there was comfort to be drawn from the budget lines contained within the report. The Cambridgeshire Local Assistance Scheme (CLAS) was highlighted by Councillor Bailey as there was currently a £70k underspend being reported. She also drew the Committee's attention to the CLAS reserves that could be utilised.

During discussion of the proposed amendmentconcern was expressed regarding the increased risks individuals faced as a result of the budget cuts and that to not utilise the additional funding the precept would provide would be detrimental to service users. There was also concern regarding a proposal to administer the Council's debt differently in order to provide a short-term revenue stream. It was highlighted that there would be a £4.8m deficit as a result of the Living Wage next financial year.

One Member expressed the view that the public were being squeezed enough through taxation and was opposed to any increase to Council Tax. Anotherexplained that the increase in Council Tax, if the use of the precept was recommended to the General Purposes Committee, would equate to 50p per week per household and could make a real difference to the most vulnerable in society.

On being put to the vote the amendment was carried.

It was resolved:

a) To note the overview and context provided for the 2016/17 to 2020/21 Business Plan proposals for the Service, updated since the last report to the Committee in December.

b) To recommend to the General Purposes Committee that the Social Care Precept was not utilised.

c) To comment on the draft revenue savings proposals that were within the remit of the Adults Committee, including the suggested reductions in savings listed in section 3.7, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

d) To note the unchanged capital programme, for schemes within its remit, which it endorsed at the December meeting.

e) To note the ongoing stakeholder consultation and discussions with partners and service users regarding emerging business planning proposals.

f) To endorse the proposed Key Performance Indicators as part of the Strategic Framework, alongside the 2016-21 Business Plan.

146. FINANCE AND PERFORMANCE REPORT NOVEMBER 2015

The November 2015 Finance and Performance report was presented to Members.It was highlighted that the position had improved significantly since the October Finance and Performance Report. The forecast underspend on Adult Social Care Practice and Safeguarding had increased by £510k due to a shortage of assessors available to process Mental Capacity Act/Deprivation of Liberty safeguard cases. There were further increases in forecast underspends on Care Act funding and carers support. Members were informed that the additional information requested regarding key activity data would be provided from the start of the new financial year in April.

During discussion Members drew attention to the temporary cessation of reporting on the percentage of Adults with secondary mental health services in employment due to issues with the data provided by Cambridgeshire and Peterborough Foundation Trust (CPFT). Officers reported that there were questions over whether the data was being recorded properly by CPFT, or whether there were compatibility issues between systems that were leading to difficulties in collating data. It was acknowledged that the performance was unacceptable and officers agreed to pass on the concerns of Members to CPFT.**ACTION**

It was questioned how the City and South locality team had achieved an increase in the forecast underspend of £304k. It was noted that work was being undertaken to understand how it had been achieved and to ensure that savings were not being achieved through longer waiting lists for care packages.

It was resolved unanimously:

To review and comment on the report.

147. OLDER PEOPLE'S ACCOMMODATION STRATEGY.

The Committee received theinitial draft of the Older People's Accommodation Strategy. It was noted that accommodation wasa major factor in promoting individuals independence. Three main pressures had been identified that the strategy sought to mitigate: demographic changes;financial constraints; and the supply of suitable accommodation.

During discussion Members:

- Highlighted the need for developers to ensure that the homes they constructed were built to easily accommodate future adaptation to meet the needs of people as they grew older. Officers recognised that this was an area thatrequired attention

- Linked the strategy with local planning authorities and recommended that officers should be robust when negotiating Section 106 agreements with developers. Officers acknowledged that there was an opportunity to be more influential in that area confirming that there was a strong market for Extra Care schemes.

- Highlighted the importance the role of Older People's Day Centres playedin reducing bed blocking in hospitals.

- Questioned whether there was a requirement for a percentage of new Extra Care developments to be passed on to Housing Associations and Local Authorities as social housing. It was confirmed that there was no such obligation.

- Noted that the Member Reference Group was focussed on developing a single care home and it formed part of the wider strategy for discussion.

- Welcomed the detailed and comprehensive Accommodation Strategy and questioned when it was likely that a progress report would be presented to the Committee. Officers explained that the action plan would be regularly updated but some work-streams would take much longer to complete, such as the development of a Local Authority run care home.

It was resolvedunanimously:

To approve the overall approach set out in the draft Older People's Accommodation Strategy and Action Plan.

148. ALL AGE CARERS STRATEGY 2016- 2020.

The All Age Carers Strategy 2016 – 2020 was presented to the Committee. The strategy set out the Council's approach to supporting carers in Cambridgeshire. Members were informed that the scope of the strategy had been extended to include parent carers and young carers. The strategy was due to be presented to the forthcoming meeting of the Children and Young People's Committee. The involvement of carers in the development of the strategy was also highlighted to Members.

During discussion of the report Members:

- Commended the underlying principles of the strategy and questioned how its success would be measured. Officers confirmed that data was available that showed the number of new carers that had been assessed and a regular contract monitoring meeting took place at which officers scrutinised and challenged the available data.

- Requested assurance that carers were feeling that they had been helped and that there was a proactive way of obtaining feedback from them. Officers confirmed that the Carers Trust played an integral role in obtaining feedback from carers.

- Identified a number of typographical errors within the strategy. Members agreed to send officers an annotated copy of the strategy.**ACTION**

- Highlighted the need to ensure that the needs of young carers were being met appropriately as they provided a high level of support to those they cared for. Members requested to receive Key Performance Indicators regarding young carers. **ACTION**

It was resolved unanimously to:

a) Comment on the All Age Carers Strategy 2016-2020

b) 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 People's Committee.

149. ADULTS COMMITTEE AGENDA PLAN.

The agenda plan for the Committee was presented to Members. Members questioned when they would receive an update on the position regarding the Council building a care home and a report on Disabled Facilities Grants. Officers confirmed that updates would first be provided at Spokes meetings.

It was resolved unanimously to:

a) Note the agenda plan including the updates provided orally at the meeting as

follows:

17th May 2016

Add- Cambridgeshire Local Assistance Scheme

Moved from 1st March 2016 – Legal Position in Relation to Property Disregard for Home Care.

150. EXCLUSION OF PRESS AND PUBLIC.

It was resolved:

That the press and public be excluded from the meeting during the discussion of the following report on the grounds that it was likely to involve disclosure of exempt information under paragraph 3 of Schedule 12a of the Local Government Act 1972 as it referred to information relating to the financial or business affairs of any particular person (including the authority holding that information).

151. PROCUREMENT OF MANAGEMENT INFORMATION SYSTEM FOR CHILDREN, FAMILIES AND ADULTS SERIVCES.

The Committee received a report that set out the outcome of the recent procurement exercise for the Information Management Systems to support the Children's, Families and Adults Directorate.

It was resolved unanimously to agree the recommendations as set out in the report.

Chairman

PROPOSED CHANGES TO THE SUPPORT PLANNING SECTION OF THE CARE ACT POLICY FRAMEWORK

To:	**Adults Committee**
Meeting Date:	**1 March 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 provide feedback on the consultation on proposed changes to the Support Planning section of the Care Act Policy Framework for adults with eligible social care needs and to present the revised Support Planning section for approval by the Adults Committee.**
Recommendation:	**The Committee is asked to:** **a) Note the feedback received through the consultation on the proposed changes to the section on the Support Planning section of the Care Act Policy Framework.** **b) Approve the revised Support Planning section of the Care Act Policy Framework (Appendix C), the changes to which are highlighted in the table at 4.1 in the report.**

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1.0 BACKGROUND

1.1 The Care Act 2014 created one main legal framework governing Adult Social Care. It replaced most of the previous Adult Social Care legislation, and incorporates good practice into a single statute focused on individuals, families, their wellbeing and what they wish to achieve in their lives. In March 2015, the Adults Committee approved the Care Act Policy Framework for AdultSocial Care that had been developed to ensure that the Council had set outclearly how it was responding to the requirements of the Care Act 2014.

1.2 Sincethen, work has continued on the implementation of Transforming Lives and onthe business planning proposals for the next five years. It is acknowledged thatchanges to practice are required to implement the Transforming Lives approachand the business planning proposals, in particular the practice around supportplanning. In this context, it is important to providestaff with a clear, agreed policywithin which they will work, knowing that the policy has been formally adopted bythe Council through approval by the Adults Committee. The policywill continue to provide clarity on how the Council will respond to meetingassessed eligible needs for existing and potential service users and familycarers.

2.0 CONSULTATION ON THE SUPPORT PLANNING POLICY

2.1 In order to ensure the policy framework is clear, concise and fit for purpose for both staff and the public, the Council undertook a public consultation on changes to the support planning policy that will be used when planning how to meet assessed, eligible needs. This report covers the consultation activity that took place from December 2015 to February 2016.

2.2 There were four methods used in the consultation – a questionnaire, discussion at formal partnership boards, focus groups with service users, and focus groups with voluntary sector providers.The questionnaire was tightly focused on the specific changes that are proposed for the support planning policy, whereas the focus groups and other discussions gave opportunity for people to give more general views. The consultation was widely promoted through all relevant networks, and engagement began before the questionnaire officially opened.

2.3 The questionnaire was open between 15 January 2016 and 14 February 2016, a period of just over 30 days. During that time, people could respond to the questionnaire online or on paper. An Easy Read version was also available. All of the materials were available on the Council's website. Paper copies were printed and distributed where particular organisations requested it. The questionnaire was advertised on the Council's website and promoted through emails to voluntary organisations, encouraging them to share with people using their services. In total there were 78 responses, 33 responses on paper which were posted and 45 responses online. Views were received from service users and carers of all ages. A more detailed report on the feedback from the questionnaire is attached at Appendix A and the complete results of the consultation questionnaire are attached at Appendix B.

2.4 Many respondents expected to be personally affected by the decision about

the support planning policy because they are service users or carers.In total, 47%of respondents (37) were service users and/or carers. The result of the decision on the policy was expected to make a significant difference to the lives of 30 people (81%) who responded as service users or carers.

2.5 The questionnaire asked people whether they agreed or disagreed withseven key proposals. The overview information, the proposals and the examples provided in the questionnaire and the extent to which people agreed or disagreed with the proposals are set out in the table below.

Personal budgets

Overview: The Council provides support by means of a personal budget, which is the amount available to fund services agreed in the support plan that meet eligible needs identified following a social care assessment. The personal budget is made up of contributions from the Council and from the person themselves, with the person's contribution being determined by a financial assessment. In the majority of cases there are contributions from both parties but in a few cases the Council contributes 100% and in some cases the person contributes 100%. Services can be arranged by the Council or by the person themselves, using money paid to them as a Direct Payment, subject to the agreement of the Council.

Proposal 1: The funding available for the personal budget will be based on the most cost-effective option for meeting eligible needs identified following assessment and delivering positive outcomes, even if the person wishes to use their personal budget in a different way.

Example A: Swimming and gym membership both meet an eligible need for physical exercise. Swimming is cheaper than private gym membership. The person would prefer gym membership, because they are only a novice swimmer. Adult swimming lessons are available from the swimming pool to build confidence and improve technique. The personal budget could be set to include a 10 week course of lessons and then be reduced to reflect that this additional level of support was no longer needed. Overall this would still be more cost-effective than gym membership and the person would have improved their swimming and would be more confident in the water. The personal budget would therefore be based on the option of swimming including an allocation for the 10 weeks swimming lessons, rather than gym membership.

Example B: Following assessment, it is agreed that a 24 hour, seven day a week service is required to meet a person's eligible needs. Two organisations that have experience and skills in meeting the needs identified in the assessment are able to offer a place to the person. The service offer from Organisation A focuses on meeting the specific eligible needs of the person in the most cost effective way possible. The service offer from Organisation B is more expensive due to the type of activities that they use to meet needs for example horse riding rather than walking for physical exercise. Although the person and their family would prefer Organisation B, the Council can confirm Organisation A as the way that they would meet the person's needs and confirm the personal budget as being the cost of this service.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q1 To what extent do you agree that the personal budget should be based on the most cost effective option for meeting eligible needs identified following a social care assessment?	35 (45%)	36 (46%)	7 (9%)

Recognising the contribution of support offered by family, friends and the wider community

Overview: The range of informal community support services being offered is enormous, immeasurable and often undervalued. It tends not to be centred on single issues, but responds to all needs. Support from family carers, for example help with getting up in the morning and going to bed at night is recognised in support plans. Where this support is meeting eligible needs, the funding from the Council is focused on meeting other eligible needs. However, the support from friends and neighbours is not always included in the same way, for example, shopping or sharing a meal with the person. Likewise, if the person regularly visits the local pub when they have cheap lunches for pensioners, this type of community support is not routinely reflected in the support plan, but could be meeting an eligible need.

Proposal 2: The Council proposes to be more explicit in including the contributions of the person's family, friends and the community around them in the support planning process. Where this support is meeting eligible needs, the personal budget allocation will be based on any eligible needs that are not being met.

For example: If someone has an eligible need for support with preparing a main meal each day of the week and their neighbour provides them with a main meal three times a week, the personal budget allocation would include support for meal preparation on four days of the week.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q2 Do you agree thatsupport from family, friends and the wider community should be fully recognised and taken into account when developing support plans to meet eligible needs?	36 (47%)	38 (49%)	3 (4%)

Managing risk and keeping safe

Overview: Part of an ordinary life is managing risk independently to help inform your own choices. Support plans are designed to set out what help someone needs to live an ordinary life, including any help to manage risks.

Avoiding all risks tends to restrict people's freedom and choice, so ordinarily people will balance the risks they take with what they want to do and how they want to live their lives.

Proposal 3: Currently support plans work to minimise risks as much as possible. As well as including interventions to reduce the possibility of the risk, they often include funding that would be needed if a risk arose. This is particularly a feature of support plans where people may present behaviours that are challenging, but most of the time these behaviours are not present. We propose to take a different approach that focuses on interventions to reduce the risk, with a clear contingency plan that can be activated if the risk emerges. In this approach, the Council would be promoting greater independence for people and tailoring responses more specifically around situations where the person needs additional support.

Example A: A person's package was increased by 5 hours to provide a support worker to accompany them on shopping trips each week because there had been an incident in a supermarket to which the police were called. The increased package was put in to manage the risks associated with shopping. The person always shops in the same shop and is recognised by the staff, so instead of continuing with the increase in staffing the shop manager will be approached, with the agreement of the person, to see if the shop staff could offer some assistance, if the person is struggling to cope whilst in the shop.

Example B: A person who has a support worker visiting three times a week to help manage money and to shop cannot read and becomes very anxious if official looking letters arrive through the post. If this happens on the days when the support worker is not expected, this can lead to angry outbursts with the person breaking items in their home and walking down the street threatening people. Instead of providing more staff or the person moving into accommodation with staff available every day, the local social care team work with the person to agree that he can take any letter either to their office or to the local library for someone to read the letter with him.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q3 Do you agree that the Council should look for different ways to manage risk by focusing on reducing risk and using contingency plans to respond to risks whilst promoting independence?	40 (54%)	26 (35%)	8 (11%)

Life skills

Overview: Life skills development provides specific activities that enhance the ability of a person to live as independently as possible. Skill development activities can include training in budgeting and financial management, use of public transport and general mobility, daily living skills like washing and dressing, self-esteem and assertiveness, home and community safety, and use of assistive technologies.

Proposal 4: The Council proposes to increase the focus on the development of skills using short-term interventions to achieve progress towards further independence. Expectations of progress and the timeframe will be clear in support plans and linked to a reduction in personal budget if goals are achieved. If it is not possible for a person to develop the skills with the time limited intervention, an ongoing level of support may be agreed but this would be expected to be a lower level of support than the intensive short term support because it will be about maintaining a level of skill rather than developing a new skill.

Example: Someone has an identified need that will be met by attending an activity in the nearest town. The village where they live has a bus service that the person is not confident with using. Their care package currently contains support to travel to the activity. Instead, a short-term package of travel training would be put in to support the person to be more confident and able to use the bus independently. After an agreed period of training, the support for travel would be removed as the person is now more independent and able to travel on their own.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q4 To what extent do you agree that the Council should focus short-term interventions on developing skill, with the funding allocated for this skills development being removed at the end of the agreed timeframe?	41 (56%)	23 (32%)	9 (12%)

Group and 1:1 Support

Overview: Sometimes it is necessary to provide 1:1 support for a person to meet an eligible need. However, there will be people with eligible needs where this level of support is not required to meet those needs. In these circumstances, it is important for the Council to make best use of group situations, including group activities and group living arrangements, to meet people's needs in a cost-effective way.

Proposal 5: The Council will only fund 1:1 support where there is a specific requirement for this to meet an eligible need or where it is necessary to develop specific skills through an agreed short-term intervention or where it provides a cost-effective way of preventing the need for more intensive long term services. At all other times, where group or shared support can meet the eligible need, this option will be reflected when drawing up the support plan. This approach will apply to people using Direct Payments and people where the Council arranges the services.

For example: A person with disabilities has a Direct Payment and wants to attend art activities. There is a regular group that they can attend at a local college. The person does not need 1:1 support to attend and take part in this group and so the cost of the group activity would be reflected in their

personal budget.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q5 To what extent do you agree that the Council will only provide 1:1 support in the circumstances described in the proposal[1], and will use group activities or shared support to meet other eligible needs?	54 (74%)	9 (12%)	10 (14%)

Making the most out of 24/7 services

Overview: Some people require services that are 24 hours a day, seven days a week (24/7). Where the Council funds these services, they are expected to meet all the eligible needs identified following the social care assessment.

Proposal 6: Where someone has a 24/7 service, the Council will reinforce the requirement that the eligible needs of the person are fully met through this arrangement and will not agree to services in addition to the 24/7 service, unless there is an agreement to reduce the funding required for the 24/7 service.

For example: A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q6 A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community. To what extent do you agree with this proposal?	30 (41%)	24 (33%)	19 (26%)

People using their own money to purchase enhanced services

Overview: When the Council agrees the support plan to meet the person's eligible needs following assessment and confirms the personal budget

allocation, it can take resources into account when considering the options available to meet the person's eligible needs. Some options may be more expensive than others and some options may include additional services that are not required to meet the eligible needs. The Council will also undertake a financial assessment to determine the contribution from the person towards the personal budget i.e.the cost of implementing the support plan agreed by the Council. If the person and/or their family want a more expensive option that the Council agrees meets the person's eligible needs or an option that offers additional services, they could agree with the Council to make an additional regular contribution in addition to the overall funding agreed by the Council for the support plan.

Proposal 7: People receiving social care and their families might choose to use their own resources to commission additional or more expensive services over and above those that have been agreed in the support plan and are part of the personal budget.

Example A: A person who has an eligible need to increase their level of physical exercise would prefer to have private gym membership rather than go swimming. The swimming option is in their support plan and funding is included in their personal budget. They decide to use some of their own money to add to the personal budget so they can purchase gym membership and get their exercise that way.

Example B: A person moving into a residential home to meet their eligible needs would prefer to have a room with direct access to the gardens of the home. This is not required to meet their eligible needs and there is a higher charge for rooms with this access. The person or their family choses to pay the additional cost for this, and secures a room with the access to the garden.

Question	Strongly agree or agree	Strongly disagree or disagree	Don't know or unsure
Q7 To what extent do you agree that people who choose to use their money in this way, can agree with the Council to add to their personal budget allocation to receive a more expensive service that meets their eligible needs or to receiveadditional services that are not required to meet the eligible needs?	51 (72%)	9 (13%)	11 (15%)

2.6 Comments were also invited about each proposal and provided more insight into the views of respondents. The comments for most questions had similar themes from both the people who agreed and the people who had disagreed with the proposal. These themes focused on two important issues:

1. The need to maintain choice and personalisation, with concerns raised that the blanket application of a policy (for example, if 'short-term' always means 'for 6 weeks') would have a negative effect on people

because it does not take their particular situation into account.

2. The need for good contingency planning and an immediate emergency/crisis response, linked to the need for good monitoring of informal or community support/interactions to make sure that risk is being consciously managed rather than being ignored.

2.7 The survey was enhanced by face to face meetings including five focus groupsessions with service users and carers (60 people in total), discussions with some of the local partnership boards and meetings with voluntary sector organisations. These conversations included specific comments on the consultation and broader issues that were being consulted on, and the key points raised were:

- The paper version of the survey was long and laborious to complete
- The wording and the examples were felt to be 'leading' people to give supportive answers
- The consultation period should have been longer
- There was support particularly for more efficient co-ordination of providers so that several were not turning up at once – but people were concerned about managing the risks associated with this and other proposals. Key risks are whether the proposals work against personalisation and choice; and whether the increased use of informal care presents safeguarding risks.
- People felt that the Council should have been more upfront and clearer earlier on about the potential effect of the budget cuts on their care and support packages. Many service users said that they had not been fully aware of the cuts and what will happen – it would have been better if the Council had been moreblunt about this. The consultation created a lot of worry that people's favourite services will close, that they will not have access to staff and that there will be less personal choice. It was felt that the Council had been trying (with the best of intentions) to shield frontline services and individuals/families from the effects of the budget cuts until now but the downside of this was that the proposals were now more of a shock to people.
- Service users relied heavily on their families, friends and support networks for support in communicating with professionals. Sometimes this worked well, sometimes not. A strong concern about the lack of continuity of care and knowledge of individuals' needs and preferences, particularly in relation to social care professionals.
- Strong sense that service users wanted to be given more time in order to communicate with professionals directly.
- Strong sense of frustration at the lack of easy read information that was provided, generally, to enable people with learning disabilities, in particular, to be able to understand information and take more control.
- Some organisations discussed the idea that equal focus or importance should be given to changing the culture in mainstream society to allow for people with disabilities to take part. This could include information about what wellbeing, resilience and mental health problems are, how to spot the signs of poor wellbeing or early indications of mental ill health, the practical steps that can be taken to build resilience and help to prevent mental health problems, and the availability of services and support in each local area.
- In recent years the voluntary sector has built up considerable

experience of communicating with a diverse audience, often across widely dispersed communities. Its expertise may point to practical approaches and communication styles that could enhance effective dialogue.

- Keep language simple and use words that people are familiar with in their everyday work e.g. active citizenship and social inclusion, and this will help people to understand. Produce a regular newsletter that includes details of current learning and training opportunities, consultation issues and progress on planning. This promotes a feeling of involvement, even if people are unable to attend meetings. It also helps ensure that interested organisations have easy access to current information.
- Organisations need to be more creative in arranging meeting places and times, and ensuring that there are a variety of ways for organisations to input into the planning process. Look at the timing of meetings to allow volunteers to get involved. Local groups are often managed by local people and are likely to be the best way into a community. Establish a virtual network for isolated areas – this can be particularly useful in engaging younger people. Add an active website with facilities for feedback and comment, but make sure it is kept up-to-date.

2.10 Overall, the response to the consultation has been neutral to positive. Generally, respondents were cautious but open to the proposals, often highlighting the need for appropriate contingency or monitoring and/or careful and personalised decision-making about support plans, but perhaps recognising the financial situation. Some key themes emerged from the questionnaire and engagement through focus groups with service users and carers:

- A worry about a blanket application of policy, that could harm people if it does not take into account their personal circumstances and needs, and limit their choices unacceptably.
- An openness to take more risk and involve informal care more, as long as good monitoring and contingency arrangements exist.
- A need to be fair in assessing needs, in supporting service users, and to the contribution made by carers.
- A need for well-prepared professionals to spend a good quantity of time discussing support plans with individuals, and to make information about their plan available to them in a way they can understand it.

3.0 RESPONSE TO KEY MESSAGES

3.1 The wide range of feedback received through the consultation process is acknowledged and valued. The Service Director, Adult Social Care has committed to share the feedback that was not specific to the consultation proposals with relevant colleagues and agree how we can integrate changes into our working practices. Ways to strengthen the ongoing dialogue with service users, carers and the voluntary sector will also be explored with relevant groups.

3.1 The responses to the four key themes that were specific to the consultation, (see 2.10 above) are set below.

3.1.1 It is confirmed that the Support Planning policy reflects the commitment to personalised support plans that take into account people's individual needs, preferences and support network. The proposed changes to the policy will be an integral part of the support planning process and the application of any of the proposals will be based on the person's individual needs and circumstances. The proposals will not be applied through a blanket approach. Where people have a specific eligible need, their support plan will always set out how that need will be addressed and the personal budget allocated to meet the needs. Consideration of cost will only take place in deciding between options that could meet needs, and cost will never be a basis for not meeting an eligible need.

3.1.2 Good contingency plans and monitoring of risk are recognised as being key to managing an approach where more risk is accepted and where there is more reliance on informal care. Contingency plans will be developed as part of the support planning process and will need to be agreed with the people and/or organisations that will respond if required. Staff will ensure that informal carers are offered a carers assessment and are directed to Carers Trust who manage "What If Plans" that can be activated if informal carers have some sort of crisis and cannot provide the care that they usually provide. Guidance will be provided to staff working with service users and carers about good risk management and contingency planning.

3.3 The Adult Social Care Services (covering all adult service user groups) are committed to treating people equitablyand fairly, and applying the same standards in assessment and support planning to everyone, whilst ensuring that support is personalised for each person. The Support Planning section of the Care Act Policy Framework and the section on assessment sets out the expectations for staff and these are reinforced through staff training and development. The Services recognisethe enormous contribution of informal carers in Cambridgeshire and the need to support carers in this role, offering carers assessments and working with Carers Trust to provide a range of information, advice and support.

3.4 The Services recognise that if people are to be genuinely involved in the support planning process, they will need sufficient time, relevant to their communication needs, to discuss and develop the plan with the staff supporting them. This is covered in the policy through the expectation that people will be given every opportunity to be involved and jointly develop the plan with staff. The need for more accessible information, including easy read information is accepted and the Service Director, Adult Social Care will discuss this with communications colleagues and agree how to improve the range of accessible information.

3.5 The Services are rolling out a new process of quality assurance around social work and social care practice that will provide the framework within which to ensure that staff are applying the Care Act Policy Framework, including the section on support Planning appropriately. Areas for improvement identified through this process will be shared with individuals and across teams and will inform the training and development needs of individual staff and the Services as a whole.

4.0 REVISIONS TO THE SUPPORT PLANNING POLICY

4.1 A revised version of the policy on support planning, which takes account of consultation responses, is included at Appendix C.
Amendments to the support planning policy have been made throughout for reasons of clarity. A list of amendments is included below. The numbering in brackets within the text of the table below refers to the questions asked in the consultation questionnaire.

Section in Support Planning Policy	Detail of change
1.1	Clarification of the meaning of 'support plan'. Clarification of the Council's responsibility to demonstrate how eligible needs can be met and the cost of meeting these needs.
1.3	Clarification of the development of different options in support planning. Statement that a financial assessment is carried out as part of the assessment and care and support planning process.
1.4	Statement of the Council's statutory duty to meet eligible needs. Addition to list of ways of meeting needs, to include family, friends, meeting needs independently or from own financial resources and support from the wider community or other organisations. Statement that a person's network of support will be taken into account in support planning and this will reduce personal budget (2). Deletion of paragraph stating that carer and community support will not be included in plan. Statement that Council will take into account cost as one relevant factor when choosing between two options, both of which will deliver the desired outcomes (1).
1.5	Clarification that a person may self-plan with support of Council if they wish. Statement that Council will draw up a care and support plan to inform work with person on how to meet eligible needs. Addition to list of elements of care and support plan to include outcomes, plan to access information and advice if relevant. Statement that Council's strategy is to support independence that support plans will set out how someone will increase their independence, and this will reduce personal budget if achieved (4).
1.6	Statements reinforcing that the person can develop the plan jointly with the Council and that Council will rely on original care and support plan if disagreement about how eligible needs should be met occurs.
1.7	Statement that a person's network of support will be taken into account in support planning (2). Deletion of paragraph and list on benefits of personal budget. Clarification that Council will use 'Care Cost Calculator' to estimate personal budget in initial support planning work. Clarification of 'arrangement fees' as

	opposed to 'administration charges'.
1.8	Clarification that personal budgets for carers are to meet eligible needs identified through a carer's assessment.
1.9	Clarification of statement about why reviews are necessary. Multiple revisions to list of broad elements of review of care and support plan to ensure clarity. Addition of clarifying statements about changes to need, circumstances or available services potentially impacting personal budget. Deletion of statement of 'light touch' review. Clarification that changing circumstances could result in more frequent reviews.
1.10	Clarification that Council staff will be required to consider and take into account any of the "policy lines" set out in the support planning policy that may be relevant in meeting a person's assessed eligible needs when they are working with them to develop the care and support plan. Inclusion of new "policy lines" that have been the subject of the consultation, set out below: • **Personal budgets will be based on the most cost effective option for meeting eligible needs identified following assessment.** When developing care and support plans, if there are different options that could meet eligible needs, Council staff will consider which option is the most cost effective. This will include consideration of whether an option would support greater independence and lead to a reduced package of social care and support in the future. • **The role of, and support from, family, friends, the wider community and other organisations will be recognised and taken into account when developing support plans to meet eligible needs.** The role of, and support from, family, friends, the wider community and other organisations will be considered and included in the care and support plans reflecting their contribution to meeting eligible needs. If circumstances change and the level of support set out in the plan changes, the plan would need to be revised. Contingency plans will also need to be developed to respond if the informal care and support is not available for any reason. • **Managing risk using an alternative arrangement and a contingency plan.** Sometimes, especially where a person presents behaviours that are challenging, funding and interventions are part of their support plan even though most of the time they do not present such behaviours. A different approach would be to manage the risk with a clear contingency plan in case the risk emerges rather than including additional care and support in the plan that is not required.

	• **Focus on short term interventions to develop or regain skills and reduce dependence on social care funded support.** Where there is the potential for the person to develop or regain skills, the use of short term interventions should be included in the plan with clear outcomes and timeframes. The successful development of or regaining of skills will lead to greater independence and reduce the eligible need. The care and support plan will need to reflect that the level of need will reduce, and the personal budget, after the intervention. In some cases, the timeframe of the intervention may be extended to achieve the desired outcome. In other cases, the person may not be able to develop the desired skill and the specific intervention will end and the care and support plan amended to reflect the ongoing eligible needs. • **Group and 1:1 support.** Some people with eligible needs do not need 1:1 support to meet those needs. In these circumstances, the Council will make the best use of group situations, including group activities and group living arrangements, to meet people's needs in a cost-effective way. • **Making the most of 24/7 services.** Some people require services 24 hours a day, 7 days a week (24/7). Providers of such services will be expected to fulfil all of a person's eligible needs, and provide a full range of meaningful activities for people in 24/7 supported living both within the house and in the community. No additional services will be commissioned unless there is an agreement to reduce the funding to the 24/7 provider. • **People using their own money to purchase enhanced services.** When the Council agrees the support plan to meet the person's eligible needs following assessment and confirms the personal budget allocation, it can take resources into account when considering the options available to meet the person's eligible needs. Some services may provide enhanced support that is not required to meet the eligible need, but the person would prefer to use. People who wish to use a more expensive but enhanced service that goes beyond meeting their eligible need may agree to pay an additional contribution (which will be over and above any contributions they may have to pay depending on the result of their financial assessment).
1.11	Re-ordered section for clarity. Deleted unnecessary repetition of description of review process. Clarified that revision process will take the same approach and be subject to the same principles as the development of an initial care and support plan.
1.13	Statement that policy has been reviewed in February 2016.

1.14	Removed paragraphs on Transition to New Legal Framework as these focus on the introduction of the Care Act in April 2015.
1.15	Statement that Council will draw up an initial plan following assessment.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

Changes to the way or type of support that is delivered will involve negotiation and discussion with providers, many of whom are small and locally-based. Successful negotiations will support the long-term sustainability of those providers.

5.2 Helping people live healthy and independent lives

The work that we are undertaking to deliver support in accordance with this policy, including Transforming Lives and support for carers, focuses on people living healthy and independent lives.

5.3 Supporting and protecting vulnerable people

This policy helps the Council to support and protect vulnerable people by ensuring that people, including people who are caring for a relative or friend, have a good support plan with an associated personal budget if they have eligible needs. The proposed changes include an acceptance of greater risk when developing care and support plans that will be mitigated by contingency plans. This applies to the provision of care and support by paid providers and support provided by family, friends and unpaid community networks.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

As set out in the introduction, part of the reason for amending the support planning policy is to ensure that the savings set out in the Business Plan 2016-21 are delivered.

6.2 Statutory, Risk and Legal Implications

The support planning policy shows how the Council will comply with its legal obligations under the Care Act when working with people to prepare support plans to meet their eligible needs.

6.3 Equality and Diversity Implications

The delivery of adult social care requires us to take account of each person's individual needs including issues relating to equality and diversity. The Council will continue to actively promote best practice in this respect through staff training, supervision and the programme set up to deliver the requirements of the Act. The Community Impact Assessment has been completed, approved, and is available in the Business Plan.

6.4 **Engagement and Consultation Implications**

This report describes an extensive consultation with service users, carers, staff, the public and voluntary sector providers about changes to the support planning policy and practice.

15.0 Localism and Local Member Involvement

15.1 The Council's approach to support planning, through the Transforming Lives model, has a strong focus on local communities and Members have a key role to play in supporting the development of resilient communities.

16.0 Public Health Implications

16.1 Some aspects of the Transforming Lives model, and therefore the revised support plan policy, particularly around managing risk differently, have implications for how the public and community spaces respond to people with health and / or social care needs.

Source Documents	Location
The Care Act 2014 legislation	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
The Care Act 2014 statutory guidance	https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
The Adult Social Care Policy Framework	http://www.cambridgeshire.gov.uk/info/20166/working_together/579/delivering_the_care_act/2

Appendix A

Report onQuestionnaire Feedback

1 Introduction

1.1 Cambridgeshire County Council is proposing changes to Section 11: Support Planning of the Adult Social Care Policy Framework. The policy in this section is designed to help staff, partner organisations and the public understand the Council's approach to support planning from April 2016. The policy in this section sets out that the Council will make decisions about support plans on a case-by-case basis, balancing assessed risk against the costs of different options for meeting needs.

1.2 In order to ensure the policy framework is clear, concise and fit for purpose for both staff and the public, the Council undertook a public consultation on the additional expectations that will be used when planning how to meet assessed, eligible needs.

1.3 This report describes the findings of questionnaire that was used to gain feedback on the following proposals:

- Using the most cost effective options to meet needs in determining Personal Budgets
- Recognising the support from family, friends, and local community
- Managing risks
- Developing or regaining skills
- Group and 1:1 support
- Making the most out of 24/7 services
- People using their own money to purchase enhanced services

1.4 The Council is committed to personalised support plans for all people using care and support services that are supported by the Council. This includes people with disabilities, older people in need of care and support, people with mental health problems, and their carers.

2 Findings from the questionnaire

2.1 The questionnaire was open between 15 January 2016 and 14 February 2016, a period of just over 30 days. During that time, people could respond to the questionnaire in the following ways:

- Online, using a web survey
- Electronically, using a Word document
- On paper, using a Word document
- On paper, using an Easy Read version of the questionnaire

All of the materials were available on the Council's website. Some paper copies were printed and distributed where particular organisations requested it. The questionnaire was advertised on the Council's website and promoted through emails to voluntary organisations, encouraging them to share with people using their services. In total there were 78 responses, 33 responses on paper which were posted, and 45 responses online.

2.2 The respondents identified themselves as being in the following categories:

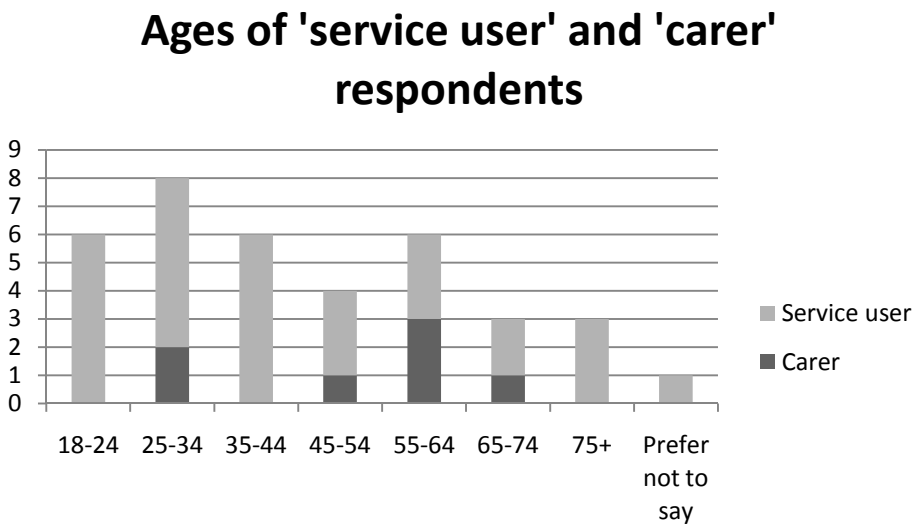
Category of respondent	Type of respondent	Total	Percentage
Did not respond	Did not respond	10	13%
An individual	Care provider	2	3%
	Carer	7	9%
	Health and social care professional	9	12%
	Local authority	1	1%
	Other	4	5%
	Service user	30	38%
	Voluntary organisation	1	1%
	Did not respond	2	3%
An organisation	Other	2	3%
	Voluntary organisation	10	13%
Grand Total		**78**	

In total, 37 (47%) of respondents were service users and / or carers.

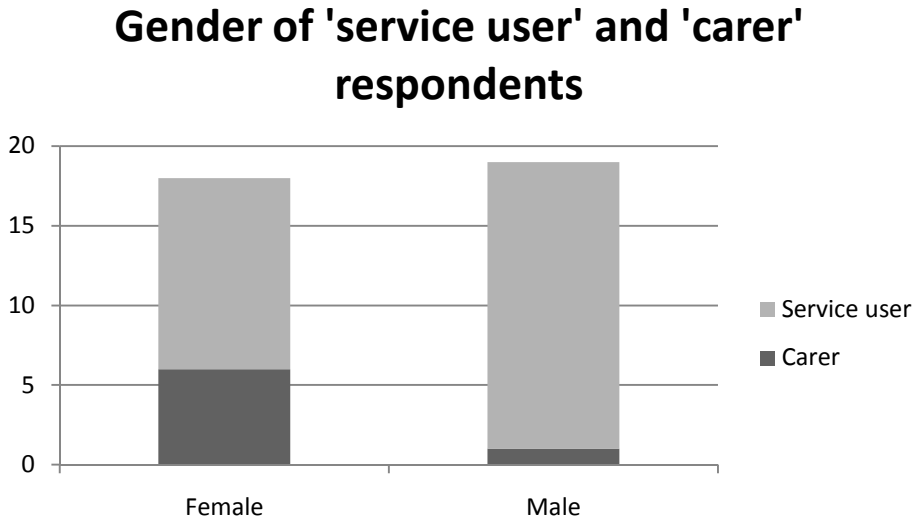
2.3 The result of the decision on the policy was expected to make a significant difference to 30 (81%) of people who are service users or carers.

	How much difference will this policy make to you?		
Type of respondent	**A little**	**A lot**	**No difference**
Carer	0%	71%	29%
Service user	7%	83%	10%
Grand Total	**5%**	**81%**	**14%**

2.4 The age of respondents who were service users or carers is shown in the chart below. There was a reasonable spread of ages amongst the respondents who were service users or carers. However, the age profile of all people who user care and support services support by the Council is slightly different to this, as there are roughly twice as many people over 75 at any given time than there are people of working age in services.



2.5 The gender of these respondents is shown in the chart below.The gender of respondents was approximately evenly divided, although there was a higher proportion of carers amongst female respondents.



2.6 The questionnaire also asked people to state whether they are personally affected by disability or health problems. Slightly more than half of all respondents[1] stated that they were:

[1] Non-service user and carer types of respondent have been included here because often people who are responding in a professional capacity also have experience of care or disability in a personal capacity too.

Q8 Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age.

		Extent of limitation				
Category of respondent	**Type of respondent**	**Did not respond**	**No**	**Yes, limited a little**	**Yes, limited a lot**	**Grand Total**
Did not respond	Did not respond	9			1	10
An individual	Care provider		1	1		2
	Carer		3		4	7
	Health and social care professional		7	2		9
	Local authority			1		1
	Other		4			4
	Service user		1	14	15	30
	Voluntary organisation		1			1
	Did not respond		1		1	2
An organisation	Other		2			2
	Voluntary organisation		8	2		10
Grand Total		**9**	**28**	**20**	**21**	**78**
Percentage		**12%**	**36%**	**26%**	**27%**	

2.7 The questionnaire also asked people whether they had experience of caring themselves:

Q9 Do you look after, or give any help or support to family members, friends, neighbours or others because of, long term physical or mental ill-health / disability or problems due to old age?

		Amount of help					
Category of respondent	**Type of respondent**	**Did not respond**	**No**	**Yes, 1-19 hours a week**	**Yes, 20-49 hours a week**	**Yes, 50 or more a week**	**Grand Total**
Did not respond	Did not respond	9				1	10
An individual	Care provider		1			1	2
	Carer			2	3	2	7
	Health and social care professional		2	5		2	9
	Local authority		1				1
	Other		3	1			4
	Service user		24	6			30
	Voluntary organisation		1				1
	Did not respond			1		1	2
An organisation	Other		2				2
	Voluntary organisation		4	3		3	10
Grand Total		**9**	**38**	**18**	**3**	**10**	**78**
Percentage		**12%**	**49%**	**23%**	**4%**	**13%**	

2.8 Each proposal was introduced in the questionnaire with an overview, the proposal and one or two examples to help to explain the potential impact of the proposal. These are set out below in bold italics. Thefeedback to each of the questions about the proposed changes, including an analysis of the comments, is provided below. All of the comments received as feedback to the questionnaire are included in Appendix B.

2.9 ***Personal budgets***

Overview: *The Council provides support by means of a personal budget, which is the amount available to fund services agreed in the support plan that meet eligible needs identified following a social care assessment. The personal budget is made up of contributions from the Council and from the person themselves, with the person's contribution being determined by a financial assessment. In the majority of cases there are contributions from both parties but in a few cases the Council contributes 100% and in some cases the person contributes 100%. Services can be arranged by the Council*

or by the person themselves,using money paid to them as a Direct Payment, subject to the agreement of the Council.

Proposal 1: *The funding available for the personal budget will be based on the most cost-effective option for meeting eligible needs identified following assessment and delivering positive outcomes, even if the person wishes to use their personal budget in a different way.*

Example A: *Swimming and gym membership both meet an eligible need for physical exercise. Swimming is cheaper than private gym membership. The person would prefer gym membership, because they are only a novice swimmer. Adult swimming lessons are available from the swimming pool to build confidence and improve technique. The personal budget could be set to include a 10 week course of lessons and then be reduced to reflect that this additional level of support was no longer needed. Overall this would still be more cost-effective than gym membership and the person would have improved their swimming and would be more confident in the water. The personal budget would therefore be based on the option of swimming including an allocation for the 10 weeks swimming lessons, rather than gym membership.*

Example B: *Following assessment, it is agreed that a 24 hour, seven day a week service is required to meet a person's eligible needs. Two organisations that have experience and skills in meeting the needs identified in the assessment are able to offer a place to the person. The service offer from Organisation A focuses on meeting the specific eligible needs of the person in the most cost effective way possible. The service offer from Organisation B is more expensive due to the type of activities that they use to meet needs for example horse riding rather than walking for physical exercise. Although the person and their family would prefer Organisation B, the Council can confirm Organisation A as the way that they would meet the person's needs and confirm the personal budget as being the cost of this service.*

Q1 To what extent do you agree that the personal budget should be based on the most cost effective option for meeting eligible needs identified following a social care assessment?

ALL RESPONDENTS		Response Percent	Response Total
Strongly Disagree		14.10%	11
Disagree		32.05%	25
Agree		33.33%	26
Strongly Agree		11.54%	9
Don't know / Unsure		8.97%	7
		answered	78
		skipped	0

In total, 36 (46%) of respondents disagreed or strongly disagreed with this proposal, and 35 (45%) agreed or strongly agreed.

Of those who agreed, there were two common themes in their comments. Some respondents suggested that this was a sensible choice given the financial restrictions that the Council is under:

> *"People should get the best value care not a gold plated servicethere needs to be the same offer across all client groups."*

However, amongst those who agreed, there was also a view that much would depend on individual circumstances. People felt that effectiveness would be improved if someone was interested in doing something and therefore motivated to make the most of a service. They also felt that effectiveness should be judged over the long-term:

> *"When considering the effectiveness of the personal budget the Council should weigh how likely the outcomes are to be achieved. In the first scenario the swimming may not be a cost effective option as it does not appear to be an activity that the person would actually engage in. It is important that the principles of self-directed support are maintained and that service users and carers are treated as experts in control of the support that they receive. There is a risk that this model removes control from individuals with professionals making decisions about support planning, this is not in the spirit of the Care Act."*

Amongst those who disagreed, effectiveness was also an important issue. Some people suggested that if a person had not chosen a service, then it would be less effective. Choice was also viewed by many people who disagreed as an essential part of personalisation and a sense of wellbeing – e.g. the example in the question used swimming as a potential service for someone who had an identified need for exercise, which people felt would be likely to harm wellbeing if they were afraid of water for example. There was a worry that making decisions on the basis of cost-effectiveness would not allow for this strongly held feeling, even though it would damage wellbeing.

Some also suggested that by making decisions on a cost-effectiveness basis would miss multiple benefits to a service which needed to be taken into account. The following comment explains these points:

> *"Support plans should be more personalised to take into account people's interests, needs and wishes. Preferences or reasons why are not always articulated clearly and I would be concerned that people are always placed on a lower cost plan which is rather short sighted. In example B, walking is cheaper but there are benefits other than exercise to horse riding - such as learning new skills, being able to do the activity inside during bad weather, more exciting and novel than walking, developing empathy and understanding towards animals, meeting new people riding and feeling their personal choice is important and others will listen to it."*

2.10 ***Recognising the contribution of support offered by family, friends and the wider community***

Overview: *The range of informal community support services being offered is enormous, immeasurable and often undervalued. It tends not to be centred on single issues, but responds to all needs. Support from family carers, for example help with getting up in the morning and going to bed at night is recognised in support plans. Where this support is meeting eligible needs, the funding from the Council is focused on meeting other eligible needs. However, the support from friends and neighbours is not always included in the same way, for example, shopping or sharing a meal with the person. Likewise, if the person regularly visits the local pub when they have cheap lunches for pensioners, this type of community support is not routinely reflected in the support plan, but could be meeting an eligible need.*

Proposal 2: *The Council proposes to be more explicit in including the contributions of the person's family, friends and the community around them in the support planning process. Where this support is meeting eligible needs, the personal budget allocation will be based on any eligible needs that are not being met.*

For example:*If someone has an eligible need for support with preparing a main meal each day of the week and their neighbour provides them with a main meal three times a week, the personal budget allocation would include support for meal preparation on four days of the week.*

Q2 Do you agree that support from family, friends and the wider community should be fully recognised and taken into account when developing support plans to meet eligible needs?

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		20.78%	16
2	Disagree		28.57%	22
3	Agree		32.47%	25
4	Strongly Agree		14.29%	11
5	Don't know / Unsure		3.90%	3
			answered	77
			skipped	1

Overall, 38 (49%) of respondents disagreed with this proposal, and 36 (47%) agreed. Respondents therefore seemed to be evenly split on this proposal.

Of those who agreed, the most common theme in the comments was a need for a safety net should the informal carer be unable to provide the care they would normally provide:

> *"… there needs to be a safety net if the support from others breaks down (holidays, need for break because of other issues that arise). The value of community support is underestimated anyway so beware of undervaluing it more by refusing to give back up when needed"*

There was also a common theme about providing proper support for carers in this situation:

> *"Although there should be clearer contingency plans as this help is not guaranteed. Also if the help places strain financially etc, on the friend / family member, this should be recognised and compensated. I agree in principle as some people have no support from their community so it would free up funds for those in most need."*

Amongst those who disagreed, a very common theme was the unreliability of such informal care, even where it is not the fault of the informal carer, especially where someone relies upon help for essential things like eating:

"In this example, for the days that say the neighbour supplies lunch, and the client has no money for that day, if the neighbour is ill or on holiday, then the client has no money to buy a meal from a care agency - they will then go hungry!"

People were also worried about the amount of pressure it would put on informal carers:

"Although I receive support from my family, they work full time and regular support could not be relied on. In addition it is important for me to remain as independent as possible. It could also put undue pressure on elderly parents for example."

Some people also expressed concerns about how such care would be monitored and whether that presented safeguarding risks, and felt that therefore that would limit the type of care that should be included in a support plan.

Some people also disagreed more fundamentally with the idea that informal care could form part of a support plan, suggesting that whilst it has its place in a just society, it is wrong to expect informal carers to relieve society of an obligation to look after vulnerable people:

"The overall budget required to meet the needs should not be reduced on the basis of free care being provided by family and friends. The personal budget identified as necessary should remain in line with the full assessment of need, not the assessment of need after the informal care has been taken into account. If informal carers are for any reason unable to provide the support, those costs still have to be met and the personal budget needs to be available to meet those costs. The 'spare' money which is freed up by using informal carers can be used to enhance other aspects of the individual's life."

2.11 ***Managing risk and keeping safe***

Overview: *Part of an ordinary life is managing risk independently to help inform your own choices.Support plans are designed to set out what help someone needs to live an ordinary life, including any help to manage risks. Avoiding all risks tends to restrict people's freedom and choice, so ordinarily people will balance the risks they take with what they want to do and how they want to live their lives.*

Proposal 3: *Currently support plans work to minimise risks as much as possible. As well as including interventions to reduce the possibility of the risk, they often include funding that would be needed if a risk arose. This is particularly a feature of support plans where people may present behaviours that are challenging, but most of the time these behaviours are not present. We propose to take a different approach that focuses on interventions to reduce the risk, with a clear contingency plan that can be activated if the risk emerges. In this approach, the Council would be promoting*

greater independence for people and tailoring responses more specifically around situations where the person needs additional support.

Example A: *A person's package was increased by 5 hours to provide a support worker to accompany them on shopping trips each week because there had ben an incident in a supermarket to which the police were called. The increased package was put in to manage the risks associated with shopping. The person always shops in the same shop and is recognised by the staff, so instead of continuing with the increase in staffing the shop manager will be approached, with the agreement of the person, to see if the shop staff could offer some assistance, if the person is struggling to cope whilst in the shop.*

Example B: *A person who has a support worker visiting three times a week to help manage money and to shop cannot read and becomes very anxious if official looking letters arrive through the post. If this happens on the days when the support worker is not expected, this can lead to angry outbursts with the person breaking items in their home and walking down the street threatening people. Instead of providing more staff or the person moving into accommodation with staff available every day, the local social care team work with the person to agree that he can take any letter either to their office or to the local library for someone to read the letter with him.*

Q3 Do you agree that the Council should look for different ways to manage risk by focusing on reducing risk and using contingency plans to respond to risks whilst promoting independence?

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		16.22%	12
2	Disagree		18.92%	14
3	Agree		40.54%	30
4	Strongly Agree		13.51%	10
5	Don't know / Unsure		10.81%	8
			answered	74
			skipped	4

In total, 26 (35%) of respondents disagreed with this proposal, and 40 (54%) agreed. A majority of people therefore agreed with this proposal.

Amongst those who agreed, some people felt that promoting independence was important, and that risk could be managed in different ways:

> *"Yeah as independence is important and people not having [to rely] on other people chaperoning them about"*

However, even amongst those who agreed, many felt that whilst the proposal was good in principle, in practice how far it could be applied would depend on an individual's circumstances and the willingness of other people / organisations to support:

> *"In certain circumstances risks can be reduced by changing a person's routine, with contingencies in place. I can however, see problems with the shopping example, as most people with these difficulties would need to know a certain person was available to help them and I doubt many supermarkets would commit to this."*

People were also concerned about availability of services and capacity, and about making sure that any response would be very quick:

> *"This is very sensible as long as the response time is as close to immediate as possible. If there is a delay in resolving the emerging risk, this could easily put pressure on otherwise overloaded systems such as voluntary organisations or the NHS. More needs to be said on how rapid responses will be activated."*

Amongst those who disagreed, there was a common concern about safety and what happens if things go wrong. Many commenters also used the example of shopping (as was used in the question) to explain their point. People felt that shop staff would not be properly trained, would not be covered by a DBS check, and if things went wrong the shop would not be insured:

> *"In your example, even if the supermarket agreed that one of their staff can assist with shopping, they would have NO training or experience with how to cope with someone who has mental health problems and they would not be insured."*

Some people who use care and support services also preferred to have help from support workers because they know the people they work with and their needs:

> *"I would like support from a support worker. I'd worry that members of the public wouldn't know how to help me."*

2.12 ***Life skills***

Overview: *Life skills development provides specific activities that enhance the ability of a person to live as independently as possible. Skill development activities can include training in budgeting and financial management, use of public transport*

and general mobility, daily living skills like washing and dressing, self-esteem and assertiveness, home and community safety, and use of assistive technologies.

Proposal 4: *The Council proposes to increase the focus on the development of skills using short-term interventions to achieve progress towards further independence. Expectations of progress and the timeframe will be clear in support plans and linked to a reduction in personal budget if goals are achieved. If it is not possible for a person to develop the skills with the time limited intervention, an ongoing level of support may be agreed but this would be expected to be a lower level of support than the intensive short term support because it will be about maintaining a level of skill rather than developing a new skill.*

Example: *Someone has an identified need that will be met by attending an activity in the nearest town. The village where they live has a bus service that the person is not confident with using. Their care package currently contains support to travel to the activity. Instead, a short-term package of travel training would be put in to support the person to be more confident and able to use the bus independently. After an agreed period of training, the support for travel would be removed as the person is now more independent and able to travel on their own.*

Q4 To what extent do you agree that the Council should focus short-term interventions on developing skill, with the funding allocated for this skills development being removed at the end of the agreed timeframe?

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		16.44%	12
2	Disagree		15.07%	11
3	Agree		39.73%	29
4	Strongly Agree		16.44%	12
5	Don't know / Unsure		12.33%	9
			answered	73
			skipped	5

In total, 23 (32%) disagreed with this proposal and 41 (56%) agreed. A majority of respondents therefore supported this proposal.

Amongst people who agreed, there were some responses suggesting that this proposal was a good thing, from the point of view of generally supporting independence:

"…many people are disabled further by the support they are given - care does things for people, rather than enables them to care for themselves. Home based exercises for elderly people administered by generic care workers would take longer and cost more in the short term, but would often reduce the need for as much care in the future as mobility, balance and strength are improved…"

However, even amongst people who agreed, comments often focused on a need for an expert assessment of whether a goal has been achieved rather than an arbitrarily defined artificial time limit:

"I believe in skills training but not with the arbitrary removal or reduction of support after a time limited period regardless of if the person can actually now do those things independently, surely there needs to be a comprehensive assessment of if they can now achieve those things independently before support can safely be taken away."

This was felt to be particularly important in teaching people with learning disabilities new skills, which could take months rather than weeks and sometimes may never be achieved at all:

"However, not all people with needs would be able to learn a new skill that would mean they would no longer require the support they have historically had. Whilst one does not wish to develop a climate of over-dependence, mainly people with specific needs, by nature of their needs, are never going to achieve this degree of independence which is why they have had carers in the first place"

These themes, of needing an expert assessment to ensure that someone has achieved a goal, and making sure that enough time is allocated to the intervention, also were common comments from people who disagreed with the proposal.

Some people suggested other reasons for disagreement, including a worry that it simply will not be effective, as well as a worry that people will not be incentivised to learn a skill if they know that their package will be reduced if they achieve a goal of more independence:

"Nobody is going to learn skill if they are going to be penalised financially"

2.13 **Group and 1:1 Support**

Overview: *Sometimes it is necessary to provide 1:1 support for a person to meet an eligible need. However, there will be people with eligible needs where this level of support is not required to meet those needs. In these circumstances, it is important for the Council to make best use of group situations, including group activities and group living arrangements, to meet people's needs in a cost-effective way.*

Proposal 5: *The Council will only fund 1:1 support where there is a specific requirement for this to meet an eligible need or where it is necessary to develop specific skills through an agreed short-term intervention or where it provides a cost-effective way of preventing the need for more intensive long term services. At all other times, where group or shared support can meet the eligible need, this option will be reflected when drawing up the support plan. This approach will apply to people using Direct Payments and people where the Council arranges the services.*

For example: *A person with disabilities has a Direct Payment and wants to attend art activities. There is a regular group that they can attend at a local college. The person does not need 1:1 support to attend and take part in this group and so the cost of the group activity would be reflected in their personal budget.*

Q5 To what extent do you agree that the Council will only provide 1:1 support in the circumstances described in the proposal[2], and will use group activities or shared support to meet other eligible needs?

ALL RESPONDENTS		Response Percent	Response Total
Strongly Disagree		5.48%	4
Disagree		6.85%	5
Agree		56.16%	41
Strongly Agree		17.81%	13
Don't know / Unsure		13.70%	10
		answered	73
		skipped	5

In total, 9 (12%) disagreed with this proposal and 54 (74%) agreed. A large majority therefore supported the proposal.

Many people who agreed felt that this made sense from a financial perspective:

> *"People who don't need 1:1 support should do without it so that people who really need it can get it"*
>
> *"In financially strained times, okay - as long as everybody's health, safety and security is maintained [and] on a case by case basis, regularly assessed/evaluated."*

Although some people pointed out that it would sometimes be necessary to have 1:1 support to get to a group activity:

> *"Sometimes I could not take part in group activities without 1:1 support to get there [to] interact in the group"*

Some people who agreed pointed out that group activities can meet social needs too:

> *"Doing a thing in a group can meet social needs too. However, local charities who have very little funding should be better supported and paid for the services they are providing in the community. Every time a new client is referred."*

However, one respondent pointed out that there is a risk of isolating people from 'ordinary' society in groups in which everyone has a specific condition.

People who disagreed commented on the fact they needed 1:1 support or the circumstances that 1:1 support would be necessary still:

> *"Some people whether in a group or not will still need supporting especially with communication [or] toileting (where needed)"*

There was a slightly larger group of people who responded to this proposal that they were unsure about whether they agreed with this proposal or not, 10 (14%). They expressed some concerns about the practicality of staffing groups where people who had needs that were previously met by 1:1 support:

> *"This is unclear to me. Generally people have 1:1 support as they require personal care or exhibit challenging behaviour - who would provide this support in the group setting? Also, if the person chooses to not do an activity but would rather stay at home would the 1:1 support be provided there?Also - would people who currently live independently (alone) would they be forced to move into a group home??"*

Others who were unsure also reflected on a worry about people being 'put' into groups rather than accessing services that were personalised for them:

> *"We have seen many examples of pre-social model of disability model practice where it is assumed that disabled people with the same diagnosis or condition must benefit from being in a group with other people with the same condition. This is a particularly damaging assumption for many people with ASD who may find group activities alongside other people with unusual behaviour extremely distressing. Where it is the person's preference to be amongst people with similar conditions, groupwork can have many advantages."*

2.14 ***Making the most out of 24/7 services***

Overview: *Some people require services that are 24 hours a day, seven days a week (24/7). Where the Council funds these services, they are expected to meet all the eligible needs identified following the social care assessment.*

Proposal 6: *Where someone has a 24/7 service, the Council will reinforce the requirement that the eligible needs of the person are fully met through this arrangement and will not agree to services in addition to the 24/7 service, unless there is an agreement to reduce the funding required for the 24/7 service.*

For example: *A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community.*

Q6 A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community. To what extent do you agree with this proposal?

ALL RESPONDENTS		Response Percent	Response Total
Strongly Disagree		9.59%	7
Disagree		23.29%	17
Agree		31.51%	23
Strongly Agree		9.59%	7
Don't know / Unsure		26.03%	19
		answered	73
		skipped	5

In total, 24 (33%) disagreed with this proposal and 30 (41%) agreed. A slightly larger group of respondents therefore agreed. The proportion of people who expressed uncertainty in their support for this proposal was the highest of all proposals, with 19 (26%) saying they don't know or were unsure.

Amongst people who agreed with this proposal, people who commented agreed reluctantly, because of financial reasons, or in principle only, subject to caveats about the implementation of the proposal:

"[I agree] but only just. In financially strained times access to extra-curricular activities may have to be reduced…"

People felt that the main impact was around a lack of choice, and 24/7 care providers not providing sufficient support for every aspect of a care plan; although it was felt by some people that they should:

"I strongly believe that the support workers are meant to facilitate their clients to be independent, healthy, active part of their community, especially when in 24/7 supported living."

Amongst people who disagreed, restrictions on choice were a very common reason for disagreement:

"Removes choice. The person is limited to the opportunities in their house and the whims of others - they should have the choice to do different things."

Some people commented that it would become more likely that people would be isolated under this proposal, because without additional support, 24/7 care providers would not help people to access community-based activities. Some also felt that this would be a backwards step, undoing progress in helping people with disabilities to live independently rather than in institutions:

"My concern over this is that many individuals will be kept inside their home environment 24/7 without exposure to the community which would give them a better quality of life. This proposal, as I understand it, reeks of institutionalism to me - are we going forwards or backwards? Of course if the individual is being funded to access activities with the community and/or day services where they get the opportunity to socialise and interact with people other than their own staff and gain a wider range of life experiences than the cost of this, which should include (should they need it) 1:1 support from a support worker, [this] should be included in the care package and not be in addition to it."

This last comment shows that people often found it hard to come to a clear and unambiguous view on this proposal, as even though the commenter disagreed with the proposal, the second half of their comment appears to support it. This is also shown by the high proportion of respondents who ticked 'don't know / unsure' (26%). For some people, the question was confusing and they didn't understand it, which was why they ticked 'don't know / unsure':

"This sounds a bit confusing"

2.15 ***People using their own money to purchase enhanced services***

Overview: *When the Council agrees the support plan to meet the person's eligible needs following assessment and confirms the personal budget allocation, it can take resources into account when considering the options available to meet the person's*

eligible needs. Some options may be more expensive than others and some options may include additional services that are not required to meet the eligible needs. The Council will also undertake a financial assessment to determine the contribution from the person towards the personal budget i.e.the cost of implementing the support plan agreed by the Council. If the person and/or their family want a more expensive option that the Council agrees meets the person's eligible needs or an option that offers additional services, they could agree with the Council to make an additional regular contribution in addition to the overall funding agreed by the Council for the support plan.

Proposal 7: *People receiving social care and their families might choose to use their own resources to commission additional or more expensive services over and above those that have been agreed in the support plan and are part of the personal budget.*

Example A: *A person who has an eligible need to increase their level of physical exercise would prefer to have private gym membership rather than go swimming. The swimming option is in their support plan and funding is included in their personal budget. They decide to use some of their own money to add to the personal budget so they can purchase gym membership and get their exercise that way.*
Example B: *A person moving into a residential home to meet their eligible needs would prefer to have a room with direct access to the gardens of the home. This is not required to meet their eligible needs and there is a higher charge for rooms with this access. The person or their family choses to pay the additional cost for this, and secures a room with the access to the garden.*

Q7 To what extent do you agree that people who choose to use their money in this way, can agree with the Council to add to their personal budget allocation to receive a more expensive service that meets their eligible needs or to receive additional services that are not required to meet the eligible needs?

ALL RESPONDENTS			Response Percent	Response Total
1	Strongly Disagree		5.63%	4
2	Disagree		7.04%	5
3	Agree		47.89%	34
4	Strongly Agree		23.94%	17
5	Don't know / Unsure		15.49%	11
			answered	71
			skipped	7

In total, only 9 (13%) of respondents disagreed with this proposal whereas 51 (72%) agreed. A large majority of people therefore supported this proposal.

Some commenters supported the idea in principle:

> *"I think this is very person centred and offers people who have the funds the opportunity to upgrade the services they receive."*

Most other people who agreed with the proposal and commented suggested that this proposal was acceptable only on the condition that a personal budget is not reduced by the value of any extra that the person was prepared to put in. This was often because they felt that everyone is entitled to a decent service from the personal budget, not a minimum service that is only decent if they add some of their own money:

> *"Of course people should be allowed to spend their personal money on what they like, as long as those unable to pay do not receive an inferior service"*

> *"Should be able to top up care but would hope existing support plans would mean their choices were already catered for."*

> *"Would agree as long as the personal budget is being used to achieve a good outcome for the person already. They can 't just be offered something inappropriate so that it can be said that their need has been met and then expect them to fund the additional amount that is truly needed to meet that need."*

Outside of this theme about the protection of personal budget allocation, some people disagreed on the basis of practicality orprinciple:

> *"Very few of us have the means to pay for extras. Why did we pay pension and national insurance all our working lives? Change the government!"*

> *"No because I do not think it is fair that somebody should get a privileged choice not according to his or her needs only because his or her family will pay an additional cost for it.I will repeat myself saying that I believe that the wellbeing of the most vulnerable people in our society is a shared responsibility of our community as whole. The treatment of each individual should not be affected by his her family's means, but because of real needs that have to be met, including emotional and mental wellbeing."*

A significant proportion of people found themselves unsure:

> *"If people want to improve their life and family's, [and] are able to, then yes why shouldn't they, but I don't agree the Council should pay this extra unless it's beneficial… [identifying] support needs etcetc need to be done with the client's interests at heart, not the government's or Council's savings…"*

2.16 Conclusions

There was a good response to the questionnaire. Views have been received from service users and carers of all ages. Many respondents will be personally affected by the decision about the support planning policy because they are service users or carers, even amongst those who responded in a professional capacity.

2.17 The comments for most questions had similar themes amongst those who agreed and disagreed with the proposal, either from a position of 'yes, but…' or 'no, because…'. These themes often revolved around two important issues:

- A tension between these proposals and choice and personalisation, with concern about the blanket application of a policy (for example, if 'short-term' always means 'for 6 weeks') having negative effects on people because it does not take into account their situation.
- The need for good contingency planning and an immediate emergency / crisis response, and the need for good monitoring of informal or community support / interactions to make sure that risk is being consciously managed rather than being ignored.

2.19 A third theme also emerged from the comments about the importance of fairness. Fairness seems to mean different things to different people and for different groups – for service users, it means a personalised service, based on their entitlement, and an objective assessment of need when any changes are being made; for carers, it means being able to make a contribution without that being taken for granted, and support being available to help them.

2.20 The implementation of the policy should therefore be very sensitive to these themes.

SUPPORT PLANNING CONSULTATION

1. WHAT ARE WE CONSULTING ON

2. NATIONAL CARE ACT 2104: PUBLIC CONSULATION

3. PERSONAL BUDGETS

Overview: The Council provides support by means of a personal budget, which is the amount available to fund services agreed in the support plan that meet eligible needs identified following a social care assessment. The personal budget is made up of contributions from the Council and from the person themselves, with the person's contribution being determined by a financial assessment. In the majority of cases there are contributions from both parties but in a few cases the Council contributes 100% and in some cases the person contributes 100%. Services can be arranged by the Council or by the person themselves, using money paid to them as a Direct Payment, subject to the agreement of the Council. Proposal 1: The funding available for the personal budget will be based on the most cost-effective option for meeting eligible needs identified following assessment and delivering positive outcomes, even if the person wishes to use their personal budget in a different way. Example A: Swimming and gym membership both meet an eligible need for physical exercise. Swimming is cheaper than private gym membership. The person would prefer gym membership, because they are only a novice swimmer. Adult swimming lessons are available from the swimming pool to build confidence and improve technique. The personal budget could be set to include a 10 week course of lessons and then be reduced to reflect that this additional level of support was no longer needed. Overall this would still be more cost-effective than gym membership and the person would have improved their swimming and would be more confident in the water. The personal budget would therefore be based on the option of swimming including an allocation for the 10 weeks swimming lessons, rather than gym membership. Example B: Following assessment, it is agreed that a 24 hour, seven day a week service is required to meet a person's eligible needs. Two organisations that have experience and skills in meeting the needs identified in the assessment are able to offer a place to the person. The service offer from Organisation A focuses on meeting the specific eligible needs of the person in the most cost effective way possible. The service offer from Organisation B is more expensive due to the type of activities that they use to meet needs for example horse riding rather than walking for physical exercise. Although the person and their family would prefer Organisation B, the Council can confirm Organisation A as the way that they would meet the person's needs and confirm the personal budget as being the cost of this service. To what extent do you agree that the personal budget should be based on the most cost effective option for meeting eligible needs identified following a social care assessment?

			Response Percent	Response Total
1	Strongly Disagree		14.10%	11
2	Disagree		32.05%	25

3	Agree		33.33%	26
4	Strongly Agree		11.54%	9
5	Don’t know / Unsure		8.97%	7

Analysis							
	Mean:	2.69	Std. Deviation:	1.12	Satisfaction Rate:	42.31	answered 78
	Variance:	1.26	Std. Error:	0.13			skipped 0

Please add any further comments in relation to this proposal below: (45)

1	18/01/16 12:44PM ID: 28470330	This is too prescriptive and black and white. In example A, there is no point paying for swimming lessons if the person doesn't want to swim. Their budget must be used in the best way as well as the most cost effective way. The best way would be to get the best outcome for the most reasonable price. You must factor in getting a good outcome or you will be wasting money
2	18/01/16 4:09PM ID: 28486446	There needs to be a safety net for those who have reasonable arguments against the determined proposal; Or there may be an option for the funding to equal the cost of the determined proposal but be supplemented by a contribution from the original. Determining best value needs to consider other features than just cost, as the health or wellbeing benefits provided by the more expensive option could result in lower costs in the future
3	19/01/16 3:01PM ID: 28562000	Support plans should be more personalised to take into account people's interests, needs and wishes. Preferences or reasons why are not always articulated clearly and I would be concerned that people are always placed on a lower cost plan which is rather short sighted. In example B, walking is cheaper but there are benefits other than exericse to horse riding - such as learning new skills, being able to do the activty inside during bad weather, more exciting and novel than walking, developing empathy and understanding towards animals, meeting new people riding and feeling their personal choice is important and others will listen to it.
4	20/01/16 10:04AM ID: 28633177	people should get the best value care not a gold plated service there needs to be the same offer across all client groups.
5	20/01/16 3:55PM ID: 28664718	during financially strained times, looks like this is the way it is. perhaps involve the voluntary and charitable sectors?
6	20/01/16 5:01PM ID: 28671022	This does not take into account personal choice and would limit their potential to improve their life skills.
7	21/01/16 12:57PM ID: 28736495	I find it hard to believe that this is not already the basis of calculating the personal budget.
8	27/01/16 12:27PM ID: 29194893	Reasonable accommodations should be made for the person's individual choice, because this builds their sense of empowerment and confidence which benefits their mental health. For the gym / swimming example, perhaps using a "Pay-per-go" model of using the gym brings the cost more in line with the costs of swimming. Even after the lessons, the person will have to "pay-per-swim" to use the pool, and so this doesn't seem much different to using the gym. Personal choice and a sense of agency is an important piece of the puzzle and shouldn't be underestimated in support planning.
9	27/01/16 7:22PM ID: 29222774	Disability is expensive.

10	02/02/16 7:15PM ID: 29667305	On the first example, it very much depends on the service users circumstances. I have spoken to a fully trained lifeguard who assures me only 10 swimming lessons would be of very little use in improving a novcice persons swimming ability. Resulting in more lessons being required and the cost increasing. On the second example, I would agree that the personal budget should be used in the most cost effective way.
11	03/02/16 3:43PM ID: 29713824	I am concerned that recipients will not spend their budget allocation on the eligible needs identified by social services. It is too easy for the person to use it on other things,possibly giving money to their children or even taking a taxi down to the local pub ,or even just banking it,instead of spending it on day care or other needs proposed by the social care worker. Money allocated should go directly to the relevant organisation
12	04/02/16 9:56AM ID: 29791491	Do Not agree with personal Budgets as they are open to abuse of the system and will effectively be giving money away which the Council provides for specific purposes They should be used for those purposes only and be made accountable for those services. Wouldn't all infirmed Elderly people love to have money for extras. which they can not afford, for free eg taxis etc.
13	05/02/16 4:47PM ID: 29906183	If everything was cost effective for the individual then more people could be help
14	07/02/16 5:53PM ID: 30024494	Social services say that all care should be 'person -centred' and best fit for that person. In this instance forcing them to swim is not right, especially as they may be afraid of the water. This decision goes against person centred care.
15	08/02/16 11:28AM ID: 30069366	I agree with this statement as long as 'cost effective' is not only about money, but also takes into consideration issues such as maintaining a lifestyle that will reduce or delay the need for further support in the future. Cheapest now may be more expensive in the longer term. This should be an intrinsic part of the assessment and therefore the definition of 'cost effective'.
16	08/02/16 2:39PM ID: 30088311	REMOVES CHOICE - what happens to Choice and Personalisation?? Unless the person can make up the shortfall, which in most cases is unlikely.
17	09/02/16 10:13AM ID: 30157378	However, the most cost effective way of meeting needs isn't always in the best interest of individuals
18	11/02/16 11:47AM ID: 30368818	If the person wants to attend a gym and it is considered an effective form of intervention then this would be the most client-centered form of practice. Of course funding and providing the most support to all is a high priority but there is a fine line between making money more of a priority than the client's interests and offering a good service! The Francis report has many lessons for all health care providers where pragmatic reasoning was deemed more important than putting the client first!
19	12/02/16 11:15PM ID: 30518221	When considering the efectiveness of the personal budget the Council should weigh how likely the outcomes are to be acheived. In the first scenario the swimming may not be a cost effecive option as it does not appear to be an activity that the person would actually engage in. It is important that the principles of self directed support are maintained and that service users and carers aretrated as experts in control of the support that they receive. There is a risk that this model removes control from individuals with professionals making decions about support planning, this is not in the spirit of the Care Act.
20	14/02/16 2:26PM ID: 30635608	No freedom of choice
21	14/02/16 2:42PM ID: 30636894	I am frightened of water, you should be able. Why was this not advertised it was hard to find.

22	14/02/16 3:07PM ID: 30637879	I think the council should ask the individual what they want and then advise them what they can have....as if we really have a choice.
23	14/02/16 3:43PM ID: 30640766	Some people may hate walking long distances so would benefit from riding on a horse.
24	14/02/16 4:10PM ID: 30642533	Should not go for cheaper option, the benefit should also be taken into account
25	14/02/16 4:25PM ID: 30643145	If a person is supported to do their first choice they will likely be more engaged and so the benefits will be greater. This will provide better support, and if the engagement is better their may be more health benefits. this may save money in the long run
26	14/02/16 4:37PM ID: 30644319	Your questionnaire is worded in such a way as making it rigged
27	14/02/16 5:08PM ID: 30645493	I suffer from autism and mental health problems. I have problems dealing with change and may find I would find it too streesful to change to a different activity and may not take part at all.
28	14/02/16 5:44PM ID: 30646657	I think it is very important for people to have a choice and not "told" what they can or can't do simply because it is cheaper. Certainly there is a responsibility on the council to use money well but not to make people feel like second class citizens.
29	14/02/16 5:48PM ID: 30648638	I like to choose
30	14/02/16 6:04PM ID: 30649405	I would like to save money
31	14/02/16 6:22PM ID: 30649902	I do not want to do anything I do not want to do
32	14/02/16 6:26PM ID: 30650683	I think you will choose cheaper options to save money it won't be best for me
33	14/02/16 6:31PM ID: 30650901	I want the things I do now
34	15/02/16 9:12AM ID: 30692379	I strongly believe that vulnerable people should be supported in finding meaningful activities according to their preferences: in most cases the activities chosen are the only opportunities of socialisation these people have, therefore it is extremely important that they feel comfortable in these environments. In Example A the client is happy to do physical activity in a Gym, which is already in my experience a big step forward to social interactions and physical wellbeing. The reasons why he/she would not totally appreciate the swimming option are not well explained. There are people who may feel extremely uncomfortable in a swimming pool with strangers. In example B, again, there is choice made by the client, I believe that when assessing the suitability of an option rather than another, it must be taken into consideration the overall development and wellbeing potential, rather than financial effectiveness only. Moreover we have to remember that meaningful activities are beneficial to individual development and independence: by learning new skills or just building their confidence because they participate to a more expensive service, they may be able in the future to be more independent and even increase their employability or voluntary work ability. I worked in social care for many years and I still do believe in the person centred plan as the only suitable way to support the most vulnerable people in our society and to support them to exercise their freedom of choice is paramount. I would think that it is cost effective in the long run to give people the

		possibility to improve their lives and independency, their skills and confidence, their social inclusion and ability to build social relationship in the community. I do understand the issues related to the financial affordability for the council, but I believe that the social policies should aim to build a strong community in which people are free to fulfil their needs.
35	15/02/16 9:24AM ID: 30693887	These examples do not reflect the services provided by the vast majority of personal budgets and so are not relevant. Hence a 'Don't Know' answer. In fact this question could be seen as quite misleading. Any member of the public reading this question might think that everyone with a social care package gets gym membership and/or horse riding. It would be interesting to see a percentage of packages that include either. More realistic services should have been used in the examples based in frequency of use.
36	15/02/16 9:34AM ID: 30695077	The problem with the term 'cost effective' is that it is not specific enough about the definition in context. For example, although a given agency clims it can offer the same quality of service cheaper, we are continually being asked by local families to intervene when said agency turns out to be vulnerable to problems with appropriately qualified staffas well as recrutiment and retention. It becomes even more of a problem where agency staff, despite health and socil care NVQ's, do not have the right blend of 'soft skills' ie attitude, communication skills, compassion etc and more importantly, are not required to problem solve and trouble-shoot as part of their role. By comparision, were families recruit their own personal assistants through shared interests, personal recommendation and local networks we see a much more 'cost effective' match to individual needs, longer term relationships and prevention input, especially when supported by either voluntary agency advisers, Council staff or independent support brokers who have had training and pratical experience in community development and solution focused interventions. It is the specific skill mix inherent in these two approaches that help to define what it really meant by 'cost effective'. Cambridge County Council has been made very aware by us, local families and other agencies that CCC staff apply variable interpretations of what 'cost effective' has meant in the past – the Care Act legal definition of 'wellbeing' must be taken on board as part of the work CCC needs to do to define what 'cost effective' means in prctice and how any decision by Council staff is backed up by hard evidence. Any assumption that the County Council and it's staff know what's best for disabled people and local families (outside of the realm of statutory child protection, short term mental health sectioning and safeguarding for vulnerable people who formally lack capacity under the MHA) must be resisted at every level of policy making.
37	15/02/16 9:43AM ID: 30696080	Only a financial consideration is being made without applying the "the wellbeing principle"
38	15/02/16 10:27AM ID: 30697241	In some cases the less expensive option may well fit the need but in a lot of cases I am involved with it would not. It also takes away personal choice and options which negates the argument of "Transforming Lives!"
39	15/02/16 10:44AM ID: 30630536	Only a financial consideration is being made without applying the "wellbeing" principle.
40	15/02/16 10:44AM ID: 30627544	I strongly believe that vulnerable people should be supported in finding meaningful activities according to their preferences: in ,most cases the activities chosen are the only opportunities of socialisation these people have, therefore it is extremely important that they feel comfortable in the environments. in example A the client is happy to do physical activity in a gym, which is already in my experience a big step forward to social interactions and physical wellbeing. The reasons why she/he would totally appreciate the swimming option are not well explained. There are people who may feel extremely uncomfortable in a swimming pool with strangers. In example B, again, there is a choice made by a client, I believe that when assessing the suitability of an option rather than another, it must ba taken into cionsideration the overall development and wellbeing potential, rather than finacial effectiveness only. Moreover we have to remeber that meaning activities are beneficial to individual development and independence: by learning new skills or just building their confidence because they participate to a more expensive service, they may be able in the future to be more independent and even increase their employabilityor voluntary work ability.

		I worked in social care for many years and still do not believe in the person centered plan as the only suitable way to support the most vulnerable people in our society and to support them to exercise their freedom of choice is paramount. I would think that it is cost effective in the long run to give people the possibility to improve their lives and independency, their skills and confidence, their social inclusion and ability to build social relationship in the community. I do understand the issues related to the financial affordability for the council, but I believe that the social policies should aim to build strong community in which people are free to fulfil their needs.
41	15/02/16 10:46AM ID: 30331011	It suppose to be based in what the person choice! We must give personal centred care. And that is the choice of the disable person. Otherwise it would be discrimination and not respecting service user wishes.
42	15/02/16 10:48AM ID: 29841884	Motivating people to exercise must be linked to their preferences. In the example given there might be many personal factors that would inhibit a person being committed to/enjoying swimming. Can't the County or the organisation delivering the service collectively negotiate beneficial rates for the more expensive, but possibly more rewarding activities? The previous 'selling point' of personal budgets was the element of choice.
43	15/02/16 3:13PM ID: 30726732	I think that the contracts for care companies is not fit for purpose. ie, if an appointment does not take place the care companies still get paid regardless, even when the company can't provide a carer they still get paid.
44	15/02/16 3:28PM ID: 30728243	It would depend who decides what meets the people's needs. ie. the user, council, health professional? As in my opionthe service user and the health professional would be better place to decide.
45	15/02/16 3:52PM ID: 30729638	Poeple are individuals and to successfully engaged in an activity and each their potential they need to feel comfortable and get a sense of satisfaction.

4. RECOGNISING THE CONTRIBUTION OF SUPPORT OFFERED BY FAMILY, FRIENDS AND THE WIDER COMMUNITY

Overview: The range of informal community support services being offered is enormous, immeasurable and often undervalued. It tends not to be centred on single issues, but responds to all needs. Support from family carers, for example help with getting up in the morning and going to bed at night is recognised in support plans. Where this support is meeting eligible needs, the funding from the Council is focused on meeting other eligible needs. However, the support from friends and neighbours is not always included in the same way, for example, shopping or sharing a meal with the person. Likewise, if the person regularly visits the local pub when they have cheap lunches for pensioners, this type of community support is not routinely reflected in the support plan, but could be meeting an eligible need. Proposal 2: The Council proposes to be more explicit in including the contributions of the person's family, friends and the community around them in the support planning process. Where this support is meeting eligible needs, the personal budget allocation will be based on any eligible needs that are not being met. For example: If someone has an eligible need for support with preparing a main meal each day of the week and their neighbour provides them with a main meal three times a week, the personal budget allocation would include support for meal preparation on four days of the week. Do you agree that support from family, friends and the wider community should be fully recognised and taken into account when developing support plans to meet eligible needs?

	Response Percent	Response Total

1	Strongly Disagree		20.78%	16
2	Disagree		28.57%	22
3	Agree		32.47%	25
4	Strongly Agree		14.29%	11
5	Don’t know / Unsure		3.90%	3

Analysis								
	Mean:	2.52	Std. Deviation:	1.09	Satisfaction Rate:	37.99	answered	77
	Variance:	1.18	Std. Error:	0.12			skipped	1

Please add any further comments in relation to this proposal below (39)

1	18/01/16 12:44PM ID: 28470330	The type of support you describe here is likely to be provided on an ad hoc basis. You will also find that where people are being made to be part of a formal support plan, they will withdraw or hide their support. Unless the support is formally and continually offered, it cannot be made part of the plan. To attempt to do so, may reduce the support offered.
2	18/01/16 4:09PM ID: 28486446	but there needs to be a safety net if the support from others breaks down (holidays, need for break because of other issues that arise). The value of community support is underestimated anyway so beware of undervaluing it more by refusing to give back up when needed
3	19/01/16 3:01PM ID: 28562000	Agree but councils need to take some responsility for the welfare of these unpaid carers and supporters. There should be provisions for them and a monitoring to make sure that, should these carers be unwell, there will be support in place to take over. However, free social groups or pub lunches are a good way to think about how to meet other social needs in a less formal setting and help to bring people into their local community.
4	20/01/16 3:55PM ID: 28664718	I think this approach would need to be assessed on a case by case basis. people's needs change and family/friends/wider community's ability to provide reliable, constant, long term support is very variable. so, unless an individual's circumstances are constantly monitored to ensure continuity of support, this idea is rather dangerous.
5	20/01/16 5:01PM ID: 28671022	This source of support could not be relied on, it could place unreasonable pressure on friends and neighbours to provide support.
6	21/01/16 12:57PM ID: 28736495	Support from friends may not be reliable. If you go down this route you need to have a quick fall back position if the situation changes.
7	27/01/16 12:27PM ID: 29194893	Providing there is contingency for if the neighbour is unable to prepare a main meal for some reason and / or becomes unwell themselves.
8	27/01/16 7:22PM ID: 29222774	What if that neighbour or family member is unwell, does that mean that they will starve on the days where support will not be given. Ugly cost cutting. Support must be more flexible.
9	02/02/16 7:15PM ID: 29667305	A friendly neighbour cannot be relied upon to provide a meal. Should they wish to go out themselves/ take a holiday/ become ill, a replacement would need to be put in place at short notice, and the service user may not have funds available to pay for this. How long will it take for Social Services to carry out a review to increase support back to 7 days per wk? The same problems occurs when a service user attends a day centre 2 days per wk, if the service user becomes ill and cannot attend the day centre, they need their care provider to give them a lunch call. Again will the service user have funds to cover the cost of this extra call or will a review be needed and how long will it take?

10	04/02/16 9:56AM ID: 29791491	these are not set in stone and can not be relied on to be a permanent arrangement therefor the person may be left high and dry with out support if the good will of the person giving the support removes it for some reason.
11	05/02/16 4:47PM ID: 29906183	Support is needed but there's an awlful lot of people with out family. What happens then they don't ask to be disabled
12	07/02/16 5:53PM ID: 30024494	In this example, for the days that say the neighbour supplies lunch, and the client has no money for that day, if the neighbour is ill or on holiday, then the client has no money to buy a meal from a care agency - they will then go hungry!
13	08/02/16 11:28AM ID: 30069366	The overall budget required to meet the needs should not be reduced on the basis of free care being provided by family and friends. The personal budget identified as necessary should remain in line with the full assessment of need, not the assessment of need after the informal care has been taken into account. If informal carers are for any reason unable to provide the support, those costs still have to be met and the personal budget needs to be available to meet those costs. The 'spare' money which is freed up by using informal carers can be used to enhance other aspects of the individual's life.
14	08/02/16 2:39PM ID: 30088311	The goodwill and / or availability of friends, family or neighbours cannot be guaranteed, what safe guards or provision will be built in for when this goodwill has other plans?
15	09/02/16 10:13AM ID: 30157378	This then means the person is very reliant on their neighbour's good will. What happens if that neighbour suddenly decides not to do this any longer of is unable to do so? This person could then be unsupported until such time it is noticed or reported to adult social care and another assessment is done. This could be months down the line and that person's health might have deteriorated by then.
16	10/02/16 3:31PM ID: 30285470	CARE MUST BE TAKEN TO ENSURE FAMILIES/NEIGHBOURS/COMMUNITY ARE NOT ULTIMATELY PLACED IN A POSITION WHEREBY THEIR INPUT BECOMES THE MAIN FOCUS OF THE PERSON'S CARE AND THEY IN EFFECT BECOME UNPAID CARERS I.E THE EXPECTATION WILL EVENTUALLY BE THAT THE FAMILY/COMMUNITY UNDERTAKE THE BULK OF THE CARE NEEDS WHICH THEY BE UNWILLING TO DO
17	11/02/16 11:47AM ID: 30368818	I view the proposal as a way of taking advantage of others who may not always be able to provide the level of care that they do and provide it on a voluntary basis. What do you then do if their neighbour goes into hospital, is ill, goes on holiday, loses their employment or just is not longer able to provide a meal that week? Carers are often unrecognized and in many cases not compensated for the sacrifices they make. It is understandable to included support given by a family member with whom they have regular contact who is considered their main carer, but expanding this to neigbours and friends is not something I consider to be morally appropriate or a sound strategy!
18	12/02/16 11:15PM ID: 30518221	It is important to recognise the impact that the caring role may have on carers. The Care Act makes it clear that councils must consider whether carers are willing and able to continue in their caring role. It is important that carers receive the proper recognistion, assessment and support including breaks from their role and that contingency plans are in place.
19	14/02/16 2:26PM ID: 30635608	This would put undue pressure on family members and/or members of the community who are helping out, also creates further problem if the family/community support is removed due to external factors, creating further anxiety and may result in delays for the individual concerned. I believe it completely inappropriate.
20	14/02/16 2:42PM ID: 30636894	People need support whether free or not. What happens if the neighbour is ill?
21	14/02/16 3:07PM ID: 30637879	But family or friends should be rewarded this will still be cheaper than using professional organisations.

22	14/02/16 3:43PM ID: 30640766	We all need friends family + the community keep us on the to straight wide and narrow
23	14/02/16 4:10PM ID: 30642533	Needs to be closely monitored if using friends. Must ensure support is reliable.
24	14/02/16 4:25PM ID: 30643145	Family friends or community support is variable - can stop or change. The financial burden on family and friends can be high. Supporting someone can put strain on an individual. There maybe elements of support that friends and family etc are unawre and untrained about.
25	14/02/16 4:37PM ID: 30644319	How does one resolve the possibility of the neighbours being on holiday?
26	14/02/16 5:08PM ID: 30645493	Although i receive support from my family, they work full time and regular support could not be relied on. In addition it is important for me to remain as independent as independent as possible. It could also put udue pressure on elderly parents for example.
27	14/02/16 5:44PM ID: 30646657	it is not predicatable nor enforceable. relies completely on goodwill. Takes no account of the fact that people get ill, have family issues, cannot always be available and as replacement as there would with structure health plan.
28	15/02/16 9:12AM ID: 30692379	I believe in the importance of having a social network, especially for the most vulnerable. I do not believe though that by making these net of support the only providers to meet their needs, even for only 3 days per week as in the example, we will change the meaning of these spontaneous gestures that happen in civil societies. People help people and they build a functional community by giving each other help, support and attention, but the wellbeing of vulnerable people is a responsibility of our society as a whole, we cannot give it only to the close relations around them, ultimately because it would be the easiest way to alienate those relations as well as the rest of the community. There are other concerns related to this proposal such as: 1) Vulnerable people do tend to have health related issues in which the diet and hygiene control are extremely important. In case of food poisoning, or unbalanced diet leading to health concerns, who is going to be accountable for the risks taken by the client? 2) We all unfortunately are aware that most abuses happen by the hands of people close to the victim. Is there going to be any sort of control regarding the people granted access to the private property of the client?
29	15/02/16 9:24AM ID: 30693887	Community and informal support is vital for people with support and care needs. However, formalising an informal arrangements in essential areas, such as nutrition, is very dangerous as informal care is not 100% reliable. Informal support should only be set out in care plans for 'supporting' activities, such as socialising, not basic care and the essentials of life. Who would monitor a neighbour coming into to cook for someone? There is a very real risk that people could be left for days without eating if that neighbour falls ill or just goes away for a few days, which they would be quite at liberty to do if they are not being paid and there is no contract of obligation.
30	15/02/16 9:34AM ID: 30695077	Recommendations to include all available resources in a support plan have been in place since at least 2004 with the In Control and CSIP self-directed support pilots and are systematically built into the accredited National Brokerage Network Support Broker training programme through the use of the '9 stage resource review' and 'Citizenship Funding Model' (www.natonalbrokeragenetwork.org.uk or www.nbneast.org). We have logged many examples from families in the region who receive no practical information, advice and guidance from Council staff on these critical areas with the result that it just appears that the Council is desperate to save money rather than genuinely work creatively to meet needs – it comes across that the onus rests with the family (where one exists) to do as much as it can with dwindling support despite clear legal rights to individual assessments regardless of existing resources (1990 NHS and Community Care Act and Care Act 2014). If the Council's proposed policy is really to expect families to take on the responsibility for caring for adult disabled relations as their primary carer throughout their lifetime it will be acting illegally under the Care Act and fundementally undermining the principles of the National Health Service. If true, it would be more honest for the elected members of the council to declare this as a planning principle and deal with the resulting backlash head on. The use of support plans to identify all possible resources including all Government Departments is made much more systematic when matched with the

		tools to do the job – the NBN Citizenship model assumes only 50% of a persons 'wellbeing' will ever be funded through the Department of Health (inc social care) with a guideline model that expects 25% through community resources and networks; 10% from the Uk grants market and 15% from all other Government Departments eg housing, employment, sports, leisure and culture. If either Council staff or other aeancy advisors do not have this kind of information base to hand, their advice will be of little use to a struggling family and the Council will continue to be seen as a repressive gatekeeper rather than a facilitator.
31	15/02/16 9:43AM ID: 30696080	All support provided by family, friends or wider community makes them carers in some form. This should work provided a carer assessment has been done with regard to sustainability, their needs and practical support. ie. The neighbour may need a break or not be able to provide meals at times or to fund this out of their own pocket indefinitely.
32	15/02/16 10:27AM ID: 30697241	Most people receive help from their family and friends and support within the community - this is taken for granted by most people. However people with disabilities can often need a lot more people and support and it is only fair that family, friends and the community get additional help with that support. Removing access to that extra support might save money over the short term but there will undoubtedly be severe issues brought about by this over the long term and end up costing SO much more as individual have to be taken into care (away from their families) as their families buckle under stress brought about by potential cuts.
33	15/02/16 10:44AM ID: 30630536	All support provided by the family, friends and wider community makes them carers in some form. this should work provided a carer assessment has been done with regard to sustainability, their needs and practical support. ie. the neighbour may need a break or not be able to provide meals at times or to fund this out of their own pocket indefinitely.
34	15/02/16 10:46AM ID: 30331011	The person who helps perhaps one day is ill and can't support the service user. Who will feed the service user that day if they do not have someone to meet the eligible need????
35	15/02/16 10:47AM ID: 30312215	I agree family should be acknowledged but I think including the wider community eg neighbours, can be a risk. People cannot always continue with what they promise, for various reasons; motives can be questionable & commitment lacking. What about vulnerability & if this informal care package collapses, how quickly can the client be reassessed.
36	15/02/16 10:48AM ID: 29841884	This can only be implemented if there is flexibility to put into place full support should the efforts of family and friends cease.
37	15/02/16 3:13PM ID: 30726732	Help from family friends or neighbour is not garantied so if the persons budget is cut, what happen when a person can't or doesn't want help anymore. The person will only be able to eat 4 time s a week.
38	15/02/16 3:28PM ID: 30728243	Less money should not be given to those in need, depending on the help volunteered by others. As often this helps although volunteering still requires funding in respect to travel/activities costs.
39	15/02/16 3:52PM ID: 30729638	Although there should be clearer contengency plans as this help is not guaranteed. Also if the help places strain financially etc, on the friend / family member, , this should be recognised and compensated. I agree in principle as some people have no suppport from their community so it would free up funds for those in most need.

5. MANAGING RISK AND KEEPING SAFE

Overview: Part of an ordinary life is managing risk independently to help inform your own choices. Support plans are designed to set out what help someone needs to live an ordinary life, including any help to manage risks. Avoiding all risks tends to restrict people's freedom and choice, so ordinarily people will balance the risks they take with what they want to do and how they want to live their lives.

Proposal 3: Currently support plans work to minimise risks as much as possible. As well as including interventions to reduce the possibility of the risk, they often include funding that would be needed if a risk arose. This is particularly a feature of support plans where people may present behaviours that are challenging, but most of the time these behaviours are not present. We propose to take a different approach that focuses on interventions to reduce the risk, with a clear contingency plan that can be activated if the risk emerges. In this approach, the Council would be promoting greater independence for people and tailoring responses more specifically around situations where the person needs additional support.

Example A: A person's package was increased by 5 hours to provide a support worker to accompany them on shopping trips each week because there had ben an incident in a supermarket to which the police were called. The increased package was put in to manage the risks associated with shopping. The person always shops in the same shop and is recognised by the staff, so instead of continuing with the increase in staffing the shop manager will be approached, with the agreement of the person, to see if the shop staff could offer some assistance, if the person is struggling to cope whilst in the shop.

Example B: A person who has a support worker visiting three times a week to help manage money and to shop cannot read and becomes very anxious if official looking letters arrive through the post. If this happens on the days when the support worker is not expected, this can lead to angry outbursts with the person breaking items in their home and walking down the street threatening people. Instead of providing more staff or the person moving into accommodation with staff available every day, the local social care team work with the person to agree that he can take any letter either to their office or to the local library for someone to read the letter with him. Do you agree that the Council should look for different ways to manage risk by focusing on reducing risk and using contingency plans to respond to risks whilst promoting independence?

		Response Percent	Response Total
1	Strongly Disagree	16.22%	12
2	Disagree	18.92%	14
3	Agree	40.54%	30
4	Strongly Agree	13.51%	10
5	Don't know / Unsure	10.81%	8

Analysis							
	Mean:	2.84	Std. Deviation:	1.17	Satisfaction Rate:	45.95	
	Variance:	1.38	Std. Error:	0.14			

answered	74
skipped	4

Please add any further comments in relation to this proposal below: (32)		
1	18/01/16 12:44PM ID: 28470330	Only if that support is available, offered and accessible. The need will not be met if this support is not available to the person as expected and described. I am concerned about reliance on services such as libraries when these services are being cut.
2	20/01/16 10:04AM ID: 28633177	need to be careful that we are not over using the community facilities though and losing goodwill.
3	20/01/16 3:55PM ID: 28664718	as long as nobody's health, safety and security is adversely affected. this would have to be done on a case by case basis, and be thoroughly and regularly assessed/evaluated to make sure all health, safety and security issues are being addressed.
4	20/01/16 5:01PM ID: 28671022	In certain circumstances risks can be reduced by changing a persons routine, with contingencies in place. I can however, see problems with the shopping example, as most people with these difficulties would need to know a certain person was available to help them and I doubt many supermarkets would commit to this.
5	27/01/16 12:27PM ID: 29194893	Part of the support worker's role should be about helping to develop strategies for when they are not there e.g. building relationships with the staff in the store; going with the individual to get help to read a letter together so that the individuals know what to do when the support worker isn't there.
6	27/01/16 7:22PM ID: 29222774	More personal budgets for people with mental ill-health.
7	02/02/16 7:15PM ID: 29667305	I cannot imagine that many shops have enough staff to be able to accompany service users around the supermarket. The manager pays his staff to work, not to be available to help our social services with their cut backs. If an incident occurred with the service user the shop assistant would not be trained in how to handle the situation, Causing more distress to the service user. Many local libraries are closing down, and the service user would become upset and angry sat waiting at the council office for someone to read the letter. Staff would not be sat around waiting to read letters to distressed service users the moment they arrived, and the service user would probably be sent away and asked to return at a later date.
8	04/02/16 9:56AM ID: 29791491	without a trained person to accompany them It could be dangerous to the public in some instances if they become out of control.
9	05/02/16 4:47PM ID: 29906183	Whilst thus sounds good in theory the risk as I see it is that we do not live in a nice society disabled abuse on the rise would you be a lot guarantee safety .
10	07/02/16 5:53PM ID: 30024494	In your example, even if the supermarket agreed that one of their staff can assist with shopping, they would have NO training or experience with how to cope with someone who has mental health problems and they would not be insured.
11	08/02/16 11:28AM ID: 30069366	This is very sensible as long as the response time is as close to immediate as possible. If there is a delay in resolving the emerging risk, this could easily put pressure on otherwise overloaded systems such as voluntary organisations or the NHS. More needs to be said on how rapid responses will be activitated.
12	08/02/16 2:39PM ID: 30088311	You cannot farm care out to shops. You cannot 100% guarantee the staff will be the same or they will take seriously or understand what to do in the event of a crisis. It also doesn't take into account the value of the social interaction the person is also getting with the support worker to go shopping which may be some of their only contact and be reducing their social isolation and loneliness. Perhaps these are just poor examples but neither are realistic.
13	09/02/16 10:13AM	As with any new process, one can doesn't fit all. This will work with some individuals and won't work with others

	ID: 30157378	
14	10/02/16 3:31PM ID: 30285470	AGAIN, CARE MUST BE TAKEN TO ENSURE THAT 'NON-CARERS' ARE NOT BECOMING CARE-GIVERS. NOT EVERY 'MAN IN THE STREET' IS EITHER ABLE OR WILLING TO HELP SOMEONE WITH SPECIFIC NEEDS WHETHER PHYSICAL, MENTAL OR BEHAVIOURAL. DISABILITY DOES NOT CONVENIENTLY TICK A BOX, NEEDS CAN CHANGE ON A DAILY BASIS AND SITUATIONS ARISE WITHOUT WARNING - WITHOUT ADEQUATE AND CONSISTENT SUPPORT FROM A COMPETENT PERSON WHO UNDERSTANDS THAT PERSONS PARTICULAR NEEDS AND IDIOSYNCRASES, A MORE DIFFICULT AND NON-COST EFFECTIVE SITUATION COULD ARISE
15	11/02/16 11:47AM ID: 30368818	This depends on how far away the facilities are and transport options available in example B As for example A good luck with that one!
16	12/02/16 11:15PM ID: 30518221	There is a risk that a reduction in the support provided to individuals who need care will result in family carers undertaking even greater responsibility for supporting the person they care for. Any review of need and support must include family carers so that they are able to work with the care for person and professionals to identify the best approach to risk managementy. Again it is imperative that family carers are consulted, assessed and supported as the additional caring role could impact negatively on their health and well being, employment, education, access to the community and family relationships and the Care Act makes it clear that they should be supported to have a life alongside caring.
17	14/02/16 2:26PM ID: 30635608	this may work as an alternative but it may just be moving the of an angry outburst to a different location. It could be trialled on a case by case basis.
18	14/02/16 2:42PM ID: 30636894	Why can't you do both?
19	14/02/16 3:07PM ID: 30637879	I think the government and council has a duty of care but should use the most economical method. Stop wasting money on surveys that don't alter the fact that you have got to make cuts
20	14/02/16 3:43PM ID: 30640766	Yeah as independence is important and people not having resting on other people chaperoning them about
21	14/02/16 5:08PM ID: 30645493	I cannot be assumed that staff in the agencies can deal with the issues of person with complex needs, or that someone will always be available.
22	14/02/16 5:44PM ID: 30646657	The examples you give are bizarre. We are talking about vulnerable people here. staff change, get fed up, would be (XX) justified insaying now their problem. Again, utterly relying on goodwill and the person's capacity (confidence or able to ask for helpwhich is (XX) questionnaire.
23	14/02/16 5:48PM ID: 30648638	I need support
24	14/02/16 6:22PM ID: 30649902	I would like support from a support worker. I'd worry that members of the public wouldn't know how to help me.
25	15/02/16 9:12AM ID: 30692379	The members of the public in both examples supposed to support the clients are neither trained nor have undergone a DBS check, therefore are not suitable to offer support to vulnerable clients. With this proposal e seem to underestimate the work that from one hand Health and Social care workers do, and from the other hand the work that the people in supermarkets or in the library do

		Food shopping requires a wide range of skills, and the aim of the support given by care workers should be aimed at doing it independently, therefore not relying on help from the staff in the supermarkets. Of course, it does take time for individuals to become able to this independently, but in the person centred plan, that should be one of the objectives. The risks involved with food shopping are several and I do not see how they can be so underestimated: there can be health conditions which the staff in the supermarket are unaware off (allergies, ongoing health concerns, diabetes etc) and also mental health related issues (communication skills issues, challenging behaviour, tendency to addictions, eating disorders, depression and therefore lack of appetite, etc). Unless the supermarkets or the council will be willing to train the staff regarding these and many more issues, (and consequently raise their wage for taking on more responsibilities), I don't see how this proposal would be doable. Also I wonder who will be taken accountable in case that the clients go in anaphylactic shock for buying the wrong food, lose or get his money stolen. About the support by members of the public in reading personal correspondence, I do not see how could be this happen according to the current Data Protection legislation. Once again, if training will be provided, formal agreements signed, than maybe it could be an option, otherwise I believe that the support worker have to keep doing what they do.
26	15/02/16 9:24AM ID: 30693887	It is sensible to encourage people to understand their own risks and to work through alternative solutions. Also to help other people in the community to understand them too. This would be a good way of increasing awareness of disability issues and promote knowledge of what is out there to help. Some concerns about the capacity and availability of local libraries and offices to do this however. Many villages do not have libraries, if they do they are open very limited hours. Will the staff and volunteers in the libraries and offices be trained to understand risks and needs? People should have it clearly explained where to go and how to get there, the travelling should be reasonable and within the person's capabilities. Library policy and procedure needs to cover all eventualities.
27	15/02/16 9:34AM ID: 30695077	This section shows a distinct lack of understanding of the realities of the situation. The first priority is to ensure that all agency staff and personal assistants work to enskill the family or disabled person to become as independent as possible – with a clear focus on building circles of support and community networks to create the kind of 'natural support' cited in the example. Where this is not happening already, the Council needs to review its contracts with provider agencies immediately. The example chosen obviously only works for people where the particular needs around community access are defined as mild or moderate under Fair Access to Care guidance. Where the needs for support are clearly evidenced as substantial or critical, one to one support will always be the only way of meeting the Council's duty of care. Whilist this one to one support does not always have to paid hour for hour, there is always a need for instant back up so savings (if any) in this area would be very modest indeed An example of the problems with this approach if undertaken by unskilled staff can be seen in several Realife projects. As we don't get any funding from the County Council, all of our projects are run by and for disabled people and non-disabled colleagues on a mixture of shared interest, goodwill and earned income. We get a large ammount of requests from staff from other projects who are paid to find volunteering opportunities, including local authority social workers and other staff, for people to come to us to help out. This is fine if the person is fairly self-motivated and actually interested in what we do. In the worse scenarios, we are expected to offer opportunities to people for free with no support offered where the person clearly needs focused support to engage in any meaningful way Secondly, a good support plan should never minimise risks – the term used in the support brokerage world is that of 'safe strategies' – pages of detailed risk assessment are required to provide evidence of need and to produce a care plan that presents as a detailed briefing to any PA, agency worker or family member/friend who gets involved with the person. You are possibly referring to the widely held belief amongst poorly trained staff at all levels to make support plans appear to be mere person-centred profiles – an almost impossible task if you stick to the 7 key paragraphs recommended nationally and still present on the Councils own website. The idea of people happily going to a social services office to get one of your staff to read every letter or talk about every thing that bothers them is laughable under the current social care 'culture'. The idea of drop ins and designated independent 'Wellbeing Centres' is something we have been modelling since at least 2004 and generally work well though it must be recognised that this still need to be staffed with trained and supported volunteers/paid workers who must be able to offer follow up support to address problems as well as provide basic information and advice. There also has to be a clear link back into the assessment process so that the person or families rights to a more comprehensive, needs led, package of support are

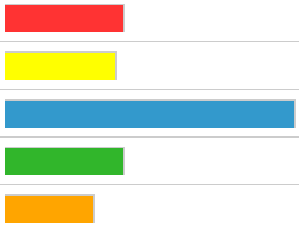
		protected.
28	15/02/16 9:43AM ID: 30696080	What happens when these loose arrangement go wrong? Eg. The public providing assistance are sick/on holiday. You will be relying on public good will and good weekly ongoing communication, who will manage this?
29	15/02/16 10:27AM ID: 30697241	Of course it is important to give an individual choice through some level of risk, however, who determines, for each individual, what the "ordinary" level of risk is? Also, who is going to advise the librarians, shopkeepers and other individuals involved with managing these risks and support them? To a great extent this happens already for a lot of people but it simply isn't enough without additional support. It is a major concern that many individuals will fall by the wayside. Those who even now have support but still feel basis daily tasks a huge challenge are possibly not able, long term, to ever improve their skills and confidence in certain areas to a feasible level to be able to rely on people in the community or be able to pick up the phone and call a social worker for help and advice. This is a scary proposition!
30	15/02/16 10:44AM ID: 30630536	What happens when these loose arrangement go wrong? Eg. the public providing assistance are sick/on holiday. You will be relying on the public good will and good weekly ongoing communication, who will manage this?
31	15/02/16 10:48AM ID: 29841884	A difficult question. Independence is key, but regular contact and support from staff also tackles social isolation, as well as managing/minimising risk. Relying on the kindness of others (first example) and the tolerance and understanding of staff in other offices/ services may only partially address risk and may, in the second example given, provide no immediate follow through of any issues raised by the reading of a letter, leading to possible outbursts/incidents.
32	15/02/16 3:52PM ID: 30729638	I don't think you can protect people constantly and it is important to promote independence and empowerment, yet there needs to be very robust and clear back up plans. Can the person follow these plans independently?

6. LIFE SKILLS

Overview: Life skills development provides specific activities that enhance the ability of a person to live as independently as possible. Skill development activities can include training in budgeting and financial management, use of public transport and general mobility, daily living skills like washing and dressing, self-esteem and assertiveness, home and community safety, and use of assistive technologies. Proposal 4: The Council proposes to increase the focus on the development of skills using short-term interventions to achieve progress towards further independence. Expectations of progress and the timeframe will be clear in support plans and linked to a reduction in personal budget if goals are achieved. If it is not possible for a person to develop the skills with the time limited intervention, an ongoing level of support may be agreed but this would be expected to be a lower level of support than the intensive short term support because it will be about maintaining a level of skill rather than developing a new skill. Example: Someone has an identified need that will be met by attending an activity in the nearest town. The village where they live has a bus service that the person is not confident with using. Their care package currently contains support to travel to the activity. Instead, a short-term package of travel training would be put in to support the person to be more confident and able to use the bus independently. After an agreed period of training, the support for travel would be removed as the person is now more independent and able to travel on their own. To what extent do you agree that the

Council should focus short-term interventions on developing skill, with the funding allocated for this skills development being removed at the end of the agreed timeframe?

		Response Percent	Response Total
1	Strongly Disagree	16.44%	12
2	Disagree	15.07%	11
3	Agree	39.73%	29
4	Strongly Agree	16.44%	12
5	Don’t know / Unsure	12.33%	9



Analysis							
	Mean:	2.93	Std. Deviation:	1.21	Satisfaction Rate:	48.29	
	Variance:	1.46	Std. Error:	0.14			

		Response Percent	Response Total
		answered	73
		skipped	5

Please add any further comments in relation to this proposal below: (35)

1	18/01/16 12:44PM ID: 28470330	Only after an assessment that the skill has been developed and the need no longer exists
2	18/01/16 4:09PM ID: 28486446	this may be addressed later, but many people are disabled further by the support they are given - care does things for people, rather than enables them to care for themselves. Home based exercises for elderly people administered by generic care workers would take longer and cost more in the short term, but would often reduce the need for as much care in the future as mobility, balance and strength are improved. There would be reduction in health care costs as well with reduction in falls and general fitness. So as well as developing skills, improve maintenance of previous skills and ability would be important
3	19/01/16 3:01PM ID: 28562000	Agree - although time limited intervention should also include longer interventions as learning and holding on to skills is often a task accomplished over months rather than weeks.
4	20/01/16 10:04AM ID: 28633177	but the person and family need to b e clear that this is short term piece of work so they don't complain when it is stopped.
5	20/01/16 3:55PM ID: 28664718	this is an important aspect of 'independence'. if you skimp on this, the individual will require longer term, more intense support as they do not have a stable, solid foundation to work from. you would be setting things up for problems in the future.
6	20/01/16 5:01PM ID: 28671022	This could work in certain circumstances, but would need close monitoring as any problems may mean that the person may stop attending the activity and this could lead to social isolation.
7	27/01/16 12:27PM ID: 29194893	Travel training requires very specialist skills and an understanding of the transfer of risk.

8	27/01/16 7:22PM ID: 29222774	This may not work with anxiety or depression. It would depend entirely on the individuals needs and should be more flexible. Support when it is not possible to leave the house.
9	08/02/16 11:28AM ID: 30069366	Adults who have reached the age of majority without having achieved expected independence are unlikely to benefit from 'short term interventions' as suggested. An assessment plan should take into account the long and short term needs of an individual, not what works best for the provision of the service. The example above implies that being able to cope with a particular bus journey to a particular place implies the ability to use bus services in general. That is not a universally appropriate extrapolation.
10	08/02/16 2:39PM ID: 30088311	I believe in skills training but not with the arbitrary removal or reduction of support after a time limited period regardless of if the person can actually now do those things independently, surely there needs to be a comprehensive assessment of if they can now achieve those things independently before support can safely be taken away.
11	09/02/16 10:13AM ID: 30157378	What happens if after the short term interventions the individual is still not ready or confident enough to travel independently? A contingency needs to be put in place to extend the short term intervention where necessary.
12	10/02/16 3:31PM ID: 30285470	HOWEVER, NOT ALL PEOPLE WITH NEEDS WOULD BE ABLE TO LEARN A NEW SKILL THAT WOULD MEAN THEY WOULD NO LONGER REQUIRE THE SUPPORT THEY HAVE HISTORICALLY HAD. WHILST ONE DOES NOT WISH TO DEVELOP A CLIMATE OF OVER-DEPENDENCE, MAINLY PEOPLE WITH SPECIFIC NEEDS, BY NATURE OF THEIR NEEDS, ARE NEVER GOING TO ACHIEVE THIS DEGREE OF INDEPENDENCE WHICH IS WHY THEY HAVE HAD CARERS IN THE FIRST PLACE
13	11/02/16 11:24AM ID: 30367156	I think there would be scope for targets intentionally not be achieved if these skills were being met by a paid provider that would lose the individual once goals are met
14	11/02/16 11:47AM ID: 30368818	I agree but there would need to be an expert assessment e.g. a person with brain injury is likely to require a longer package of care. A practitioner with none or little training in brain injury is likely to make goals with unrealistic timescales as many impairments are invisible!
15	12/02/16 11:15PM ID: 30518221	Where individuals can be supported to learn new skills and gain independnece this should be supported. It is important to acknowldege that for many people such as those with dementia this may not be possible and to ensure that those living in Cambridgeshire's rural communities are not further isolated. There is already pressure as a result of reductions in discount travel schemes and bus passes. Again it is important that the additional burden of providing and paying for the transport does not default to family carers who are likley to be disadvantaged financially as a result of this and may struggle with the added pressure that fulfilling this role would create. This could impact their ability to maintain work etc.. Again it is essential that family carers are engaged in these discussions and decision making.
16	14/02/16 2:26PM ID: 30635608	if as you say the skill was not acquired you are proposing to reduce the funding, however there has been no improvement therefore it shouldn't be funding for maintaining a skill, it should still be funded to develop the skill by another means.
17	14/02/16 2:42PM ID: 30636894	We need to be as independent as possible.
18	14/02/16 3:07PM ID: 30637879	Nobody is going to learn skill if they are going to be penalised finacially
19	14/02/16 3:43PM ID: 30640766	Some people need extra time and support as they may still suffer from continuous anxiety
20	14/02/16 4:10PM ID: 30642533	Only for people who can improve after training

21	14/02/16 4:25PM ID: 30643145	I agree but training for independence should not be defined as short term - it should for as long as necessary.
22	14/02/16 5:08PM ID: 30645493	It may be possible or impossible to learn new skills as in the example when someone has had support for many years, it could result in the person choosing not to take part and therefore lead to social isolation.
23	14/02/16 5:44PM ID: 30646657	of course people should be helped to become more independent but rellying on my daughter as an example: she is autistic soe everytime she does something - shopping, travelling on the bus etc - unlike the first time, She doesn't have less or gain confidence from experience. I hope the people who make decisions about the service users like my daughter, have the knowledge and experience to make them.
24	14/02/16 6:22PM ID: 30649902	As long as i did not feel rushed and felt safe.
25	15/02/16 9:12AM ID: 30692379	Yes, I strongly agree that this would be beneficial to the person's independence. Although, I am also sure that a full risk assessment and full personal history have to be done before propose this the client. It cannot be only because it is the best option financially, but it has to be realistically achievable by the client.
26	15/02/16 9:24AM ID: 30693887	Need to take account of those people who do not have the confidence to do this. This should not be taken too fast and have regular review and safety net in place that people can come back to a 'refresher' in skills development. A clearly understood emergency contact that the person knows should always be available.
27	15/02/16 9:34AM ID: 30695077	Given the need to ensure all workers (from team managers, social workers, care agency managers, care staff and PA's) are skilled at empowering families and disabled people to take control of their own lives, the emphasis has to be on training, induction and mentoring rather than arbitrary time limited skills training for the focus person. The strengths and weaknesses of the re-ablement process are well documented but a recent case serves to illustrate the point – following a double stroke, the person and their partner received support at home three times a day. At an arbitrary time following a prescribed number of visits, one £7 per hour care worker mentioned in passing to their manager that the stroke patient was doing well and this was taken as evidence that support was no longer needed and would be cancelled without a review and re-assessment. We were contacted by the partner in a state of panic but managed to explain that if she contacted the social care team immediately, they would carry out a review and re-instate support if the need was clear. Credit to the County Council team, this was what happened. However, it illustrates the danger of introducing a system that has time limited intervention and no guaranteed review – this case particular would clearly have a failure of duty of care if we had not been there to offer advice at the right time. Please note that we do not have a contract with the Council to offer this kind of support.
28	15/02/16 9:43AM ID: 30696080	Training is good but it depends on the person's abilities. Many of our service users require on going and lifetime skills maintenance or prompting to undertake tasks/activities. eg. We work with a person who has had a lot of training on walking to and from home but will regularly still steps in front of traffic without looking.
29	15/02/16 10:27AM ID: 30697241	This is a good thing as long as those who do need longer term support do get it and those who are identified as not being able to "learn2 such life skills continue to get the additional support they need. It states that "new" skills will not be taught but if someone has never used a bus before is going to be taught to use one, isn't that a new skill?
30	15/02/16 10:44AM ID: 30630536	Training is good but it depends on the person's abilities. Many of our service users require ongoing and lifetime skills maintenance or prompting to undertake tasks/activities. eg we work with a person who has had a lot of training on walking to and from home but will regularly still steps in front of traffic without looking.

31	15/02/16 10:47AM ID: 30312215	Provided the new skills/activities are monitored & contingency plans put in place
32	15/02/16 10:48AM ID: 29841884	Sounds sensible but must have the flexibility to put more support in place if and when the need arises, after the initial, apparently successful short-term skilling up. It is essential to assess a person's vulnerability alongside their capability of carrying out a task.
33	15/02/16 3:13PM ID: 30726732	I think that there should be a meeting/assessment in order to establish whether or not that person will be safe on their own.
34	15/02/16 3:28PM ID: 30728243	I strongly agree, however, the decision that someone no longer needs support should involve the opinion of the person being cared for.
35	15/02/16 3:52PM ID: 30729638	People can become reliant on support workers. A focus of working towards independence is a good idea.

7. GROUP AND 1:1 SUPPORT

Overview: Sometimes it is necessary to provide 1:1 support for a person to meet an eligible need. However, there will be people with eligible needs where this level of support is not required to meet those needs. In these circumstances, it is important for the Council to make best use of group situations, including group activities and group living arrangements, to meet people's needs in a cost-effective way. Proposal 5: The Council will only fund 1:1 support where there is a specific requirement for this to meet an eligible need or where it is necessary to develop specific skills through an agreed short-term intervention or where it provides a cost-effective way of preventing the need for more intensive long term services. At all other times, where group or shared support can meet the eligible need, this option will be reflected when drawing up the support plan. This approach will apply to people using Direct Payments and people where the Council arranges the services. For example: A person with disabilities has a Direct Payment and wants to attend art activities. There is a regular group that they can attend at a local college. The person does not need 1:1 support to attend and take part in this group and so the cost of the group activity would be reflected in their personal budget. To what extent do you agree that the Council will only provide 1:1 support in the circumstances described in the proposal above, and will use group activities or shared support to meet other eligible needs?

			Response Percent	Response Total
1	Strongly Disagree		5.48%	4
2	Disagree		6.85%	5
3	Agree		56.16%	41
4	Strongly Agree		17.81%	13
5	Don't know / Unsure		13.70%	10

Analysis							answered	73
	Mean:	3.27	Std. Deviation:	0.97	Satisfaction Rate:	56.85	skipped	5
	Variance:	0.94	Std. Error:	0.11				

Please add any further comments in relation to this proposal below: (24)

1	18/01/16 4:09PM ID: 28486446	not all activities or needs require 1:1 support
2	20/01/16 3:55PM ID: 28664718	in financially strained times, okay - as long as everybody's health, safety and security is maintained. on a case by case basis, regularly assessed/evaluated.
3	21/01/16 12:57PM ID: 28736495	Again I am surprised that this does not appear to be the current norm.
4	27/01/16 12:27PM ID: 29194893	The key question is whether or not the specific activity is going to help to meet their needs. They might have got as much as they can out of a specific group art activity and don't want to attend indefinitely.
5	27/01/16 7:22PM ID: 29222774	Doing a thing in a group can meet social needs too. However, local charities who have very little funding should be better supported and paid for the services they are providing in the community. Every time a new client is referred.
6	04/02/16 9:56AM ID: 29791491	All expenses when the person is receiving direct payments should be submitted to the Council to verify that the monies are being used in the correct way. This benefit is wide open for abuse of the system, which I have come across often.
7	05/02/16 4:47PM ID: 29906183	Some people whether in a group or not will still need supporting esp with communication toile ting (where needed)
8	07/02/16 5:53PM ID: 30024494	As long as after an individual assessment, that clients who do need 1:1 support can still have it.
9	08/02/16 11:28AM ID: 30069366	On paper and on principle this sounds easy. However, it seems to assume that the group situation is acceptable to the individual in need of care and support. The person for whom I care would hate to be 'put' into a group because of a range of historic difficulties she has had. Where an individual wishes to attend group sessions for a specific purpose and with a specific aim, that should be part of the care plan. Groups should not be used simply for the purposes of cost saving.
10	08/02/16 2:39PM ID: 30088311	This is unclear to me. Generally people have 1;1 support as they require personal care or exhibit challenging behaviour - who would provide this support in the group setting? Also, if the person chooses to not do an activity but would rather stay at home would the 1:1 support be provided there? Also - would people who currently live independently (alone) would they be forced to move into a group home??
11	09/02/16 10:13AM ID: 30157378	Often individuals do have 1 to 1 support only because it is funded and they don't necessarily need it. Shared support is a cheaper option but not just that, it develop other skills such as working as a team, socialising, sharing, taking turns and lots more.
12	11/02/16 11:24AM ID: 30367156	Great in theory but I know from first hand experience that staffing this idea is often not possible. Also agreeing an activity which suits a group of individuals all equally is an almost impossible task, particularly if supporting someone with ASD
13	12/02/16 11:15PM ID: 30518221	It is important that people are suported to engage in universally accesible community services, there is a risk that people with disabilities will not able to fully intergrate into their local community if the only option available to them is through groups and activities for people with specific conditions and needs.

14	14/02/16 3:07PM ID: 30637879	People who don't need 1:1 support should do without it so that people who really need it can get it
15	14/02/16 5:08PM ID: 30645493	Sometimes I could not take part in group activities without 1:1 support to get there interact in the group
16	14/02/16 6:22PM ID: 30649902	I need a 1:1 support to do a work placement
17	15/02/16 9:12AM ID: 30692379	I agree with this proposal, however I hope that this will not discourage private care companies to support their client to join group activities and this will affect their income, and also I wonder how will the client be assessed as not needing 1:1 support in the group activity and wonder if this will affect his/her applications. Also I wonder if this would be a further step back to "day care" realities which in the past have been proven not beneficial to the clients as much as person centred plans.
18	15/02/16 9:34AM ID: 30695077	We can agree with the principle here but only if the Council ensures coherent assessment standards across all members of staff. 1 to 1 support will almost always be required for people with critical needs at critical periods and ditto for any comprehensive assessment of substantial needs if the Council is to meet its duty of care under the new prevention requirements of the Care Act. In many social and leisure situations, a one-one paid relationship can be supplemented with unpaid family/friend/volunteer support but not always replaced. Again, the emphasis must be on coherent and replicable assessment by Council staff. Our work in social work training and running a social work student unit plus my own role as a practice teacher over the past 25 years has made me aware from our own work and from published research that no two social workers are trained to be capable of assessing the same person for the same needs over a short time assessment period unless assessing for existing limited resources under that local authorities guidance procedures eg. no-one get more that x days per week; direct payment rates are limited t x; xshire County Council's policy is to offer group support etc etc. We have seen many examples of pre-social model of disability model practice where it is assumed that disabled people with the same diagnosis or condition must benefit from being in a group with other people with the same condition. This is a particularly damaging assumption for many people with ASD who may find group activities alongside other people with unusual behaviour extremely distressing. Where it is the persons preference to be amongst people with similar conditions, groupwork can have many advantages. The other problem of group assumptions is that the people who facilitate that group can tend to become limited in their outlook, adopting working patterns that draw on outdated assumptions about people's potential. At Realife we do not distinguish between colleagues who are someone else's so-called service user and colleagues who are professional or are family carers and non-disabled people. This lack of distinction between 'us and them' needs to be carefully thought through and discussed openly so that issues like confidentiality, dependency, stress management and all other considerations are aired.
19	15/02/16 9:43AM ID: 30696080	It may be prudent to have an extra person in the art group to provide 1:1 support to the whole group. 1 person running the group of 6 to 8 may struggle when 1:1 is required. The person may contribute/ split the cost of 1:1 support with the other members of the group.
20	15/02/16 10:27AM ID: 30697241	Currently I see individuals with 1:1 support in group situations and don't see the reason for it. Some individuals may need support getting to and from a service but not for the duration of the service/activity when there are other staff members and support workers who can "manage" that individuals needs for the duration of the session. As long as individuals needs are able to be met by staff, for example at the day service, without the staff having to take on a lot of extra work with some individuals which takes them away from time with others in the group, then this should be ok.

21	15/02/16 10:44AM ID: 30630536	It may be prudent to have an extra person in the art group to provide 1:1 support to the whole group. 1 person running the group of 6 to 8 people may struggle when 1:1 is required. the person may contribute/split the cost of 1:1 support with the other members of the group.
22	15/02/16 10:48AM ID: 29841884	Again, this can only be effective if there is the capacity to reassess quickly should the needs/capability of the individual change. Also need to consider the motivation factor in providing support. Going to an activity WITH someone at least for the first time may be the only way to ensure someone has the confidence to attend on their own in the future.
23	15/02/16 3:13PM ID: 30726732	Needs clarity of what is concidered as short term ie. how many days/weeks
24	15/02/16 3:28PM ID: 30728243	As long as the council and the user believe the group activity caters their needs in the same capacity as a carer could.

8. MAKING THE MOST OUT OF 24/7 SERVICES

Overview: Some people require services that are 24 hours a day, seven days a week (24/7). Where the Council funds these services, they are expected to meet all the eligible needs identified following the social care assessment. Proposal 6: Where someone has a 24/7 service, the Council will reinforce the requirement that the eligible needs of the person are fully met through this arrangement and will not agree to services in addition to the 24/7 service, unless there is an agreement to reduce the funding required for the 24/7 service. For example: A person lives in 24/7 supported living and the support workers provide a range of meaningful activities for them and the other tenants both within the house and in the community. To what extent do you agree with this proposal?

		Response Percent	Response Total
1	Strongly Disagree	9.59%	7
2	Disagree	23.29%	17
3	Agree	31.51%	23
4	Strongly Agree	9.59%	7
5	Don’t know / Unsure	26.03%	19
		answered	73
		skipped	5

Analysis						
	Mean:	3.19	Std. Deviation:	1.31	Satisfaction Rate:	54.79
	Variance:	1.72	Std. Error:	0.15		

Please add any further comments in relation to this proposal below: (28)

1	18/01/16 12:44PM ID: 28470330	It is not very clear what is being proposed here. I would have thought that a fixed amount for the care of a person and their needs 24/7 is best. Trying to cut some money here and there will be time consuming and costly. Would there really be saving here?

2	18/01/16 4:09PM ID: 28486446	personalised budgets would allow the person to determine what care support they could dispense with in order to pay for other support they would value more
3	19/01/16 3:01PM ID: 28562000	Often don't seem support workers using community activities or planning support in ways that takes people into the community and can give them a social experience with other people who are not either their support workers or housemates. More needs to be done when checking support plans that these needs are being filled in reality.
4	20/01/16 3:55PM ID: 28664718	but only just. in financially strained times access to extra-curricular activities may have to be reduced. as long as some do take place. why not involve the voluntary/charitable sector in providing support? perhaps the council could initiate dialogue with various providers?
5	21/01/16 12:57PM ID: 28736495	I'm not sure I understand the proposal.
6	27/01/16 12:27PM ID: 29194893	There is a lack of choice. Within a group supported living environment there aren't necessarily enough staff to support everyone to meet their goals. E.g. someone has a hospital appointment,, which means that another resident isn't able to get the support they need to access their employment or volunteering opportunity. There may be a need for some additional funding to have the staff in place for specific individuals to be able to leave the home to meet a regular engagement - every single week, not just when there are staff available.
7	05/02/16 4:47PM ID: 29906183	I'm getting the feeling as I go thru thus questioner that the government wants any body that's not capable of working there's elves to death for minimal wages to be out of sight as far as I can see we are going backwards
8	08/02/16 11:28AM ID: 30069366	It is not clear what 'additional' needs are being referred so it is difficult to comment on this.
9	08/02/16 2:39PM ID: 30088311	Removes choice. the person is limited to the opportunities in their house and the wims of others - they should have the choice to do different things.
10	09/02/16 10:13AM ID: 30157378	You are assuming the activities provided by this 24/7 services is meaningful to the individual. How about those who has aspirations and dreams of wanting to achieve more, something that their 24/7 support doesn't offer. This limits individuals achievements to what their 24/7 service can provide. This is definitely not fair to those who have higher aspirations. Services who offer 24/7 services should be made to offer the option of tenants making their own choices. This type of service with no alternative is designed to maximise on profit and not particularly in the best interest of tenants / clients / users of the service. I can see where choosing such a service is the easiest option for an assessor, however it will not always be in the best interest of the client.
11	11/02/16 11:24AM ID: 30367156	Great if the relationship between the service users is a very positive one
12	11/02/16 11:47AM ID: 30368818	I don't agree as there may be additional services that are important and beneficial to the client that cannot be provided by the 24/7 care. They may also require a support worker/carer to accompany them who has specialist skills that the regular care provider doesn't have This is very common in the case of clients with brain injury. There may be times when the person can't attend the additional service (Funded out of their 24/7 care plan) e.g. due to illness, so do they go without their 24/7 care for that time frame because they were scheduled to be somewhere else?
13	12/02/16 11:15PM ID: 30518221	If the needs of the individual and family carer can be met in this way and their choice is being supported this would be appropriate. They should also be supported to access universally accesible services within the community to meet need via the transforming lives approach but it is important to recognised that there may be some outcomes that cannot be delivered through 24/7 care services and where this is the case alternatives should be

		considrered, again the impact upon the family carers if this is withdrawn must be considered.
14	14/02/16 2:26PM ID: 30635608	If eligible needs have been provided through an assessment, I don't understand why there would be a need for additional services in any case? Why are the council being asked to provide additional services. This example doesn't explain why this scenario would happen therefore unable to agree.
15	14/02/16 2:42PM ID: 30636894	It would be good if they could go out occasionally to different group.
16	14/02/16 4:25PM ID: 30643145	This will create isolation for the service users. It is not normal for being to spend all the time + activities with the same people. This sounds like people will become imprisoned in their home + in their support team.
17	15/02/16 9:12AM ID: 30692379	I strongly believe that the support workers are meant to facilitate their clients to be independent, healthy, active part of their community, especially when in 24/7 supported living.
18	15/02/16 9:24AM ID: 30693887	This example does not give enough detail to ensure full understanding but the suggestion appears to be a reduction in 24 hour care for people who require it and so it cannot be safe. Unless it is explained better.
19	15/02/16 9:34AM ID: 30695077	Agreed in principle only. In the last few situations we have been involved in like this, we have been very aware that there are a numner of serious gaps in the Councils awareness, competence and current assumptions in this area. For example, recruitment if this area is a particular problem given the high price of accomodation and low rates of pay for care work. We are also aware that the Council preferred provider process is flawed with contracts awarded on ‘paper’ promises that do not reflect day to day practice. The prefered provider process also works against the principle of self-directed support as it is assumed that a given agency can provide an equal but cheaper service, with the burden of proof and counter argument left to the service user. In many cases it is only after the failure f the agency to provide the service that the Council returns to the negotiating table. There are also a number of technical and legal considerations around minimum/living wage; 24 hour live in support rates; sleeping/waking nights; workplace pensions etc that are still to worked out in detail with wide variations between local authorities in the same region. Finally, whilst the principle might be sound, the legal right to an accurate individualised assessment must always trump general guidance on payment rates. These cases tend to go through to judicial review as local authorities tend to take the view that the legal process may prevent (or create) a precedent and this rather cynical approach needs to be kept to a minimum in favour of support based on evidence of need.
20	15/02/16 9:43AM ID: 30696080	This may restrict the person’s access/choice to other services, like eg. day services/getting out, because all their funding is tied up with the 24/7 support. Very often funding may even be insufficient to meet the full cost of 24/7 support. We already see this with some care homes arguing over or not being prepared to fund transport or other activities out of the money they receive. Our organisation do not recover the full cost of providing services and supplement the cost of services through fundraising by a third as do other charities providing services.
21	15/02/16 10:27AM ID: 30697241	My concern over this is that many individuals will be kept inside their home environment 24/7 without exposure to the community which would give them a better quality of life. This proposal, as I understand it, reeks of institutionalism to me - are we going forwards or backwards? of course if the individual is being funded to access activities with the community and /or day services where they get the opportunity to socialise and interact with people other than their own staff and gain a wider range of life experiences then the cost of this, which should include (should they need it) 1:1 support from a support worker, should be included in the care package and not be in addition to it.
22	15/02/16 10:48AM ID: 29841884	This proposal can only be applied if it is proven that all needs/activities for that individual can be met by the 24/7 support. If there are specialist exceptional areas that cannot be provided on a logistical basis, there must be the capacity to fund them, without affecting the overall viability of the 24/7 service provided.

23	15/02/16 2:11PM ID: 30722084	This sounds a bit confusing
24	15/02/16 2:23PM ID: 30723240	Confusing, example and proposal itself
25	15/02/16 2:29PM ID: 30723866	Its confusing, I do not know.
26	15/02/16 3:13PM ID: 30726732	All Headway service users have very different needs and abilities this needs to be dealt with in a way that won't send people into panick mode.
27	15/02/16 3:28PM ID: 30728243	Services supplied by an organisations are often essential to a users development/recovery though.
28	15/02/16 3:52PM ID: 30729638	Much of te time the only respite 24/7 carers get is whilst the client is attending a service. Also, specialist services are not normally provided by 24/7 carers.

9. PEOPLE USING THEIR OWN MONEY TO PURCHASE ENHANCED SERVICES

Overview: When the Council agrees the support plan to meet the person's eligible needs following assessment and confirms the personal budget allocation, it can take resources into account when considering the options available to meet the person's eligible needs. Some options may be more expensive than others and some options may include additional services that are not required to meet the eligible needs. The Council will also undertake a financial assessment to determine the contribution from the person towards the personal budget i.e.the cost of implementing the support plan agreed by the Council. If the person and/or their family want a more expensive option that the Council agrees meets the person's eligible needs or an option that offers additional services, they could agree with the Council to make an additional regular contribution in addition to the overall funding agreed by the Council for the support plan. Proposal 6: People receiving social care and their families might choose to use their own resources to commission additional or more expensive services over and above those that have been agreed in the support plan and are part of the personal budget. Example A: A person who has an eligible need to increase their level of physical exercise would prefer to have private gym membership rather than go swimming. The swimming option is in their support plan and funding is included in their personal budget. They decide to use some of their own money to add to the personal budget so they can purchase gym membership and get their exercise that way. Example B: A person moving into a residential home to meet their eligible needs would prefer to have a room with direct access to the gardens of the home. This is not required to meet their eligible needs and there is a higher charge for rooms with this access. The person or their family choses to pay the additional cost for this, and secures a room with the access to the garden. To what extent do you agree that people who choose to use their money in this way, can agree with the Council to add to their personal budget allocation to receive a more expensive service that meets their eligible needs or to receive additional services that are not required to meet the eligible needs?

	Response Percent	Response Total

1	Strongly Disagree		5.63%	4
2	Disagree		7.04%	5
3	Agree		47.89%	34
4	Strongly Agree		23.94%	17
5	Don’t know / Unsure		15.49%	11

Analysis							
	Mean:	3.37	Std. Deviation:	1.01	Satisfaction Rate:	59.15	
	Variance:	1.02	Std. Error:	0.12			

answered	71
skipped	7

Please add any further comments in relation to this proposal below: (29)

1	18/01/16 12:44PM ID: 28470330	'Would agree as long as the personal budget is being used to achieve a good outcome for the person already. They can 't just be offered something inappropriate so that it can be said that their need has been met and then expect them to fund the additional amount that is truly needed to meet that need.
2	18/01/16 4:09PM ID: 28486446	I thought this was already the case
3	19/01/16 3:01PM ID: 28562000	Should be able to top up care but would hope existing support plans would mean their choices were already catered for.
4	20/01/16 3:55PM ID: 28664718	as long as it ADDS to and does not replace their personal budget allocation.
5	20/01/16 5:01PM ID: 28671022	Of course people should be allowed to spend their personal money on what they like, as long as those unable to pay do not receive an inferior service.
6	21/01/16 12:57PM ID: 28736495	is this really a change? I thought this underpinned the personal budget system.
7	27/01/16 7:22PM ID: 29222774	Gardens should be a basic need.
8	04/02/16 9:56AM ID: 29791491	Any thing over and above the allocated services should be paid for by personal contribution but NOT by personal budget which is open to abuse.
9	05/02/16 4:47PM ID: 29906183	If people want to improve there life and family's are able to then yes why shouldn't they but I don't agree the council should pay thus extra unless it's beneficial but saying this support needs etc etc need to be done with the clients interests at heart not the governments or councils savings at heart plus they need to be done properly
10	08/02/16 11:28AM ID: 30069366	This is fine as long as the additional resources available in the family are not used as an excuse to reduce the amount of the personal budget
11	08/02/16 2:39PM	I don't agree with the premise of basing the budget on the lowest possible cost of meeting eligible need as this removes people's choice over their care.

	ID: 30088311	would it not be better to have an average of the different options being the basis for the value of the care package with any underspend then being clawed back by the council if they do go for the cheapest option, but thus allowing people a bit more choice. Of course if people can afford to pay more then fine but the reality for most is that they can't so will have no choice or control of how their eligible needs are met.
12	11/02/16 11:47AM ID: 30368818	I think this is very person centered and offers people who have the funds the opportunity to upgrade the services they receive.
13	12/02/16 11:15PM ID: 30518221	Individuals should have the ability to purchase private services where they chose to do so but it is important that a two tier system is not created. It is also important that advice and support is available to all irrespective of savings or income as many family carers are left without guidance and advice when it comes to finding the right support as they are turned away at the point of referral being told they are over threshold. It is important that there is not an expectation or pressure upon family carers to sibsidise the costs of care for their loved ones as this would create financila pressure and a great deal of stree and anxiety for carers.
14	14/02/16 2:42PM ID: 30636894	People should get what they want.
15	14/02/16 3:07PM ID: 30637879	Very few of us have the means to pay for extras. why did we pay pension and national insurance all our working lives? Change the government!
16	14/02/16 3:43PM ID: 30640766	Yes because if they want to do another thing they enjoy they should be entitled to.
17	14/02/16 3:55PM ID: 30641897	Looked obvious anyway
18	14/02/16 4:25PM ID: 30643145	This is difficult due to inequalities - wealthy people would be going to the gym + having garden access, less wealthy people will not.
19	14/02/16 4:49PM ID: 30644718	if they could!
20	14/02/16 5:08PM ID: 30645493	As Long as they ca afford to do so. This could lead to a two tier system.
21	15/02/16 9:12AM ID: 30692379	Example A: no for the reasons mentioned above. Example B: no because I do not think it is fair that somebody should get a privileged choice not according to his or her needs only because his or her family will pay an additional cost for it. I will repeat myself saying that I believe that the wellbeing of the most vulnerable people in our society is a shared responsibility of our community as whole. The treatment of each individual should not be affected by his her family's means, but because of real needs that have to be met, including emotional and mental wellbeing.
22	15/02/16 9:24AM ID: 30693887	Providing that people's eligible needs are fully met and that a change of circumstance is accounted and planned for this appears to be acceptable.
23	15/02/16 9:34AM ID: 30695077	Two comments here:

		The self-funding market is part of the overall picture and under the Care Act the local authority should up its game in giving a profile to agencies like ours who have always helped self-funders to get the most out of life. We are able to undertake work for free for lots of local people and families because others pay us for our work. Secondly, the messaging needs to be clear – self-funding is an important part of the picture only AFTER the individual's eligibility for services and financial contribution have been assessed following a request for support. The clear danger here is of poorly trained staff telling local families that 'there is a recession on and we have been told to tell people there's no money available' to quote one local family and to paraphase comments from a large number of others who come to us.
24	15/02/16 9:43AM ID: 30696080	Example A: This has already been mentioned in question 1- Only a financial consideration is being made without applying the "the wellbeing principle". The person may hate swimming. Example B: Is "the wellbeing principle" being applied? However if the person can supplement the cost this should be done. On the other hand beggars can't be choosers.
25	15/02/16 10:27AM ID: 30697241	Of course, as long as an individual has the finances to pay ADDITIONAL support that is fine and there is no extra pressure put on carers and family to fund it. It's about what a person needs to live a "normal" life, one where risks are manageable in order to avoid term issues arising that could end up costing much more.
26	15/02/16 10:44AM ID: 30630536	Like the council, we are also reducing our costs to provide cost effective services. Very often we can meet the council half way in finding solutions, it is not always a case of all or nothing. We are now treading a fine line between the complete collapse of services and survival. Rowan is currently supplementing the provision of services by the amount of £100000 per year, roughly a third of the cost of providing services.
27	15/02/16 10:48AM ID: 29841884	This touches again on choice and quality of life. It raises the issue of providing a service that meets the immediate assessed need as opposed to planning for a quality our come. Lack in income/capacity to contribute should not mean you are only receiving the most basic provision rather than one which will enhance your life.
28	15/02/16 3:28PM ID: 30728243	As long as the service user needs are still catered for.
29	15/02/16 3:52PM ID: 30729638	Unfornatunately we are not living in a climate where someone personal preference can be funded for.

10. HAVE YOUR SAY

Are your day-to day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

			Response Percent	Response Total
1	Yes, limited a lot		30.43%	21

2	Yes, limited a little		28.99%	20
3	No		40.58%	28
Analysis	Mean: 2.1 | Std. Deviation: 0.84 | Satisfaction Rate: 55.07 Variance: 0.7 | Std. Error: 0.1		answered	69
			skipped	9

Please add your comments below: (7)

1	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider
2	27/01/16 7:22PM ID: 29222774	Long-term mental health illness from age 11 to present day at 34.
3	03/02/16 3:43PM ID: 29713824	I am about to have a knee replacement operation. And are obviously limited in my current activities (indoor bowls)?
4	04/02/16 9:56AM ID: 29791491	I work part time at 72
5	05/02/16 4:47PM ID: 29906183	Wheelchair user so limited as to where I can go with them
6	08/02/16 2:39PM ID: 30088311	I work for Cambs DUPLO.
7	14/02/16 3:07PM ID: 30637879	I am a stroke survivor

Do you look after, or give any help or support to family members, friends, neighbours or others because of, long term physical or mental ill-health / disability or problems due to old age? (Please tick one box only)

			Response Percent	Response Total
1	No		55.07%	38
2	Yes, 1-19 hours a week		26.09%	18
3	Yes, 20-49 hours a week		4.35%	3
4	Yes, 50 or more a week		14.49%	10
Analysis	Mean: 1.78 | Std. Deviation: 1.06 | Satisfaction Rate: 26.09		answered	69

	Variance:	1.13	Std. Error:	0.13	skipped	9

Please add your comments below: (9)

1	21/01/16 12:57PM ID: 28736495	I am the Director of a charity that supports such people.
2	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider
3	27/01/16 7:22PM ID: 29222774	Making meals, shopping for cancer sufferer, social media support for fellow mental ill-health sufferers.
4	02/02/16 7:15PM ID: 29667305	I work in a Day Centre.
5	03/02/16 3:43PM ID: 29713824	Chairman of Day Centre which requires a lot of time in management activity but not hands- on with any of the actual clients.
6	04/02/16 9:56AM ID: 29791491	I am employed to look after the elderly in a professional capacity
7	05/02/16 4:47PM ID: 29906183	Two people in household disabled 1 physically disabled and in wheelchair 2 person with severe learning disabilities care manager allocated for the 2 nod but still awaiting a caremanager for wheelchair yser 6 years waiting I feel I save the country a lot of money in what u do (not looking for thanks) but help respite etc for both
8	08/02/16 11:28AM ID: 30069366	I care for my severely disabled mother who has recently moved in with us
9	10/02/16 3:31PM ID: 30285470	TWO PEOPLE AS WELL AS A FULL-TIME JOB

What is the most important thing that the Council Care service provides for you? (Please tick all that apply)

			Response Percent	Response Total
1	Homecare		2.90%	2
2	Day Care		10.14%	7
3	Community Equipment		2.90%	2
4	Transport to access Day Care Services		2.90%	2

5	Sensory Services		2.90%	2
6	Mental Health Service		1.45%	1
7	Other (please specify)		76.81%	53

Analysis						
	Mean:	6.04	Std. Deviation:	1.88	Satisfaction Rate:	84.06
	Variance:	3.52	Std. Error:	0.23		

answered	69
skipped	9

Please add your comments below: (22)

1	18/01/16 12:44PM ID: 28470330	n/a
2	18/01/16 4:09PM ID: 28486446	residential care for my mother
3	19/01/16 3:01PM ID: 28562000	Appropriate day care that recognises choice and interests as well as avoiding moving people from day care where they have established a supportive peer network.
4	20/01/16 10:04AM ID: 28633177	no services
5	20/01/16 3:55PM ID: 28664718	council care does not provide me with anything.
6	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider
7	26/01/16 2:44PM ID: 29125702	Blue badge parking and bus pass gives me independence
8	27/01/16 12:27PM ID: 29194893	Personal budget to access a support worker to help with daily living activities
9	27/01/16 3:14PM ID: 29208169	I do not receive council care
10	27/01/16 7:22PM ID: 29222774	Nothing. Didn't even know they provided any support in terms of mental health. It would be nice for GP's to tell you or mental health services for example. I have been in the system since 2007.
11	27/01/16 8:57PM ID: 29228804	Physiotherapy
12	02/02/16 7:15PM ID: 29667305	Our service users would not be able to attend the centre without transport. However the Centre is just as important to our service users as the transport.
13	03/02/16 3:43PM	Not applicable see note to question above

	ID: 29713824	
14	04/02/16 9:56AM ID: 29791491	I work in Day care for a Charity supplying this service
15	05/02/16 4:47PM ID: 29906183	Nothing for person in wheelchair But we get day care for learning disability person and transport to get there etc wouldn't let me tick box
16	08/02/16 11:28AM ID: 30069366	Nothing!! We get no support from Council Care as my mother's savings take her outside the financial limit to get support. Her income is limited, so we are eating into her capital. Her care bills, on top of the support we give for free, comes to £3000 per month. The state contributes nothing apart from her attendance allowance.
17	08/02/16 2:39PM ID: 30088311	List only let's you tick one box at a time.
18	10/02/16 3:31PM ID: 30285470	A PERSONAL BUDGET TO PAY FOR CARERS TO HELP ME BE INDEPENDENT AND LIVE A LIFE LIKE OTHER NON-DISABLED PEOPLE
19	11/02/16 11:47AM ID: 30368818	A good standard of service for my clients.
20	15/02/16 9:12AM ID: 30692379	Cambridge & District Volunteer Centre
21	15/02/16 9:24AM ID: 30693887	Healthwatch
22	15/02/16 10:27AM ID: 30697241	Care Professional

How would a change to the way the Care services are provided have an impact on you? (Please tick below)

		Response Percent	Response Total
1	A lot	69.57%	48
2	A little	4.35%	3
3	No difference	26.09%	18

Analysis							answered	69
	Mean:	1.57	Std. Deviation:	0.88	Satisfaction Rate:	28.26		
	Variance:	0.77	Std. Error:	0.11			skipped	9

If the changes will have an impact on you or someone you care for, please tell us how (Please explain below) (10)		
1	20/01/16 3:55PM ID: 28664718	the council provides no support for me or my partner. we are already trying to manage by ourselves.
2	21/01/16 12:57PM ID: 28736495	It would impact on our service users but not directly on our service which is free. The reply here should be not applicable.
3	26/01/16 10:38AM ID: 29104839	not applicable; survey completed by service provider
4	27/01/16 7:22PM ID: 29222774	I'm not getting any.
5	03/02/16 3:43PM ID: 29713824	Great concern about funding the DayCentres.
6	04/02/16 9:56AM ID: 29791491	If the block booking system is changed we would not be able to provide the Day Care service, as we could not afford to have the fully qualified paid staff that we do now, which we need as the vast majority of our clients need physical and mental attention on a regular basis If given a personal budget many clients who use our service would choose to supplement their income with the extra money provided rather than come to the centre and have to pay . They believe that they get the service for free at present as they do not understand that we are supported on a block booking service from the Council.
7	08/02/16 11:28AM ID: 30069366	As we get nothing from the council, these changes will make no difference.
8	08/02/16 2:39PM ID: 30088311	It will remove and lesson people's choice and control of their own care, which stands in complete opposition to the personalisation agenda.
9	11/02/16 11:47AM ID: 30368818	It will impact on my clients quality of life and impact on their anxiety and mental health, they will also struggle to understand the changes and how they affect them so I will need to add this to my current service
10	12/02/16 11:15PM ID: 30518221	I work for Carers Trust Cambridgeshire, the impact of reducing choice and control in the way that support is provided is likely to create greater need for carer support as family carers shoulder even greater responsibility.

Do you have any other comments you wish to make on the future of the Care Services? (Please explain below)

			Response Percent	Response Total
1	Yes		26.09%	18
2	No		73.91%	51
Analysis	Mean: 1.74	Std. Deviation: 0.44	Satisfaction Rate: 73.91	answered	69

	Variance:	0.19	Std. Error:	0.05		skipped	9

Please add your comments below (18)

1	18/01/16 12:44PM ID: 28470330	I am concerned that there will be a shift to using generic service providers for a wide range of need. I would hope that specialisms, such as working with looked after children, will be protected in these changes
2	18/01/16 4:09PM ID: 28486446	please ensure that decisions are integrated with the health system; we need integration and shared budgets to avoid reduction in resource on one side that results in increased cost on the other,
3	20/01/16 3:55PM ID: 28664718	please do not be 'short termist'.
4	27/01/16 7:22PM ID: 29222774	More flexibilty in care.
5	02/02/16 7:15PM ID: 29667305	I am very concerned about how elderly service users and their families would cope without Day Care. The benefits to both is huge. I am also concerned about service users being asked to use the direct payments system. most of my service users are not able to do this themselves. Involving family has risks. I have worked in care for 20 years and have sadly seen empty fridges in homes where someone else has been in charge of the finances. Will there continue to be a proper system in place for inspecting receipts, to ensure the money is spent on care.
6	04/02/16 9:56AM ID: 29791491	As stated previously I strongly disagree with personal budgets as I an aware, that these funds are financially unregulated and people who receive then often do not spend them on the services that they are given for. They are not financially accountable and are or will, in the future cost the Council far more than the services provided and regulated by the Council. This will impact on the whole community and whilst possibly be cost effective for Councils staffing levels it will encourage wastage of financial resources in the long term.
7	05/02/16 4:47PM ID: 29906183	Why oh why can things not be joined up and centralised my sister has a care-manager (learning disabilities) My husband although we have been waiting 6 years but when we get one it will be a different department Why can't one care manager do both if they live in same household People should be made to be valued not hidden away that is so nazi
8	08/02/16 11:28AM ID: 30069366	As well as being a carer, I am also a Parish Councillor in a village (Grantchester) where we have a disproportionate number of elderly people, some of whom live in sheltered accommodation. Over the last five years they have seen their services eroded dramatically. There is now no warden overseeing the housing development, just someone who comes round periodically to test the alarms are working. Family, neighbours and the local Car Scheme provide a significant amount of services that used to be provided by the council. I am all too aware that the council is between a rock and a hard place in respect of providing care services - the needs keep going up and the money keeps going down. There is a point, however, (and we have just about reached it) where the combination of lack of services, bureaucracy, time lags between need identified and met, lack of suitably trained and available staff, and lack of money is placing our residents in potentially life-threatening circumstances.
9	10/02/16 3:31PM ID: 30285470	A FAMILY MAY HAVE SPENT MANY YEARS CARING FOR SOMEONE WITH SPECIFIC NEEDS. THE FAMILIES MAY NO LONGER BE WILLING OR ABLE TO CONTINUE WITH THIS CARE (IE ILLNESS/OLD AGE/A NEED TO RETURN TO FULL-TIME EMPLOYMENT) AS A CONSEQUENCE OF EITHER GIVING UP WORK OR TAKING A POORLY PAID JOB IN ORDER TO CARE FOR THAT PERSON, THEY THEMSELVES ARE NOW IN FINANCIAL DIFFICULTY AND HAVE COMPROMISED THEIR OWN PENSION ETC THE AIM WOULD BE FOR THE PERSON NEEDING CARE TO HAVE AS INDEPENDENT AND FULFILLED LIFE AS POSSIBLE WHICH WOULD MEAN LIVING AWAY FROM HOME. BOTH THEY, AND THE FAMILIES WHO HAVE CARED FOR THEM FOR MANY YEARS NEED THE KNOWLEDGE AND REASSURANCE THAT THE BEST LEVEL OF CARE IS AVAILABLE TO MEET THIS NEED AND PROVIDE SAFETY AND SECURITY. IF THIS HAS BEEN ACHIEVED, TO EXPECT THAT FAMILY TO BEGIN TO PROVIDE A DEGREE OF CARE OR SUPPORT IN ORDER

		TO MAKE COST SAVINGS TO THE SERVICE IS ACTUALLY GOING TO COST MORE IN THE LONG-TERM E.G. MENTAL HEALTH ISSUES RELATING TO THE TIME SPENT AS A CARER - THEY MAY HAVE FINALLY STARTED TO CARVE THEIR OWN LIFE OF INDEPENDENCE AND WORK AWAY FROM THE PERSON NEEDING CARE/INCREASED WORKING HOURS/TAKEN HOLIDAYS ETC. TO BE EXPECTED TO GO BACK TO A ROLE OF CARER FOR HOWEVER SHORT A PERIOD OF TIME, COULD BE CATASTROPHIC BOTH FOR THEM AND FOR THE ONE NEEDING CARE WHO MAY HAVE REACHED A STATE OF CONTENTMENT BY BEING ABLE TO LIVE A LIFE AWAY FROM THEIR FAMILY. PHYSICAL HEALTH NEEDS OF THE CARER COULD ALSO BECOME AN ISSUE E.G. A CARER DEVELOPS BACK PROBLEMS FROM YEARS OF CARING. THE CARED FOR PERSON NOW LIVES AWAY FROM HOME INDEPENDENTLY AND WITH CARE. THE CARERS BACK PROBLEMS BECOME LESS. THE PROBLEMS WILL RETURN IF PUT BACK INTO THE CARING ROLE - EVEN IF ONLY FOR A NUMBER OF HOURS PER WEEK.
10	12/02/16 11:15PM ID: 30518221	It is very important that family carers are treated as expert partners when these difficult decisons are being made so that the most pragmatic soloutions can be found, they have a unique perspective upon strengths and community networks which professionals cannot replicate. It is alos important that they are not disadvantaged.
11	14/02/16 4:25PM ID: 30643145	Almost all these proposals would verge upon abuse!
12	14/02/16 4:37PM ID: 30644319	the questionaire is rather loaded and not really objective!
13	14/02/16 5:08PM ID: 30645493	Uncertainty about the future is increasing my levels of anxiety.
14	14/02/16 5:44PM ID: 30646657	But they must be helped to understand the implications ie. less money for other things
15	15/02/16 9:12AM ID: 30692379	I really do hope that the proposals in the plan will not be taken further. I would like to add though that the Council may consider, in order to reducing expenses and being more cost effective, to renegotiate their partnerships with some private care companies that charge a very high hourly amount, of which about only a third actually goes to care workers. The low wages of care workers in Cambridgeshire has become a very important issue to be addressed as always less qualified and experienced people decided to carry on working in the care sector and opt for other career paths better remunerated. Cost effectiveness means to have the best staff at the best cost, which is not what is happening right now in the region. On the other hand, the hourly price requested by most care companies is appalling. I think that the council should rule more actively about the gaps between priced paid and wages of the care workers.
16	15/02/16 9:24AM ID: 30693887	It is clear from many of these questions that the Council will be reducing packages for people with care needs. Healthwatch Cambridgeshire is very concerned about the decreasing support available for people with high care and support needs and, whilst understanding the Council's financial position, wishes to highlight the inherent risks to people's safety and wellbeing. These reductions need to be carefully thought through with each person and their family and carers. We welcome innovation in thinking about packages, there are huge opportunities to work across the different silos of social care. However, burden of care must not to be transferred to people who have their own needs and vulnerabilities. Direct payments in particular should not be seen as a way of shifting responsibility for care. The arrangements can be managed by the person and their carers, if able, but the Local Authority at all times retains legal responsibility.

	17	15/02/16 9:34AM ID: 30695077	To make sense of the realities of the financial situation and the potential of the Care Act, Cambridge County Council has to enlarge it's current range of planning assumptions and invest in coherent startegic models that have a proven practice based with vigourous academic and economic pedigrees. We suggest starting with Assett Based Community Development and Support Brokerage, both of which are being largely ignored as development models in favour of piecemeal approaches taking some of the interventions in both disciplines out of context (eg timebanking; information, advice and guidance, support planning; community development; user leadership; peer support) and the wondering why there is no ongoing development. For reasons that are not clear to us, the County Council does not appear to recognise the role and potential of Support Brokerage despite its existance as a national model and the presence of the National Brokerage Network Eastern Region in the area, based at the Realife offices, for at least the past 10 years. We have been asked to present sessions at training courses and conferences organised by the County Council, CAIL and Pinpoint over the past 6 years and support approx. 120 local families and disabled people directly, most of whom are self-funders or part of our pro bono work. This is either a major oversight or a deliberate policy – neither position makes any sense to us, particularly in the light of 2014 Care Act. Social Work education and in particular, placement opportunities and practice teaching need to re-focus on the core competence area of 'Rights, Justice and Economic Wellbeing' in the HCPC standards of proficiency for social workers and their inter-relationship with the Professional Capabilities Framework. The Council has a lead role to play in making sure that new social workers have the knowledge and skills to address all the community development and empowerment areas cited in this review as well as providing independent training and mentoring for managers and frontline staff in keys strategic lessons learned in both Assett Based Community Development and Support Brokerage. It will be at least a 5 year strategy to training the workforce needed to build problem solving; development and empowerment skills into the skill mix in both local authority and voluntary agency work cultures. As part of a major complaint procedure last year, we made the offer to the County Council on behalf of several disabled people or family carers who are already on partnership boards to contribute directly to workforce development on improving competence in IAG, support planning, task based casework; support brokerage; community development and user leadership. This offer has never been actively taken up despite positive noises and we are happy to make it again in the light of this consultation exercise – with the one proviso that we won't keep offering something for ever if the Council can't be bothered to respond or is actively deciding not to work with us. Either way we will continue to do our best to support the County Council in its role through Transforming Lives and the implementation of the Care Act, from a distance if necessary.
	18	15/02/16 9:43AM ID: 30696080	Like the council, we have also reducing our costs to provide cost effective services. Very often we can meet the council half way in finding solutions, it is not always a case of all or nothing. We are now treading a fine line between the complete collapse of services and survival. Rowan is currently supplementing the provision of services by the amount of £100,000 per year, roughly a third of the cost of providing services.

Are you involved in a project that you think we should know about that could help us better deliver our strategy?

			Response Percent	Response Total
1	Yes		15.94%	11
2	No		84.06%	58
Analysis	Mean: 1.84	Std. Deviation: 0.37	Satisfaction Rate: 84.06	answered	69

	Variance:	0.13	Std. Error:	0.04		skipped	9

If "Yes", please tell us more about the project in the space provided below: (9)

1	18/01/16 4:09PM ID: 28486446	retired GP working with health system to increase sustainability of GP care and CCG OPACS project (linked to Better Care Fund
2	21/01/16 12:57PM ID: 28736495	You are already aware of the services of Cambridgeshire Hearing Help which works to help people manage their hearing loss. Critical to the preventative agenda by improving well being.
3	26/01/16 10:38AM ID: 29104839	Centra Support, Circle Housing
4	26/01/16 2:44PM ID: 29125702	Various research projects on loneliness and provision of services in the community
5	27/01/16 12:27PM ID: 29194893	You Can Bike Too provides volunteering opportunities for people with a range of disabilities. Part of personal budgets could be used to help this and other similar projects cover the costs of additional support required by those volunteers with disabilities, particularly learning disabilities. This additional support includes increased levels of communication, printed communication rather than emails, on the job coaching and training to ensure the person learns their task and sticks to it appropriately. The volunteers benefit from both a social activity, making a difference in their community, and gaining confidence and skills. Some volunteers have already had to stop volunteering because there aren't enough staff in their supported living environment to help them to access the opportunity. This reduces an individual's sense of agency and their sense of wellbeing.
6	27/01/16 7:22PM ID: 29222774	Make, Do and Mend
7	03/02/16 3:43PM ID: 29713824	Only what I have stated above
8	12/02/16 11:15PM ID: 30518221	CCC are fully aware and funding support through Carers Trust Cambridgehire.
9	15/02/16 9:12AM ID: 30692379	If the Council wants to save money being more cost effective, the only way it can be done in the care sector is by employing well trained and experienced people who can support vulnerable people in becoming more independent and active in the community: it may cost even more to begin with, but in time it will pay back every single penny spent.

11. ABOUT YOU

Please tell us a bit more about you by ticking the appropriate box. This will help us make sure we have considered the views of a wide range of people. If you are completing this as family carer, please provide the details of the person you are caring for. Which of the following options best describes you? Are you replying as:

		Response Percent	Response Total
1	An individual	82.35%	56
2	An organisation	17.65%	12

Analysis							
	Mean:	1.18	Std. Deviation:	0.38	Satisfaction Rate:	17.65	
	Variance:	0.15	Std. Error:	0.05			

answered	68	
skipped	10	

Are you...

		Response Percent	Response Total
1	Service user	44.12%	30
2	Local authority	1.47%	1
3	Carer	10.29%	7
4	Care provider	2.94%	2
5	Health and social care professional	13.24%	9
6	Voluntary organisation	16.18%	11
7	Other (please state below)	8.82%	6
8		2.94%	2

Analysis							
	Mean:	3.38	Std. Deviation:	2.41	Satisfaction Rate:	34.03	
	Variance:	5.79	Std. Error:	0.29			

answered	68	
skipped	10	

Comments: (14)

1	18/01/16 12:44PM ID: 28470330	volunteer
2	20/01/16 3:55PM ID: 28664718	I would be described as a service user if the council provided a service that I used. I have needs, but they are not being met by the council.
3	26/01/16 10:38AM ID: 29104839	Registered provider of social housing

4	27/01/16 12:27PM ID: 29194893	Friend of service users
5	27/01/16 3:14PM ID: 29208169	Received survey via patient participation group
6	27/01/16 8:57PM ID: 29228804	Old age pensioner
7	02/02/16 7:15PM ID: 29667305	postcode provided below is where I live. I work in St Neots Cambridgeshire.
8	04/02/16 9:56AM ID: 29791491	I work for a Charity which provides Day Care
9	08/02/16 11:28AM ID: 30069366	I completed this primarily as a carer, but am also a parish councillor and Chair of our local volunteer Car Scheme
10	12/02/16 11:15PM ID: 30518221	Carers Support Team Manager, on behalf of Carers Trust Cambridgeshire.
11	15/02/16 9:24AM ID: 30693887	Healthwatch
12	15/02/16 9:34AM ID: 30695077	Realife Trust/National Brokerage Network
13	15/02/16 9:43AM ID: 30696080	Rowan
14	15/02/16 2:37PM ID: 30724456	Scope

Are you...

		Response Percent	Response Total
1	Male	38.24%	26
2	Female	52.94%	36
3	Other	0.00%	0
4	Prefer not to say	8.82%	6

Analysis							answered	68
	Mean:	1.79	Std. Deviation:	0.83	Satisfaction Rate:	26.47	skipped	10
	Variance:	0.69	Std. Error:	0.1				

Please provide your age:

			Response Percent	Response Total
1	Under 18		0.00%	0
2	18-24		8.82%	6
3	25-34		19.12%	13
4	35-44		13.24%	9
5	45-54		17.65%	12
6	55-64		17.65%	12
7	65-74		7.35%	5
8	75+		7.35%	5
9	Prefer not to say		8.82%	6

Analysis							answered	68
	Mean:	5.12	Std. Deviation:	2.05	Satisfaction Rate:	51.47	skipped	10
	Variance:	4.22	Std. Error:	0.25				

How would you describe your ethnic background?

			Response Percent	Response Total
1	British		86.76%	59
2	Irish		0.00%	0
3	Gypsy & Traveller		0.00%	0

4	Other		0.00%	0
5	African		0.00%	0
6	Caribbean		1.47%	1
7	Other		0.00%	0
8	White and Black African		0.00%	0
9	White and Black Caribbean		0.00%	0
10	White and Asian		0.00%	0
11	Other		0.00%	0
12	Indian		0.00%	0
13	Pakistani		0.00%	0
14	Bangladeshi		0.00%	0
15	Chinese		0.00%	0
16	Other		0.00%	0
17	Any other Ethnic Group		0.00%	0
18	Prefer not to say		11.76%	8
Analysis	Mean: 4.56 Std. Deviation: 6.77 Satisfaction Rate: 16.18 Variance: 45.86 Std. Error: 0.82		answered	68
			skipped	10

Are you..

			Response Percent	Response Total
1	In education (full or part time)		2.94%	2
2	In employment (full or part time)		27.94%	19
3	Self-employed (full or part time)		1.47%	1
4	Retired		7.35%	5

5	Stay at home parent / carer or similar		2.94%	2
6	Prefer not to say		55.88%	38
7	Other (please specify):		1.47%	1

Analysis						
	Mean:	4.53	Std. Deviation:	1.87	Satisfaction Rate:	58.82
	Variance:	3.51	Std. Error:	0.23		

answered	68
skipped	10

Other (please specify): (1)

1	27/01/16 7:22PM ID: 29222774	Disabled

1.0 Support planning

1.1 Support planning

A vital part of the care and support process for people with ongoing needs is the "care and support plan" or "support plan" in the case of carers. The local authority has to demonstrate how the eligible needs of the person can be met within the "care and support plan" or "support plan" and the costs associated with meeting those needs.

The individual concerned should involved in the planning process and should be given every opportunity to take joint ownership of the development of the plan with the local authority, if they wish and the local authority agrees. The plan 'belongs' to the person it is intended for, with the local authority's role to ensure the production and sign-off of the plan to ensure that it is appropriate to meet the identified needs.

1.2 Key policy statements: support planning

- **What is support planning?**
- **Meeting needs**
- **Changing the way needs are met**
- **Producing care and support plans**
- **Care and support plan - sign-off and assurance**
- **What is a personal budget?**
- **Carers personal budgets**
- **Reviewing the care and support plan**
- **Revising the care and support plan**
- **Equalities**
- **Policy review**
- **Transition to the new legal framework**
- **What does this mean for me?**

1.3 What is support planning?

Once an individual has been assessed as having eligible needs, and ordinary residence established, a period of support planning will take place which will detail how that person's needs will be met.

The support plan will be developed by exploring different options for meeting people's needs. The plan will contain an explanation of the personal budget that has been allocated to meet eligible needs, to give everyone involved clear information regarding the care and supports costs and the amount that the local authority will make available. As part of the assessment and care and support planning process, a financial assessment will be undertaken to determine the contribution that the person will make towards the personal budget allocation. This is covered in Section 17 of the Care Act Policy Framework.

The guiding principle in the development of the plan is that the process should be person-centred and person-led, in order to meet the needs and outcomes of the person in ways that works for them as an individual and their family.

1.4 Meeting needs

The Council is statutorily required to meet the eligible needs of the people receiving care and support.

The concept of "meeting needs" is intended to be broader than a duty to provide or arrange a particular service. Because a person's needs are specific to them, there are many ways in which their needs can be met.

The purpose of the care and support planning process is to agree **how** a person's needs will be met. Some of those needs will be eligible for support from the Council, so the support plan therefore sets out how the Council will discharge its duty, or its power, to do so.

How needs can be met: The Council recognises that people's experiences of care are significantly affected by *how* a need is met, not just *which* needs are met. There are a number of options for how needs could be met, and the use of one or more of these will depend on the individual's specific circumstances. These are;

- The person's family or friends supporting them
- The person meeting them independently
- The person paying for a service from their own financial resources
- Other organisations, for example educational establishments
- Needs being met through community based and/or unpaid support
- The Council directly providing some type of support
- The Council arranging for a care and support provider to provide some type of support
- The Council making a direct payment, to enable the person to purchase their own care and support
- Some combination of the above
- The Council 'brokering' a service on behalf of the individual. For example, with people who are financially assessed as being able to pay for their own care. This would involve the Council supporting the individual to select and enter into a contract with a provider. The contract would be held with the individual, not by the Council.

When determining how to meet someone's eligible needs and writing the support plan with the person, the Council will take into consideration the individual's preferences and consider the person's goals in approaching the authority for support, and the level or nature of support desired.

The Council will also take into account a person's network of support. The network of support would often include family, friends, and other people or organisations in someone's community, but it could include other things as well.

Where eligible needs can be met by support from family carers or engagement with community networks and activities, these will be reflected in the support plan and will reduce the need for support funded and/or arranged by the Council. However, they will be regularly reviewed by the Council alongside the other arrangements to ensure their continued suitability.

Where there is more than one option for meeting an eligible need, the Council will include cost as one relevant factor in deciding between suitable alternative options for meeting needs. This does not mean choosing the cheapest option; but the one which delivers the outcomes desired for the best value.

Whilst the Council is committed to joint working with the NHS and housing partners, the Council will not directly provide or arrange any services that these organisations are legally obliged to provide.

Non-eligible needs: Under certain circumstances, the Council may choose to meet some non-eligible needs. Where the Council chooses not to meet any non-eligible needs, the Council will provide a written explanation for this decision.

1.5 Producing care and support plans

The Council is committed to ensuring care and support plans are person-centred, and to ensuring the individual has every reasonable opportunity to be involved in the planning. The Council will involve the person the plan is intended for, the carer (if there is one) and any other person the adult requests to be involved. The Council will also provide opportunities for joint ownership of the development of the plan between the person and the Council where this is what the person wants and where the Council agrees.

To inform the process of planning, the Council will draw up an initial plan that sets out how the Council would meet the eligible needs and the costs associated with this i.e. the personal budget. This plan will be used to inform the work with the person to agree how to meet their eligible needs. This work may lead to agreement that the eligible needs are met in different ways or that the plan drawn up by the Council will be used.
The Council is committed to including the following key elements in a care and support plan;

- The needs identified by the assessment;
- Whether, and to what extent, the needs meet the eligibility criteria
- The needs that the authority is going to meet, and how it intends to do so
- The outcomes the person needing care hopes to achieve
- For a person needing care, for which of the desired outcomes care and support could be relevantFor a carer, the outcomes the carer wishes to achieve, and their wishes around providing care, work, education and recreation where support could be relevant
- The personal budget
- Information and advice on what can be done to reduce the needs in question, and to prevent or delay the development of needs in the future

- Where needs are being met via a direct payment, the needs to be met via the direct payment and the amount and frequency of the payments

The Council's strategy is to support people to increase their independence and reduce reliance on formal care wherever it is possible to do so. Where this is appropriate, support plans will therefore set out how someone will increase their independence, by describing how support will be delivered in terms of outcomes that reinforce independence. Expectations of progress and the timeframe will be clear in support plans and linked to a reduction in personal budget if goals are achieved.

During the support planning process, the Council will consider whether the needs or a person's other circumstances may mean that they are at risk of abuse or neglect. The planning process may bring to light new information that suggests a safeguarding issue, and therefore lead to a requirement to carry out a safeguarding enquiry.

Carer involvement: The person may have assessed eligible needs which are being met by a carer at the time of the plan – in these cases the Council will seek to involve the carer in the planning process. Provided the carer remains willing and able to continue caring, the local authority is not required to meet those needs. However, the Council will record the carer's willingness to provide care and the extent of this in the plan of the person and also the carer, so that the authority is able to respond to any changes in circumstance more effectively.

Where the carer also has eligible needs, the Council may suggest the production of a joint support plan. Both parties will need to agree with this approach before a joint plan is undertaken.

Direct payments: In developing the plan, the local authority must inform the person which, if any, of their needs may be met by a direct payment. More detail can be found in policy statement "10.0 Direct payments".

Mental capacity: The Mental Capacity Act 2005 (MCA) requires local authorities to assume that people have capacity and can make decisions for themselves, unless otherwise established. Every adult has the right to make his or her own decisions in respect of his or her care and support plan, and must be assumed to have capacity to do so unless it is proved otherwise.

The Council endorses the view that a person must be given all practicable help to make the specific decision before being assessed as lacking capacity to make their own decisions.

Where an individual has been assessed as lacking capacity to make a particular decision, then the Council will commence care and support planning in the person's best interests under the meaning of the MCA.

Where individuals have difficulty in being actively involved with the planning process, the Council will seek to involve any person who appears to the authority to be interested in the welfare of the person. Where individuals have no family or friends who are able to facilitate the person's involvement in the plan, the Council will

arrange for an independent advocate to represent and support the person's involvement.

This duty arises if the person would, without the representation and support of an independent advocate, experience substantial difficulty in any of the following;

- Understanding relevant information
- Retaining relevant information
- Using or weighing that information as part of the process of being involved
- Communicating their views, wishes or feelings

Combined care and support plans: Depending on the specific circumstances of the individual concerned, the Council may recommend the production of a join care and support plan. The plan can only be combined if all parties to whom it is relevant agree and understand the implications of sharing data and information. The combination of plans should aim to maximise outcomes for all involved. The Council is legally obliged to obtain consent from all parties involved before undertaking a joint care and support plan. During this process, the Council will work with partners to establish a lead organisation for the combined plan.

1.6 Care and support plan - sign-off and assurance

The Council will take all reasonable steps to agree with the person concerned the manner in which the plan details how needs will be met, before signing-off the plan.

Where a care and support plan is being created jointly with the Council and the person, a third party or jointly with other organisations, the Council's role includes overseeing and providing guidance for the completion of the plan; and ensuring that the plan sufficiently meets needs, is appropriate and represent the best balance between value for money and maximisation of outcomes for the person.

In the event that the Council prepares the plan on behalf of the person or delegating this to a third-party, it will reflect the best interests of the person throughout.

Where possible sign-off should occur when the person, any third party involved in the preparation of the plan and the Council have agreed on the detail of the plan, including the final personal budget amount and how the needs in question will be met. If there is a lack of agreement over how the person's needs should be met or the personal budget, the Council will rely on the care and support plan that they have drawn up to demonstrate how the eligible needs could be met.Where an independent advocate has been used, they will not be asked to sign-off the plan, as this remains the responsibility of the Council.

The Council recognises the importance of the care and support plan and will ensure timely completion, proportionate to the needs that are to be met. The Council is also committed to ensuring that the planning process does not unduly delay needs being met.

Upon completion of the plan, the Council will give a copy of the final plan to the person for whom the plan is intended and any other person they request to receive a copy, including their independent advocate if they have one and the person agrees.

1.7 What is a personal budget?

The personal budget calculation forms a key part of the care and support planning process.

The personal budget sets out the overall sum of money that will be available to meet a person's eligible needs, taking into account any support from informal carers , friends or neighbours and any community activities that can be used to meet eligible needs. The individual can then exercise choice and control over the way their eligible needs are met through their care and support plan. The person's ability to contribute to the personal budget will be determined through a financial assessment that is explained in Section 17 of the Care Act Policy Framework.

Some, or all, of the personal budget can be taken as a direct payment to enable the individual to directly purchase care and support services. See the Direct Payment Policy Statement for further details.

The Council is committed to ensuring the personal budget calculation is transparent and robust so people have confidence that the allocation is sufficient to meet their eligible care and support needs. The Council will use a 'Care Cost Calculator' to estimate the personal budget available prior to involvement of the service user in support planning.

The personal budget will take into account;

- Any support from informal carers , friends or neighbours and any community activities that can be used to meet eligible needs
- The cost to the Council of meeting a person's eligible needs
- Any financial contributions the individual must make towards the cost of their care and support services

The personal budget will not contain;

- Any preventative services deemed to be 'free at point of delivery' (such as occupational therapy and assistive telecare equipment and re-ablement services)
- Any top-up fees paid by the individual or a third-party
- Any arrangement fees applicable for arranging care and support services for people who have financial resources above the financial limit

These items will be presented separately but alongside the personal budget. This ensures that the personal budget remains transparent, timely and sufficient to meet the individual's eligible needs.

1.8 Personal budgets for carers

In line with the principles of the Care Act 2014, the Council has a duty to promote wellbeing, and will support carers to look after their own physical and mental health and emotional wellbeing, social and economic wellbeing and to spend time with other family members and personal relationships.

To support this objective, carers will receive a personal budget to meet eligible needs identified through a carer's assessmen.

The personal budget sets out the overall sum of money that will be available to meet the carers eligible needs. The carer can then exercise choice and control over the way their eligible needs are met through the support plan.

Some, or all, of the personal budget can be taken as a direct payment to enable the carer to directly purchase support services. See the Direct Payment Policy Statement for further details.

1.9 Reviewing the care and support plan

Keeping care and support plans under review is an important part of the process, and is essential to ensure the plan remains relevant to someone's needs, support network, and goals as they change over time.

A care and support plan review will cover these broad elements, as appropriate;

- Have the person's circumstances and/or care and support or support needs changed?
- What is working in the plan, what is not working?
- Are there different ways of meeting need that have not been considered before?
- What might need to change?
- To what extent has the care and/or support plan contributed to meeting the outcomes identified in the plan?
- Does the person have new outcomes they want to achieve that the care and/or support plan should be contributing to?
- Is the person's personal budget contributing to them meetingtheir needs and contributing to the outcomes identified in their plan, and
- Is the current method of managing it still the best one for what they want to achieve, e.g. should a change from an arranged service to a direct payment be considered, or vice versa?
- Does the personal budget amount need to be amended to reflect the person's needs - this could be an increase or a decrease?
- Does the personal budget amount need to be amended to reflect different ways of meeting the person's needs in a more cost effective way?
- Are there any changes in the person's informal and community support networks which might impact negatively or positively on the plan and potentially the personal budget?
- Have there been any changes to the person's needs or circumstances which might mean they are at risk of abuse or neglect?
- Is the person, carer, independent advocate satisfied with the plan?

The Council is committed to ensuring that reviews are proportionate to the needs and circumstances of the individual concerned. Where a person's circumstances are changing, , more frequent reviews may be scheduled.

As well as the Council scheduling reviews with the person, they can also request a review. A review could also be requested by otherparties interested in a person's wellbeing e.g. family members or a care and support provider. .

In considering whether to undertake a review the Council will involve the person, carer and anyone else the person requests to be involved where feasible. The Council will seek to identify those who may have significant difficulty in being fully involved in the decision to review and when there is no appropriate person who can represent or support their involvement and consider the duty to provide independent advocacy.

Where a review is requested and the Council makes a decision not to conduct a review, the Council will set out the reasons for not accepting the request in a format accessible to the person, along with details of how to pursue the matter if the person remains unsatisfied.

1.10 Changing the way needs are met

The way that eligible needs are met can change over time as new and innovative ways of working are developed and examples of national and local best practice are shared and adopted across the county. Council staff will be required to consider and take into account any of the "policy lines" below that may be relevant in meeting a person's assessed eligible needs when they are working with them to develop the care and support plan.

Policy Lines for consideration in care and support planning

- **Undertaking an assessment of night time activity using assistive technology equipment to reduce reliance on waking night staff.** If waking night staff may be required, an assessment of night time activity using assistive technology equipment will be undertaken to determine if the level of need and any risks can be met using specific assistive technology. For example equipment could be used to alert a sleep-in member of staff that support is required. This would remove the need for more expensive waking night staff. Other opportunities to use assistive technology to support people will also be considered and where possible assistive technology will be the preferred option of meeting identified needs.

- **Reviewing the support provided to reduce social isolation.** Some people have eligible needs around reducing or preventing social isolation. These needs can be met in a variety of different ways and it may be that one activity or service to meet a need around employment for example simultaneously meets a need around preventing social isolation. A clearer distinction will need to be made between activities that address social isolation and leisure activities, where the cost of the activity should fall to the person rather than to the Council.

- **Clarifying when a single housing and support arrangement would be considered appropriate by the Council rather than more cost effective shared housing arrangements.** Shared housing arrangements, particularly

for younger people with learning disabilities, offer a sociable setting for people to live and is a cost effective option, with some of the staff support being shared between the group. In some circumstances a single person housing and support arrangement will be necessary to meet the specific needs of the individual but this is expected to be in exceptional cases only.

- **Personal budgets will be based on the most cost effective option for meeting eligible needs identified following assessment.** When developing care and support plans, if there are different options that could meet eligible needs, Council staff will consider which option is the most cost effective. This will include consideration of whether an option would support greater independence and lead to a reduced package of social care and support in the future.

- **The role of, and support from, family, friends, the wider community and other organisations will be recognised and taken into account when developing support plans to meet eligible needs.** The role of, and support from, family, friends, the wider community and other organisations will be considered and included in the care and support plans reflecting their contribution to meeting eligible needs. If circumstances change and the level of support set out in the plan changes, the plan would need to be revised. Contingency plans will also need to be developed to respond if the informal care and support is not available for any reason.

- **Managing risk using an alternative arrangement and a contingency plan.** Sometimes, especially where a person presents behaviours that are challenging, funding and interventions are part of their support plan even though most of the time they do not present such behaviours. A different approach would be to manage the risk with a clear contingency plan in case the risk emerges rather than including additional care and support in the plan that is not required .

- **Focus on short term interventions to develop or regain skills and reduce dependence on social care funded support.** Where there is the potential for the person to develop or regain skills, the use of short term interventions should be included in the plan with clear outcomes and timeframes. The successful development of or regaining of skills will lead to greater independence and reduce the eligible need. The care and support plan will need to reflect that the level of need will reduce, and the personal budget, after the intervention. In some cases, the timeframe of the intervention may be extended to achieve the desired outcome. In other cases, the person may not be able to develop the desired skill and the specific intervention will end and the care and support plan amended to reflect the ongoing eligible needs.

- **Group and 1:1 support.** Some people with eligible needs do not need 1:1 support to meet those needs. In these circumstances, the Council will make the best use of group situations, including group activities and group living arrangements, to meet people's needs in a cost-effective way.

- **Making the most of 24/7 services.** Some people require services 24 hours a day, 7 days a week (24/7). Providers of such services will be expected to fulfil all of a person's eligible needs, and provide a full range of meaningful activities for people in 24/7 supported living both within the house and in the community. No additional services will be commissioned unless there is an agreement to reduce the funding to the 24/7 provider.

- **People using their own money to purchase enhanced services.** When the Council agrees the support plan to meet the person's eligible needs following assessment and confirms the personal budget allocation, it can take resources into account when considering the options available to meet the person's eligible needs. Some services may provide enhanced support that is not required to meet the eligible need, but the person would prefer to use. People who wish to use a more expensive but enhanced service that goes beyond meeting their eligible need may agree to pay an additional contribution (which will be over and above any contributions they may have to pay depending on the result of their financial assessment).

1.11 Revising the care and support plan

In some cases the review will confirm that the care and support plan remains relevant and represents the best and most effective way of meeting a person's eligible needs.

In other cases the review will result in changes to the plan, either because a person's needs have changed, or because there are new and more effective ways of meeting an individual's needs.

Where a decision has been made following a review that a revision is necessary, the Council will inform the person, or a person acting on their behalf of the decision and what this will involve. Where the person has substantial difficulty in being actively involved with the review, and where there are no family or friends to help them being engaged, an independent advocate must be involved.

When revising the plan the Council will involve the person, their carer and any other persons the adult may want involved, and their advocate where the person qualifies for one. The Council will take all reasonable steps to agree the revision. The revision process will be fundamentally the same as the one followed to establish an initial care and support plan, as described in sections 1.4 – 1.8 above.

Particular attention will be taken if the revisions to the plan propose increased restraints or restrictions on a person who has not got the capacity to agree them. This may become a deprivation of liberty, which requires appropriate safeguards to be in place.

In all cases, the Council will consider whether an independent advocate may be required to facilitate the person's involvement in the revision of the care and support plan.

Where there is an urgent need to intervene, the Council will consider implementing interim packages to urgently meet needs while the plan is revised. In doing so, the Council will endeavour to work with the person to avoid such circumstances arising wherever possible by ensuring that any potential emergency needs are identified as part of the care and support planning stage and planned for accordingly.

1.12 Equalities

The Council is commitment to providing fair and equally accessible services for everyone in Cambridgeshire, whether they are:

- Using our services, in need of our services, or may need our services in the future
- Living in, working in or visiting Cambridgeshire
- Employees or prospective employees, contractors supplying goods or services, or anyone working in the voluntary capacity, supported by us

Under the Equality Act 2010, The Council and its staff are fully committed to the public sector duty to:

- Eliminate unlawful discrimination, harassment, victimisation and any other conduct prohibited by the Equality Act 2010
- Advance equality of opportunity between people who share a protected characteristic and people who do not share it
- Foster good relations between people who share a protected characteristic and people who do not share it

Further information about the Council's equality and diversity policies are available via the council's website:
http://www.cambridgeshire.gov.uk/info/20086/communities_and_localism/480/equality_and_diversity

1.13 Policy review

This policy has been reviewed in February 2016 following a consultation in December 2015 – February 2016. This policy will be reviewed annually. An early review may be triggered by any national or local developments that impact on this policy.

1.14 What does this mean for me?

As a local resident: This policy only applies to people with care and support needs.

As someone who may need care and support: The Council will use your assessment to draw up an initial care and support plan which contains an indication of your personal budget. This plan will then be used as a basis to work with you to agree how your needs might be met, which will be recorded in your final care and support plan. You can lead the planning process, jointly with the Council, if you would like to and the Council agrees. The personal budget which will detail the cost to the Council of meeting your needs, as well as an indication of the level of financial contributions you will be expected to make as a result of your financial assessment. Depending on your circumstances, you will be the option or taking some or all your

personal budget via a direct payment. More detail on direct payments can be found in the Direct Payment Policy Statement. Planned reviews will be regularly undertaken to ensure that the care and support plan remains appropriate, however in the event that your circumstances change you can request a review, and in certain circumstances, such as an unplanned hospital admission, an unplanned review may be required. Any significant changes will be reflected in a revised care and support plan. The way in which your needs are met may change over time through the introduction of new technology and as the Council responds to examples of national and local best practice.

As a carer of someone who might need care and support: Depending on the specific circumstances of the individual you care for, you will be involved in the creation and regular review of their care and support plan. If you are supported as a carer by the Council, you will have your own support plan and personal budget, and you will have the option of taking some or all your personal budget via a direct payment. More detail on direct payments can be found in the Direct Payment Policy Statement.

As a care and support professional: As someone who works with individuals to assess their care and support needs, create care and support plans and / or undertakes reviews you will need a full understanding of this policy.

1.15 Useful links

Care Act legislation – clauses 24-30:	http://www.legislation.gov.uk/ukpga/2014/23/section/24/enacted
Care Act Guidance – sections 10,11, 13:	https://www.gov.uk/government/publications/care-act-2014-statutory-guidance-for-implementation
Care Act Regulations:	https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/376204/2903119_Care_Act_Negative_Regulations_Master.pdf
Care Act Factsheets:	https://www.gov.uk/government/publications/care-act-2014-part-1-factsheets
Related policy statements:	• Wellbeing • Prevention • Information & advice • Integration • Safeguarding • Assessment of care and support needs • Advocacy • Direct payments • Ordinary residence rules • Transitions to adult services • Prisoners • Charging and financial assessments • Deferred payments

CHANGE LOG

Amendments made in February 2016

Numbers in brackets show where proposals discussed in consultation in Dec 2015 – Feb 2016 have been included. See papers for 1 March 2016 Adults Committee for further details on consultation results.

Section	Detail of change
1.1	Clarification of the meaning of 'support plan'. Clarification of the Council's responsibility to demonstrate how eligible needs can be met and the cost of meeting these needs.
1.3	Clarification of the development of different options in support planning. Statement that a financial assessment is carried out as part of the assessment and care and support planning process.
1.4	Statement of the Council's statutory duty to meet eligible needs. Addition to list of ways of meeting needs, to include family, friends, meeting needs independently or from own financial resources and support from the wider community or other organisations. Statement that a person's network of support will be taken into account in support planning and this will reduce personal budget (2). Deletion of paragraph stating that carer and community support will not be included in plan. Statement that Council will take into account cost as one relevant factor when choosing between two options, both of which will deliver the desired outcomes (1).
1.5	Clarification that a person may self-plan with support of Council if they wish. Statement that Council will draw up a care and support plan to inform work with person on how to meet eligible needs. Addition to list of elements of care and support plan to include outcomes, plan to access information and advice if relevant. Statement that Council's strategy is to support independence, that support plans will set out how someone will increase their independence, and this will reduce personal budget if achieved (4).
1.6	Statements reinforcing that the person can develop the plan jointly with the Council and that Council will rely on original care and support plan if disagreement about how eligible needs should be met occurs.
1.7	Statement that a person's network of support will be taken into account in support planning (2). Deletion of paragraph and list on benefits of personal budget. Clarification that Council will use 'Care Cost Calculator' to estimate personal budget in initial support planning work. Clarification of 'arrangement fees' as opposed to 'administration charges'.
1.8	Clarification that personal budgets for carers are to meet eligible needs identified through a carer's assessment.
1.9	Clarification of statement about why reviews are necessary. Multiple

	revisions to list of broad elements of review of care and support plan to ensure clarity. Addition of clarifying statements about changes to need, circumstances or available services potentially impacting personal budget. Deletion of statement of 'light touch' review. Clarification that changing circumstances could result in more frequent reviews.
1.10	Clarification of status of examples about how care and support plan might change. Addition of examples from consultation (3,4,5,6,7).
1.11	Re-ordered section for clarity. Deleted unnecessary repetition of description of review process. Clarified that revision process will take the same approach and be subject to the same principles as the development of an initial care and support plan.
1.13	Statement that policy has been reviewed in February 2016.
1.14	Removed paragraphs on Transition to New Legal Framework as these focus on the introduction of the Care Act in April 2015.
1.15	Statement that Council will draw up an initial plan following assessment.

Agenda Item No: 5

BETTER CARE FUND PLANNING FOR 2016/17

To:	**Adults Committee**
Meeting Date:	**1 March 2016**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**For key decision:** **Key Decision: No**
Purpose:	**To update the AdultsCommittee on the development of the Better Care Fund Plan for 2016/17 and seek views to inform the Plan.**
Recommendation:	**The Committee is recommended to**

- **Note the update on BCF planning for 2016/17**
- **Comment on the proposed approach to BCF Planning**
- **Comment on the proposed priorities for transformation set out in Appendix A**
- **Comment on how they would like to be involved in the BCF as the Plan is developed further.**

	Officer contact:
Name:	Geoff Hinkins
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Email:	Geoff.hinkins@cambridgeshire.gov.uk
Tel:	01223 699679

1.0 PURPOSE

1.1 The purpose of this report is to provide an update on the Better Care Fund (BCF) planning process for 2016/17 and seek the view of the Adults Committee on priority areas for the BCF Plan in Cambridgeshire. At the time of writing the full BCF guidance, originally scheduled to be released at the end of December 2015, has not yet been published. Therefore, a further verbal update will be provided at the meeting.

2.0 BACKGROUND

2.1 The BCF was created to form a joint budget to help health and social care services to work more closely together in each Health and Wellbeing Board area. The BCF came into effect in April 2015 and in Cambridgeshire the BCF totalled £37.7 million for 2015/16. This was not new money but a reorganisation of existing funding already used to provide health, social and housing services across the county. The BCF is designed to support better integration of health and social care to improve services for the most vulnerable people in the community; provide better support for carers and create efficiencies. In the first year of BCF most funding remained in community health and social care budgets, particularly supporting the Clinical Commissioning Group (CCG)'s Older People and Adult Community Services (OPACS) contract; and a smaller amount of funding has been focused on medium term projects that will begin to support our shared outcomes.

2.2 The Better Care Fund will continue into 2016/17, and the Policy Framework for the BCF, which describes the Government's priorities for the BCF in 2016/17 has been published. Changes to the Better Care Fund include:

- The Performance related pay element of BCF, linked to a reduction in non-elective (emergency) admissions to hospital has been removed, with an expectation that the money is invested in services through the BCF.
- A new national condition has been added requiring local areas to develop a 'clear, focused action plan' for managing Delayed Transfers of Care (DTOCs) from hospital with locally agreed targets.
- A significant increase in the Disabled Facilities Grant (DFG) administered by District Councils. However, this has been created by the removal of the Adult Social Care Capital Grant funding of c.£1.3m currently received by the County Council
- From 2017/18, local areas will be required to develop a plan for multiple years that describes a move towards the Government's definition of integrated health and social care services

2.3 At the time of writing, the full guidance for the Better Care Fund had not yet been published; other changes will be described in a verbal update provided at the meeting, following publication of the guidance which is now expected at the end of February.

3.0 USE OF THE BETTER CARE FUND IN 2015/16

3.1 In developing its approach to BCF, the County Council and the CCG jointly considered the distribution of the minimum NHS contribution towards the Better Care Fund. Overall, the approach recognised the responsibilities associated with the Care Act and new initiatives through the BCF balanced against the fact that the BCF involved no additional funding. There was also a need to maintain service delivery and contractual commitments in both health and social care.

3.2 This cautious and pragmatic approach meant that in broad terms the money in the BCF remained in the same area of the system as it was previously. In the first year of BCF most funding remained in existing budgets, and the small amount of repurposed spending was focused on areas that would begin to develop a transformation in services. The expectation was that in future years there would be more funding available to support different services as our work began to have an impact. In the first year of the BCF, we planned to spend:

- £18.1 million on community health services in the NHS, mainly on the CCG's Older People and Adult Community Services (OPACS) contract
- £13.1 million on social care services, with the majority spent on services that reduce demand for NHS services. This was mainly sourced from the previous section 256 agreement funding that supported social care services which delivered benefits to the health service.
- £0.9 million on transformation projects that would begin to help us shift demand away from emergency hospital services towards services provided in the community and helping people to stay more independent
- £1.9 million on Disabled Facilities Grants, awarded by District Councils to make changes to people's homes to support them to live independently – such as access ramps, internal modifications to make rooms easier to access, and improving heating and lighting controls to make them easier to use.

3.3 The BCF Metrics were largely prescribed at a national level, with some local flexibility on targets. Performance improvements were anticipated in the following performance indicators:

- Total non-elective admissions in to hospital (general & acute), all-age, per 100,000 population
- Permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population
- Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement / rehabilitation services
- Delayed transfers of care (delayed days) from hospital per 100,000 population (aged 18+).
- Friends and Family Test - Inpatient - % that would recommend NHS service received to friends and family
- The proportion of adults (aged 18+) receiving long-term social care (per 100,000 of population)

3.4 The non-elective admission target was the only 'performance-related payment' indicator in the BCF; after significant discussion locally, the target was set at a 1.0% reduction. This represented a lower level of ambition than the requested 3.5%. However, non-elective admissions have continued to increase, with performance at the end of quarter 3 showing an increase in non-elective admissions of 5%.

3.5 As none of the BCF was new money and most of it was contained in existing schemes, no attempts were made to define the benefits of each budget line of the BCF. Other indicators are either cumulative or only measured once a year. These factors combined to make it difficult to demonstrate a link between BCF activity and performance at this stage of the financial year.

3.6 The five BCF transformation projects have progressed at varying speeds this year. Many of the projects were closely integrated with work being undertaken by the UnitingCare Partnership; thus much of the work is subject to review following the OPACS contract termination and the subsequent contract review. An example is the Data Sharing work, which was focused on extending the OneView system that UnitingCare were set to develop to improve sharing of information about patients and service users.Following the termination of the OPACS contract, the contract for this service has also been terminated, leading to delays in the work.As a result there are currently underspends in the project budgets, although the section 75 financial agreement governing use of the BCF mandates that these will be carried forward into the second year of BCF.

4.0 PROPOSED APPROACH IN 2016/17

4.1 Officers from the Council and CCG have been in discussion about the most appropriate approach to developing a Better Care Fund plan for 2016/17. The guiding principle agreed is that there should be greater transparency over the budget lines in the BCF pool; that every budget line should have clear performance targets attached; and that clear and realistic expectations should be set for the transformation projects undertaken through BCF. It is expected that this approach will assist all partner organisations, and the Cambridgeshire Health and Wellbeing Board, in better assessing the impact of the BCF. This will become increasingly important as the Government agenda is for local areas to move towards longer-term, more integrated planning across the system beyond 2016/17.

4.2 To inform the transformation priorities in 2016/17, officers have developed a draft vision for the system in 2016/17, which describes the specific operational changes that we want to develop by April 2017. This is attached as appendix A, and the areas outlined are expected to form the basis of BCF transformation work in Cambridgeshire and Peterborough. Comments are invited on the changes described in the document.

4.3 Work continues on the service areas and associated targets to be included in the BCF budget; an updated will be provided at the meeting. Given the restricted timescales for BCF planning, the draft BCF plan will change

frequently between now and the expected submission date of mid-March; Members are invited to comment on how they would like to inform the development of the plan in advance of its eventual sign-off by the Health and Wellbeing Board. For development of the 2015/16 plan, a separate Member Working Party was convened to consider the plan.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 The BCF contains funding that was previously contained in social care base budgets, and therefore has implications for ongoing service delivery. A national condition for the BCF is that plans must protect social care services. Any changes to budgets as a result of BCF plans therefore must not reduce social care services (although they may be provided differently). A specific sum of £2.5 million was reserved in the BCF plan for the protection of social care services in 2016/17.

5.2 Statutory, Risk and Legal Implications

5.2.1 The key risk for BCF planning is that the negative impact on demand-led services as a result of disinvestment is not balanced by a positive impact from the preventative or transformed services that receive investment. This could result in the destabilisation of the health and social care system if resources are shifted to social and / or community services but demand remains high for acute services. The delay in issuing the guidance for the BCF exacerbates this risk by requiring local partners to work more quickly to create a pooled budget to meet statutory requirements.

5.2.2 However, a failure to take the opportunity provided by the BCF and the associated transformation activity risks reducing the possible impact of change, increasing the likelihood of budget and demand pressures created as a result of growing demand that has not been mitigated by successful transformation of the system.

5.3 Equality and Diversity Implications

5.3.1 There are no significant implications in this category.

5.4 Engagement and Consultation Implications

5.4.1 A stakeholder consultation on the BCF took place to inform planning for its first year. The lack of available guidance for the BCF until a late stage has limited opportunities for a specific consultation on the plan for 2016/17although a number of public sector stakeholders are engaged through the Cambridgeshire Executive Partnership Board.

5.5 Localism and Local Member Involvement

5.5.1 The strategy and vision for BCF is of a wide range of local community

services available to help people to live independently in their communities.

5.6 Public Health Implications

5.6.1 The activity expected to be undertaken as a result of the BCF plan is expected to improve the health of people living in Cambridgeshire so that more people can live independently of long-term intensive or acute health and social care services for as long as possible.

Source Documents	Location
Appendix A – The draft vision for people across the system in 2016/17	Geoff Hinkins Shire Hall Cambridge CB3 0AP Geoff.hinkins@cambridgeshire.gov.uk

The vision for people across the system in 2016/17

What we want to achieve by April 2017

V0.5, 08 February 2016

Purpose

The purpose of this paper is to set out in simple terms how we want the 'system' that supports older people, people with long term conditions including disabilities, carers and families to work in future. By the 'system' we mean the NHS, Social Care, District Councils, Housing, Voluntary and Community sector and independent sector organisations providing services for people. This paper prioritises those older people and people with long term conditions who are currently living independently but are vulnerable to becoming frail or needing higher levels of support or intervention in future. This paper is aspirational – it describes where we want to get to in the next year, building on work that is developing across the health and wellbeing system in Cambridgeshire and Peterborough.

We hope that in 12 months' time, implementation of many of these changes will be underway. This paper should form the basis for the Cambridgeshire and Peterborough Better Care Fund Plans for 2016/17 onwards; and builds on the work that has taken place so far and the '10 aspects of an integrated system' that have previously been agreed at the CEPB The narrative set out here should underpin the ethos of the 2016 Vanguard work and all other integrated transformation workstreams going forward for the system as a whole.

Broadly speaking, these changes can be divided into support for people who do not have, or have not yet developed, significant ongoing health needs; and support for those people that have significant ongoing needs and receive support from a range of organisations. To achieve our ultimate aim of a shift away from long term social care or care that is provided in the acute setting to preventative services that are focused on keeping people well, we need to focus on our response across both cohorts

Before people have significant ongoing needs

Healthy ageing and prevention

We are increasingly focused on establishing and implementing approaches that prevent or delay the need for more intensive health (specifically admissions and re-admissions to hospital) and social care services, or, proactively promote the independence of older people and people with disabilities and their engagement with the community. This includes specific and planned evidence based public health programmes with an emphasis on falls, social isolation, malnutrition, dementia and promoting continence. A lot of work is already happening in this area, which should remain a key priority across our organisations into 2016/17 and inform the Proactive and Prevention workstream that has been set up as part of the NHS System Transformation Programme.

Eyes and ears – indicators of vulnerability

We want our staff across the system to be able to act as 'eyes and ears' – spotting indicators that someone is becoming more vulnerable and referring them to appropriate support. This includes not just medical or social care staff but any public sector staff that come into contact with the public.

To support this, we will develop a list of 'triggers' which indicate that someone has, or may develop, increased vulnerability. Examples include someone asking for assistance with their wheeled bin, a request for a personal alarm/life line, a concern raised when a housing provider carries out a routine visit, a death is registered or a blue badge is requested. It will also include medical triggers such as low mood/depression, continence/ frequent UTIs, injuries caused by falls, or frequent missed medical appointments. When these triggers are noticed the system will have a planned response to offer support, advice and information.

Clear and joint sources of information

People will be able to access a consistent library of health, social care and wider information from a number of places - including web sites, a library or community hub or their GP surgery.Information will be available in print or digitally. Consistent and up-to-date digital information will be available, as each source will call on a shared database of information so that organisations offering support only have to update their information in one place – and it is available across all sources. From accessing this information it will be easy for people to find out how to make contact if they need further support.

A real or virtual 'single point of access' for advice and support

Identification of these triggers, or a member of the public making contact, will result in a referral to a co-located or virtual single point of access where advice can be sought. Those who take the call can check existing levels of involvement with our agencies across different information systems via appropriate look-up access to records. There will be joint single point of access based on the assumption that 'there is no wrong door'. This will be based on the different referral points for health, social care and the VCS operating as one virtual front door. Ensuring that once a referrer or patient or carer has entered the system they are effectively directed to the right service quickly and are not aware of potentially moving between providers as part of that navigation process. This will be available for planned and unplanned care therefore ensuring all needs are met effectively.

If a follow-up appointment is needed there will be capacity for health and social care staff to make contact in person if a face to face conversation is needed with the individual or their carer, partner or relative. This could take place in someone's home or in the community.

Holistic identification of need with a coordinated response

Two types of 'assessment' tool will be available to support staff to identify levels of need and easily communicate that to people in other disciplines.

First is a tool that can be used quickly in any setting as a basis for a shared language across sectors when identifying what the level of need is,with a view to deciding what action would be most appropriate. The Rockwood Frailty tool will be used to assess an individual's level of physical frailty. We will investigate whether it would be useful to supplement this with another simple tool that can quickly summarise levels of social and community need

As well as that simple tool, a more in-depth holistic needs assessment tool will be available that could be used to assess the full range of needs (physical, mental, social); and identify what support could prevent further escalation. A virtual 'team around the older person' or MDT would be

established with all involved in this team (e.g. GP, District Nurse, Social Care practitioner, Housing provider, home care agency, local voluntary organisation, neighbour) being able to work to a shared plan based on shared information. A lead professional would be identified for as long as was needed as a key point of contact, to coordinate support and to simplify a complex system for people requiring support. This would most likely be the person who has most contact with the person and as circumstances change, the lead professional may also change. The purpose of this team would be to support the person and put measures in place which improve outcomes and avoid, as far as possible, escalation of need and admission to hospital or nursing/ residential care.

Support for people with significant ongoing needs

Clear, coordinated pathways and hand-offs

Services for people with significant ongoing needs will be well coordinated. Our teams will work in a different way with more of a focus on outcomes than process. We will be clear on the whole pathway as an integrated set of providers, and therefore hand offs will be seamless. For example a call may come into JET, yet the best response would be asocial care response/ social care may already be involved. A hand off would take place, with the patient getting the timely response most appropriate to meet their needs and prevent escalation. Our staff will be co-located where possible, and if not will work as a virtual team to ensure there is a seamless joined up and coordinated response.

Neighbourhood teams

Neighbourhood teams will be embedded and operating effectively. Social care staff will be aligned to, or 'vertically integrated' with Neighbourhood Teams to ensure the appropriate person is the key worker/coordinator.

Case finding and case management

A clear understanding of the whole system pathway and robust case finding and case management techniques will help us to anticipate future need and also to wrap integrated services around the patient, preventing them from going into crisis and therefore hospital. In each Neighbourhood Team area work would be undertaken to ensure that there is a shared understanding about the profile of that population and where additional support and intervention is most likely to have benefit.

Working with Care homes

Although our focus is on supporting people to live independently we recognise that residential care is the most appropriate choice for people that need it. We will continue to support care homes to ensure that their residents continue to receive high quality support that is focused on preventing their needs from escalating. We will continue to invest in training for care homes. We will expand older people's CRHT with new resources to support people with dementia and complex needs in care homes. We will prioritise funding for care home placements to ensure that people are supported to live independently as long as possible.

Working with housing providers

Supporting people to live independently requires that they have access to homes that are appropriate to their needs. We will work together with housing agencies to co-ordinate health, housing and social care to ensure that older people have access to accommodation that they want to live in, that enables them to remain independent within their community wherever possible. We

hope that this will help older people to have a choice about where they live, even if their health and social care needs are high or escalating. We will work to explore a range of opportunities linked to use of the Disabled Facilities Grant; and support for equipment and adaptations that enable people to remain at home for longer. People will also have early access to advice on the housing options available to them, to ensure that they can make choices and plan for their future.

Enablers

These arrangements will be supported by the following more general'enablers'. These are activities that will have an impact on success across the whole system, including things such as better use of technology, better use of our assets, having a well-skilled workforce, and better relationships with communities and the voluntary sector. We will focus on:

Information and data sharing

Provision of the best quality and most appropriate services to adults in need of help and support can only be delivered if agencies have access to the correct information about service users' individual circumstances. We will work to ensure that practitioners have the data that they need to make the best possible decisions about people's care; to develop preventative strategies, and to ensure that patients do not have to tell their story to all of the different agencies involved in delivery of their care and support. We will work to ensure that professionals in one organisation can access information that is held by others – with appropriate consent in place.

A common language

By January 2017, we will have established a common language that will give us theassurance we are able to work effectively and efficiently as a whole system, this will ensure that our well defined pathways can be navigated by any provider or user of the system.

Workforce development

Greater integration means new ways of working across the whole system; and everyone working in all of our organisations will need to think differently about their role. Staff will need to develop new skills and work across traditional boundaries.. Common approaches to training and development, as well as a common language across services, will be needed to achieve the full benefits of integration. We will have developed jointly managed teams as well as very close links at the NT level so our inclusion of the system as a whole will have changed in approach.

Property co-location

Where possible, we want staff from across the system to be co-located or able to shareworking space in a variety of settings. As partner organisations move towards more mobile working and reduced office space, there will need to be a better join up in relation to planning use of estates to achieve vertical or functional integration. In addition it will be important to make use of existing assets such as libraries and other community buildings to act as a point of information and advice. We will use technology to help us work more closely where we cannot be co-located and for such services as the SPA this will be essential.

Joint commissioning of the voluntary and community sector

Service transformation approaches across both health and social care are increasingly focused on early help and linking people into services commissioned through the voluntary sector. Co-ordinating support for people who do not yet meet the threshold for statutory services or formal interventions will be key to reducing admissions. Many of these services and interventions are provided by Voluntary and Community Sector (VCS) organisations. VCS provision is therefore becoming increasingly valuable and all commissioners are looking to work more closely with the VCS.

Joint commissioning could allow greater coordination of such services, which have benefits across the health and wellbeing system.

Specific priorities

The specific components of this model that we will focus on are:

Prevention

- An explicit prevention programme with an emphasis on falls, dementia and promoting continence; and on improving outcomes for people with long term conditions
- A joint set of standards for information making consistent information and advice available from a variety of different sources
- 'Eyes and ears' - a clear agreement about what the triggers for support should be and how the system will work

Joint planning and commissioning

- A joint approach to commissioning the voluntary and community sector between the CCG and local authorities
- Reviewing our approach to housing adaptations and the Disabled Facilities Grant to ensure they are supporting as many people as possible to live independently
- Joint risk stratification of the population to inform Neighbourhood Team working
- Joint approach to the commissioning of beds and accommodation across the CCG area

Neighbourhood Team working/Local team around the person

- Aligned social care and community health staff
- Co-location at every opportunity
- The Rockwood tool used to quickly assess physical frailty; and investigation of alternatives for social and cultural needs
- Information sharing – with staff able to access data held in different systems
- A joint needs assessment tool- information gathered from range of sources and outcome of assessment shared based on consent
- Lead professional identified where needed to avoid escalation
- Joint work force development programme for all staff working in this way

Integrated pathways

- Front doors operating as if one
- An integrated pathway for the intermediate tier
- Delegated tasks and trusted assessor approach- carrying out tasks on behalf of each other within clear accountability framework
- Joint approach to care homes prioritising investment in training to prevent residents' needs from escalating

BUILDING COMMUNITY RESILIENCE

To:	**Adults Committee**
Meeting Date:	**1 March 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 introduce *Stronger Together – Cambridgeshire's Strategy for building resilient communities,* and to seek the views of Adults Committee on the actions taking place in support of this strategy.**
Recommendation:	**Adults Committee is asked to comment on the actions proposed to support the Community Resilience Strategy.**

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1.0 BACKGROUND

1.1 The public sector faces enormous challenges in the next few years. Rising demand together with significantly reduced resources makes redesigning public services imperative. Put simply, the public sector cannot continue delivering services in the way that it does now.

1.2 Alongside this, there is a growing body of research and evidence to show that local community-based support can be more effective in supporting some vulnerable people – and better at preventing some of the crises which necessitate costly Council services.

1.3 *Stronger Together – our strategy for building resilient communities* represents the culmination of work that has been happening across the Council on the back of these two immediate imperatives. It proposes a fundamental shift in the way that service provision and local communities interact; essentially, repositioning the Council as part of the wider community, with a real focus on building the capacity of local people to help us to meet local needs together.

1.4 The concepts and actions within this strategy have been informed by officers and Members across the Council, from a series of meetings, workshops, discussions, Member seminars and more latterly a more formal Programme Board with membership drawn from each directorate. It has been developed alongside the Council's new operating model, reflecting the cross-cutting nature of both the work and the potential impact. Community Resilience is an enabler within the operating model.

1.5 The Council's General Purposes Committee agreed to adopt this strategy at its meeting in October 2015. Since then officers and Members across the Council have been developing activity to make this strategy a reality.

2.0 FINANCIAL BENEFITS AND BUISNESS PLANNING

2.1 There is evidence to show that this approach can deliver improved services for less money. But it is difficult to accurately predict the savings that will accrue from fostering more resilient and supportive communities. Our business plans will consider the following:

- **Costs avoided** – for example, less costly care packages for older people, where neighbours and friends can do some of the things that we currently ask domiciliary care providers to undertake;
- **Helping to guide where savings could be made in front line services** – for example, where local parents step up to successfully offer peer support through children's centres or other community spaces and therefore reduce the need for services for parents in crisis, or where communities part-fund some highways improvement work or help to maintain local footpaths;
- **Mitigating the impact of cuts which will have to be made to front line services** – for example, by ensuring there is a greater wealth of volunteer capacity in local areas with people willing and able to give some time to help others including through more organised opportunities such as timebanks, or through raising awareness and perceptions of volunteering opportunities.

2.2 There is increasing emphasis on demand management within the Council's business plan. This strategy is central to our ability to manage demand for our services - through supporting families and communities to do more to prevent the escalation of need and also to support the most vulnerable. It will drive our work with local communities to help, for example, to support a network of opportunities for socialising to combat loneliness and isolation in older people, or to encourage local people to look out for their vulnerable neighbours. For the most vulnerable, this strategy articulates our intention to combine our own care delivery with that from local people, for example by building capacity locally to support carers with their caring, or including local community support within care plans for adults with disabilities.

2.3 Council staff will place additional focus on helping to create groups and networks of people who face (or have faced) similar issues or needs, for example, parents with children who have a disability, or people with caring responsibilities. In this way people will increasingly be able to get some of the help and advice they need without recourse to our services.

3.0 SUPPORTING ACTIVITY

3.1 Our strategy proposes six areas of activity. Each represents a specific part of the work we need to take forward, and there are developing action plans for each area. The six areas are:

- Communication
- People helping people
- Council members
- Our workforce
- Community spaces
- Partnerships

3.2 Further detail on each of these areas can be found within the strategy document itself, together with a clear articulation of what the Council aims to achieve by 2020.

3.3 Communication

3.3.1 A comprehensive Communications Strategy and Action Plan are in place to support the Community Resilience Strategy. In the meantime work has already started in raising awareness of the challenge being faced by the Council and ways we and the community can help one another as part of the Council's Budget Challenge Campaign.

3.3.2 A regular update is now being sent to Parish Councils and a letter has also been sent with supporting materials that they can use themselves or in local publications. A menu of ideas and support offers, case studies and online resources are now being developed to help Parish Councils, the community and other organisations to develop their own local activity that will mitigate the impact of our budget and service reductions. Communications to staff have begun and will increase with official launch of the Community Resilience Strategy, and we are increasingly publicising the good work that is already happening in local communities, with or without our support.

3.3.3 The way the Council is using social media has been changing in order to better place the Council and its services as part of the wider community rather than a centralised provider of services. This means the Council can actively target communities in a geographic location but also communities who share an interest or need. This in turn allows a much more targeted and cost efficient approach as well as engaging with people where they are having the conversations rather than expecting them to come to the council.

3.4 People helping people

3.4.1 This workstream aims to facilitate people helping people in a range of capacities across the county. People help people in a broad range of ways – from very informal help for a neighbour, through to more facilitated volunteering such as peer-to-peer support. Within this workstream we will look at how the Council can support people helping people in both formal and informal ways. We aim to build on existing good practice across the Council, for example, in libraries, and develop the links between service provision where this is needed.

3.4.2 Activity planned includes:

- The delivery of three pilot learning sites aiming specifically to build community capacity. These will take place in Godmanchester, Ely and Littleport, and the Abbey area of Cambridge. The Godmanchester site will build upon the “mini-patches” work happening through Transforming Lives.
- Work on building peer support mechanisms across the county.
- Aligning our VCS contracts around our Community Resilience strategy.
- Making available a toolkit for staff and Members, providing advice on sources of funding, support and training that community groups can access, useful tools, tips and techniques for building capacity in communities, and examples of successful activities and case studies.
- Identifying occasions where our staff may not feel they are able to link vulnerable people with sources of support from within the community – and making sure our policies and processes facilitate this whilst also keeping people safe from harm.
- Further development of Time Banks and Time Credits.

3.5 Council Members

3.5.1 The first Councillors as Community Connectors cohort is now complete. Two further cohorts are planned. The purpose of this group is for pro-active Members to work together to mutually improve knowledge of how to help build capacity within the communities in their divisions. The material they have covered includes: community engagement techniques, discussions with service leads regarding how the councillors’ community role can support services, and practical ideas to take forward. Attendance has been slightly lower than anticipated; of the 18 who signed up, 12 remain engaged with the programme. A number of councillors on the programme have initiated new activity including; holding a village meeting to ask how the community can do more, arranging for members to be trained as Community Navigators and instigating parish clusters.

3.5.2 The programme has been a conduit for the Cultivating Communities Small Grants pilot through which communities can work with their County Councillor to apply for a grant to fund local community-led partnership projects.

3.5.3 ***Stronger Together*** has stimulated positive conversations with local councils. Some have approached the council to ask what they could do to help mitigate the impact of the cuts, and a number of county members have started discussions with their parishes to stimulate ideas. Examples of activity include:

- Histon and Impington parish proactively working with a county officer to further develop their already substantial community offering
- Development of a Parish menu outlining examples and suggestions of ways our two councils can work together
- An invitation to officers to attend Huntingdonshire Joint Rural Forum to discuss 'Where will the axe fall and how can towns and parishes help?'
- Cllr Tew convening parish cluster meetings where parishes are now collaborating on projects
- Cllr Downes holding a Village Meeting explaining the situation and asking for ideas. These are now coming forward through their Community Plan.
- Monthly briefings of relevant information to all Local Councils from the County Council Communications team

3.5.4 At this early stage the approach we are adopting is to work with the willing, engaging with proactive local councils who approach us.

3.6 **Our workforce**

3.6.1 LGSS have the lead on this workstream, and due to other priorities they do not yet have plans in place. The draft Council Workforce Strategy is being revised to reflect the new direction of Customer First that the new Chief Executive is introducing and the final product will include the requirements of our work on community resilience.

3.6.2 In the meantime, there will be a workshop in the New Year to plan how we will support our staff to gain the skills and expertise they will need for this new way of working.

3.7 **Community spaces**

3.7.1 The use of the Council's assets will play a pivotal role in supporting an integrated approach to community resilience. At this point however there is still work to be completed before a detailed proposal can be developed that sets out how we will use our assets to help our communities become more resilient and self-sufficient. There are a number of stages that are necessary in this process. The first is to define exactly what the Council's service offer is. Work has been undertaken on this and it is starting to take shape. Once complete this will be mapped against an assessment of community need using the various data sets and forward projections to facilitate this process. Having determined the needs and priorities of communities a gap analysis will be undertaken by comparing this assessment to the location of the existing public estate. It is highly unlikely that the existing infrastructure and the identified infrastructure needs will be aligned and therefore the process will create some surplus assets and perhaps some investment requirements.

3.7.2 We have begun work on identifying those aspects – buildings, staff and activity – which we could potentially bring together across children's centres and libraries in a given geographical location. We will build on this over time to identify one community-facing hub space in each community (geographical size to be determined), which will be the local "front door" for the provision of information and advice, preventative activities, developing and brokering community support, and networking and partnership working across all of our services. This will mean reducing our property portfolio as we join up across services, and will involve working with other Partner organisations who also desire a local presence.

3.8 **Partnerships**

A series of individual meetings are taking place with partners to explore the resonance of the strategy with their own objectives. Discussions are also taking place at partnership boards to establish any cross-cutting strategic links which need to be made. From these discussions, any countywide actions and goals will be developed as well as any specific local activity to take the work forward. These conversations will have been concluded by March 2016, with a proposal that they are presented back to Cambridgeshire Public Services Board for strategic sign up. In Fenland, initial discussions have been taking place under the auspices of the Fenland Strategic Partnership to look at whether rethinking the totality of the resource being allocated across agencies in a community through the lens of community resilience could assist the process of re-focussing services.

4.0 ACTIVITY IN ADULTS SERVICES

4.1 The aim in Adults services is that local people in local communities are aware of and responsive to the needs of people in their community who may be frail, isolated or vulnerable and are inclusive of people who may be marginalised. This means that our services will increasingly work alongside local people – friends, neighbours, volunteers and the voluntary sector – to help to meet the needs of vulnerable adults. Our role will increasingly be to raise awareness of ways in which community networks and support may help to meet their needs, ensure they feel part of the community and enable them to maintain their independence living in their community. In practice many older people, people with mental health needs and people with disabilities are already well supported and also reliant upon their family, neighbours and community. The longer term aspiration is that work on community resilience will build on and strengthen this approach in a more systematic way.

4.2 In addition the aspiration through the work on Transforming Lives is that social care staff will work in a way that is more closely connected to the community and other partner agencies. This will enable them to identify need earlier and to develop creative solutions to meet need that do not rely on statutory support, until or unless this is the most appropriate way forward. These solutions involve working with and in communities, building on the strengths that exist locally and within the networks of support around each vulnerable adult. In the case of older people, this will also involve close working with Neighbourhood Teams and primary care/ GPs who are often the first point of contact for older people when needs are increasing. Where people do need statutory support, we will seek innovative ways to coordinate statutory support with that from family, friends and the community to ensure that the person's

involvement and connection with their community is maintained.

4.3 Our work and our plans across Adults services have already begun to take the approach outlined above. Specific examples include:

4.3.1 **Changes to the way that our practitioners work:**

- Transforming Lives, and a new strengths-based approach for adult social work
- Strengthening and developing the workforce through changes to job descriptions and through workforce development
- An Adult Social Work recruitment campaign which will feature the concepts outlines in the Community Resilience Strategy
- The development of an Early Help team for older people and vulnerable adults
- The move towards more local patch-based teams, linking more closely with Community Health Neighbourhood teams

4.3.2 **Changes to our work with the voluntary sector:**

- Work to remodel the Community Navigator contract to have a greater focus on building community resilience, initially through a pilot in Fenland
- A contract with MIND to build resilient communities to support stronger mental health and wellbeing
- The development of Shared Lives
- Expanding time banking opportunities for adults with disabilities

4.3.3 **Working better across the Council:**

- Work with libraries so that they can offer better help for older people locally

4.3.4 **New and innovative ways of working to help people to link with sources of local community support:**

- Building networks of people receiving personal budgets, with brokered support to use budgets collectively in innovative ways
- Developing new 24/7 supported living schemes so that people can remain living within their local communities rather than entering residential care
- Developing our approach to peer-to-peer support so that we can help people to access support and advice from people who have successfully overcome problems themselves.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

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

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

- The Bank of England estimates that around 15 million people volunteer regularly on a formal basis, and that the same amount of time is spent on informal volunteering, which might be running a neighbour to a doctor's appointment or taking an elderly relative to do their shopping. They calculate that the economic value of volunteering could exceed £50bn a year.

- Individuals benefit from doing things for others, though the balance of benefits differs across individuals. For example, younger people highlight the importance of acquiring new skills and enhancing employment prospects, while older volunteers benefit from increased social interaction and improved health. Enjoyment and satisfaction rank high across all volunteer types, and it is clear that there are economic benefits for the individual. The Bank of England estimates that the gains to the individual in terms of wellbeing, improved health and increased employability might exceed the £50bn-plus benefit to the recipients of volunteering.
- It is therefore reasonable to suggest that building and supporting increased volunteering across the county will have benefits for the local economy.

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

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

- There is evidence that community engagement and resilience supports the adoption of a healthy lifestyle as a community norm and engagement in health improving initiatives
- The benefits to those supported by volunteers include improvement in health, wellbeing and independence
- Supporting community resilience builds increased social capital; cohesion, empowerment, and improved relationship with organisations.

5.3 **Supporting and protecting vulnerable people**

The following bullet point sets out details of implications identified by officers:

- The County Council, along with other partners in the public sector, will have to make reductions in front line services in order to meet the significant financial challenges ahead. This strategy is a key aspect of the Council's approach to mitigating the impact of those cuts on those who need support but could manage without the intervention of statutory services.

6.0 SIGNIFICANT IMPLICATIONS

6.1 **Resource Implications**

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

- Implications for delivery of savings are outlined in paragraph 3. There are no significant additional costs incurred in the delivery of the overall strategy – though some actions may require short-term revenue input in order to achieve identified savings (invest to save). Delivery requires no additional staffing capacity, rather it asks our staff to work in different ways to secure support for people and places from within the local community.
- The strategy helps to establish how we best use our property assets to achieve the most value for Cambridgeshire residents.

6.2 **Statutory, Risk and Legal Implications**

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

- The strategy is designed to mitigate the impact of reductions in local government funding. As such it should help to guard against the risks identified in the corporate risk register around failure to deliver our five year business plan, namely:
  - Lack of capacity to respond to rising demand for service provision, in new and existing communities
  - Failure to produce a robust and secure business plan over the next 5 years
  - Failure to deliver the current five year business plan.
- There will be a continuing legal duty on local authorities to ensure that vulnerable people are not exposed to additional or unreasonable levels of risk as a result of the implementation of these strategic objectives.

6.3 **Equality and Diversity Implications**

The following bullet point sets out details of significant implications identified by officers:

- Evidence indicates that services delivered by local people within local communities can be more successful than statutory services at reaching people who may need support. Our strategy should therefore support more equal and diverse accessible provision locally.
- Our services will become increasingly more localised, less uniform and more bespoke, so that we can meet local and individual need within each specific community context.
- People identify themselves within different communities, not only the geographical community in which they live. People are also part of communities with shared interests (e.g. the Women's Institute, or the local Allotment Society) and this strategy will drive our approach to building relationships and harnessing capacity within these communities too.

6.4 **Engagement and Consultation Implications**

The following bullet point sets out details of significant implications identified by officers:

- We recognise that successful delivery of this strategy will hinge upon the relationships we have with other agencies in local communities – at a strategic planning level as well as between people working in local areas. There have been some early discussions with voluntary sector organisations and other statutory agencies further develop a partnership approach to developing and supporting community resilience.

6.5 **Localism and Local Member Involvement**

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

- The role of Members is critical to the success of this strategy – in engaging communities and in acting as community advocates. For this reason, this strategy has been circulated in draft form to all Members for comment prior to being considered at General Purposes Committee. The role of Members is further outlined on pages 11-12 of the strategy.
- A number of councillors have volunteered to become early adopters of this work, piloting this new and critical way of working. They have formed a "Councillors as Community Connectors" group, meeting as an action learning set, and the learning from their experience will inform our direction going forward. Councillors are invited to express an interest in joining cohort two of this programme, which will begin in January 2016.

6.6 **Public Health Implications**

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

- There is evidence that community resilience and engagement can have a positive effect on the health of Cambridgeshire residents, by supporting the adoption of a healthy lifestyle as a community norm and improving engagement in health improving initiatives. Targeting efforts where people have greater health needs will have the most impact. This would include focusing on more deprived areas, on those who are isolated and do not access services, or those where increased self-care or community support is required would have a larger impact on health.
- Building community resilience will impact on many of the needs identified in different Joint Strategic Needs Assessments (JSNAs), including the following:
    - Migrant communities
    - Long Term Conditions
    - New Communities
    - Homelessness and at risk of homelessness
    - Vulnerable children and adults
    - Autism, personality disorders and Dual Diagnosis
    - Carers
    - Older People's Mental Health

Source Documents	Location
Stronger Together – Cambridgeshire County Council's strategy for building resilient communities	http://www.cambridgeshire.gov.uk/info/20076/children_and_families_practitioners_and_providers_information/370/providing_children_and_families_services/5
In giving, how much do we receive? The social value of volunteering. Andrew G Haldane, Chief Economist, Bank of England	www.bankofengland.co.uk/publications/Pages/speeches/default.aspx
NICE Guidelines PH 9 Community Engagement	https://www.nice.org.uk/guidance/ph9/chapter/Appendix-C-the-evidence#evidence-statements
JSNAs	http://www.cambridgeshireinsight.org.uk/jsna

TRANSFORMING LIVES: A NEW STRATEGIC APPROACH TO SOCIAL WORK AND SOCIAL CARE FOR ADULTS IN CAMBRIDGESHIRE

To:	**Adults Committee**
Meeting Date:	**1st March 2016**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**The report is presented to provide Members with an update on the progress made on key areas of the implementation of the Transforming Lives Model.**
Recommendation:	**Members of Committee are asked to:**

a) Comment on the current progress and ongoing plans in place for implementation across the service areas;

b) Comment on current progress and ongoing plans for areas of cross-cutting work that support implementation of the model in service areas.

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1.0 BACKGROUND

1.1 Transforming Lives is a new strategic approach to social work and social care for adults in Cambridgeshire. It improves outcomes for service users and their families and is closely linked to the move towards a more local and integrated response with key partners. It is expected to provide a significant contribution to delivering savings within the business plan. Transforming Lives will help the County Council to manage demand by building personal and community resilience and will help to develop or maintain skills and independence. Through this approach, expenditure on social care support will be reduced.

1.2 As explained in previous reports, the Transforming Lives model is predicated on three different 'tiers' of working, outlined in the diagram below:

1.3 Over the past 18 months, the new ways of working have been rolled out to the Learning Disability Partnership and Physical Disability Services. The focus for these services is to now ensure that it is embedded in practice and meets quality assurance standards. For Older People and Adult Mental Health services, a significant amount of ground-work has been completed to prepare the way for the new approach. The focus has been on putting in place changes that help manage the demand so that the teams have the capacity to change the way they work. There is also evidence of evolutionary change through case studies provided by the Older People's Locality Teams. Work is taking place to refocus Re-ablement and Occupational Therapy services on promoting independence and managing demand through interventions which are in line with Transforming Lives principles.

2.0 OLDER PEOPLE'S SERVICES

2.1 The work to develop an Adult Early Help service, community resilience and building links with the CPFT's Neighbourhood Teams are all pivotal to the implementation of Transforming Lives in Older People's Services and should not be considered as separate pieces of work, but pieces of the same jigsaw.

2.2 Work that targets prevention and manages demand is critical to the success of Transforming Lives for Older Peoples' services. Being able to identify people who may become vulnerable is key to facilitating support that will delay the requirement for the more intense, complex support provided by the County Council's services. Opportunities that allow Older Peoples' Services to work closely with the NHS, District Councils and other providers in the community will help to identify need earlier.

2.3 In order for staff in Older People's Services to fully adopt ways of working that reflect a Transforming Lives approach; a number of changes are needed to reduce the number of cases coming through to the Locality Teams. This will in turn create the time and opportunity to work in a more flexible and creative way with people. To facilitate this, the Transforming Lives Project Board approved an implementation plan that set out tasks that needed to be completed to allow staff more capacity to work in a Transforming Lives way from April 2016. Good progress has been made as follows:

i. New job descriptions and pay grades have been agreed and are now in place;
ii. Ways of mapping geographical patches and matching these to the NHS Neighbourhood Teams are being considered;
iii. A Community Navigator pilot in Fenland and South Cambridgeshire and Cambridge City Teams (where a community navigator is based in a team) has started and is in the process of being evaluated;
iv. Performance indicators have been revised and associated guidance related to completion of assessments and reviews.
v. A Leadership programme has been developed and delivered for Team Managers to use to help identify skill gaps and development needs in line with the new job descriptions.
vi. Voluntary sector contracts have been revised to reflect Transforming Lives requirements.

2.4 Other linked work has also been completed:

i. The Adult Integrated System (AIS) IT system has been rolled out across the Discharge Planning North and South Teams and the Older People's Locality Teams in Huntingdonshire, East Cambridgeshire and Fenland and will start for Cambridge City and South Cambridgeshire at the end of February 2016. AIS brings together the recording of assessments, reviews and case work onto one system making them more easily accessible. In addition, with mobile technology, it will allow staff to access and work with case files without having to be at

a fixed PC, enabling staff to use their time more productively and reduce unnecessary travelling.

ii. Additional capacity was commissioned to tackle back logs in assessments and reviews in the South Cambridgeshire and Cambridge City team;

iii. A consistent approach to the monitoring of risk/needs of people waiting for action and/or care has been put in place;

iv. Cambridgeshire Fire and Rescue Service has worked with the County Council and will be carrying out home safety checks for people who are vulnerable and those already supported by social care;

v. Libraries are offering information and advice and 'early help drop ins' are being piloted;

vi. Named leads identified in Locality Teams are acting as links to NHS Neighbourhood Teams;

vii. Training in proportionate assessment for front line staff has been delivered;

viii. Information and advice and guidance arrangements are well established and successfully diverting possible demand.

ix. Case studies are being collated that show ways in which front line managers and staff are adopting a Transforming Lives approach.

All of the above activity represents building blocks upon which Older People's services can move forward to implement Transforming Lives from April 2016.

2.5 The diagram at Appendix A has been developed to show how Transforming Lives can work in practice for older people. It shows:

I. What we hope to achieve with the people we support through each of the three tiers (left hand side)

II. Examples of how we will respond to people through each of the three tiers (right hand boxes)

III. The interaction of the three tiers. The three circles represent how the tiers may be used together where responses from more than one tier would be beneficial for the person being supported.

Similar diagrams will be developed for the other service user groups with examples that would be recognised in those services.

3.0 ADULT EARLY HELP PROJECT

3.1 Currently the County Council operates a linear, process-driven approach, 'pulling' people towards social care. The person can often end up speaking to a number of professionals before they reach the solution they need. For those that cannot be resolved, regardless of the enquiry, all contacts are then passed onto the Locality Duty Teams and then potentially onto the Long Term Care Teams. This can mean a period of waiting for a social care assessment which they are entitled to but this may delay putting more immediate solutions in place. All this can be frustrating for the customer and wastes precious resources.

3.2

Current approach

- Linear, process-driven approach 'pulling' people towards social care;
- Multiple hand-offs;
- Approximately 25 per cent of contacts are resolved by the Customer Services Advisers through the provision of information and advice;
- Same route for all types of contact

3.3 The new Adult Early Help team will change the County Council's first contact process to provide a clear early help offer. The aim of the team will be to reduce the number of referrals to social work teams and as a result, the number of people being assessed for more costly care packages. It will improve customer experience and older and vulnerable people's health and wellbeing. The new team will play an important part in contributing to the significant savings required over the next five years and set out in the County Council's Business Plan.

3.4 The early help pathway will begin with the Customer Service Advisers who will provide information, advice and signposting appropriate to their role, recognising that they will not be qualified advisers e.g. financial advisers. People who require deeper discussion and input to help them to maintain or regain their independence will be passed to the Adult Early Help team. This team will support and advise older people, people with a physical disability and/or sensory impairment, who are beginning to require support, but who do not yet have eligible needs for an ongoing care package. Where it is apparent that tier three statutory support is needed, the case will be dealt with by the Social Care teams.

3.5 The Adult Early Help team will provide expert advice over the phone, via home visits or booked appointments at community buildings. They will help people to access local universal and voluntary sector services, advise people on ways in which they and their carers can organise help for themselves, signpost them to other sources of information and seek to resolve issues without the need for a formal assessment or care plan. The output of this intervention could result in the development of a Community Action Plan which will set out what the individual will do, what statutory, community and voluntary services will help with, and how friends and families will be involved. As well as being held by the individual the Community Action Plan will sit within AIS[1], providing clear background to the Adult Social Care teams if the individual presents with a social care need at a later stage.

[1] AIS is the Adult Integrated System. This is the client recording database for Adult Social Care

3.6

3.7 Initially, a new Team Manager will be appointed to lead the new Early Help Team. Existing staff have volunteered to be seconded to the Team to test the concept and develop our understanding of the skills and knowledge needed to create solutions from the first contact and to determine the nature of the strengthened role for the Customer Service Advisers. It is expected that other colleagues such as Finance and Benefits Advisors, Welfare Benefits, Occupational Therapists and the Voluntary and Community Sector will also join the team. It is anticipated that some of the new team will be established and working in this way by April 2016. However, the implementation will be phased, the details of which are currently being finalised.

4.0 LINKS WITH COMMUNITY RESILIENCE WORK

4.1 Work has started to raise awareness of the challenge being faced by the County Council and to explore ways that the community can help as part of the Budget Challenge Campaign. A separate report will be presented to Adults Committee on the detailed work around building community resilience. However, it is important to recognise the links with this programme of work and how it is pivotal to the success of Transforming Lives.

4.2 Building community capacity will be integral to the implementation of Transforming Lives, as we work with individuals and their families to build on their strengths and make good use of community support and networks with a view to maintaining independence. Key to Transforming Lives is the learning from the three pilot learning sites (Godmanchester, Little Downham and Cherry Hinton in Cambridge) aimed at understanding how capacity can be used to support this approach. Having Councillors as Community Connectors is an extremely valuable approach to connecting with the community in order to build the community resilience required to support Transforming Lives.

5.0 PHYSICAL DISABILITY AND LEARNING DISABILITY PARTNERSHIP SERVICES

5.1 All teams across the Learning Disability Partnership (LDP) and Physical Disability Team (PD) are now working in a Transforming Lives way. They are having 'transforming lives' conversations with service users and carers. They are using reflective practice to discuss cases with colleagues and managers. This is influencing how they think about responding to service users and meeting needs in different ways. The Teams are getting to know their local communities better by working within a particular geographical area. This evolutionary approach is working well as the teams deepen their understanding and experience in this new way of working.

5.2 Teams are working to become part of the community. They are not as office-based as before and are using mobile technology to support them to work out of libraries or GP surgeries. Greater locality based working is providing a better understanding or resources available in the community and facilitating links to these resources and more flexible and creative solutions being considered. For example, one of the teams has set up a drop-in at Bar Hill Tesco's where people can get information and advice and help with their post amongst other things. A link has also been made with Tesco's staff who will support people to do their shopping. Previously a provider would have been commissioned to provide this type of support. The teams continue to develop and embed the model in day to day practice with staff sharing information and different and more creative ways of offering support.

5.3 The Team Manager of the East Cambridgeshire LDP Team, who has led the innovation site for the LDP, has recently reflected on the changes that they have introduced. Supporting staff to work differently, focusing on conversations that build on people's strengths and developing new relationships in the local community are all key. The article capturing these reflections is attached at Appendix B.

5.4 The East Cambridgeshire Learning Disability Partnership Team has been collecting service user feedback and the results for a four week period in November 2015 were as follows:

Out of 21 people:

I. 21 agreed that they were seen quickly;
II. 21 said that they were listened to;
III. 16 said that things were better for them now.

5.5 The focus for the LDP and PD services will now be to ensure that the new way of working is embedded effectively to a high standard and delivers positive outcomes for people. To support this, a new Quality Assurance Framework is in the process of being introduced as described in Section 8.3 below. An evaluation is also about to start to ascertain just what difference this new way of working has made and

is described in Section 7 below.

6.0 SAFEGUARDING ADULTS AND THE Multi-agency Safeguarding Hub (MASH)

6.1 The Safeguarding Adult project was set up to implement the safeguarding elements of the Care Act 2014, which sets out a clear legal framework for how local authorities and other parts of the system should collaborate to protect adults at risk of abuse or neglect. The Care Act guidance also requires a more person-centred approach to safeguarding, in line with the government initiative 'Making Safeguarding Personal'.

6.2 The project is also overseeing the increased involvement of adult social care in the MASH. The MASH brings together Cambridgeshire children's social care, the Police, Probation, the Fire Service, NHS organisations, key voluntary sector organisations, Peterborough City Council and currently one representative from the Council's adult social care services in a collaborative working arrangement, where information can be quickly and easily shared (subject to information sharing agreements) and decisions made on how best to approach specific safeguarding situations and which agency should take the lead. It enhances timely, effective and comprehensive communication between the partners through co-location or integration and greater partnership working.

6.3 In addition to the benefits of closer partnership working, the developments in the MASH will mean that inappropriate safeguarding referrals can be diverted away from the Adult Social Care Teams. Where there is a safeguarding issue, the staff in the MASH will gather information on a multi-agency basis to inform the response. This will ensure that different agencies work together to prevent abuse and neglect and stop it quickly when it happens.

6.4 The work also involves the redesign of the safeguarding process so that it is in line with Transforming Lives and 'Making Safeguarding Personal'. This will lead to a more person centred approach and a reduction in the demands on the Locality and Discharge Planning Teams.

6.5 Staff in the MASH are to be seconded from existing staff who are experienced in leading safeguarding investigations. They will be seconded initially for 12 months with the potential to extend this to 24 months. The use of time limited secondments will ensure that the staff in the MASH will have had recent operational experience and will support ongoing professional development.

6.6 The MASH Manager, the four MASH Safeguarding leads and the administrator have been appointed and will take up their posts by the middle of March. From the 1st April, all safeguarding concerns will be referred to the MASH team for triage and to initiate immediate action if required. Situations that require a safeguarding enquiry will be passed on to the Safeguarding Lead of the relevant service.

7.0 MENTAL HEALTH SERVICES WITHIN CPFT

7.1 The County Council's assessment and support planning and Mental Health Act duties for adults of working age and older people are delivered under a Section 75 partnership agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). The Trust is a provider, with the exception of the IAPT services[2], of secondary care based services. This means that its service users are primarily people with severe and enduring mental health illness requiring joined up seamless medical intervention and social care support to maximise life chances and independence. The County Council also commissions support for people with mental health needs from the voluntary and community sector.

7.2 CPFT is represented on the Transforming Lives Project and Programme Boards and representatives of the County Council sit on CPFT's Care Act Programme Board which encompasses the Transforming Lives approach. The Transforming Lives approach is being delivered through CPFT's Building Recovery & Resilience, Supporting Self-Management and Wellbeing Strategy which was signed off by the Trust Board on 27th January 2016 and CPFT's Care Act Programme Board.

7.3 The Care Act Manual based on the County Council's Adult Social Care Policy is being finalised and will be launched at a Social Care Forum on 10th March 2016:

Further progress has been made as follows:

i) Development of practice standards, using the County Council's 'T model' and Quality Assurance Framework;
ii) Staff have attended Transforming Lives training over last year;
iii) Development of Re-ablement/recovery pathways for Adults of working age in the Trust and a Mental Health Re-ablement pilot has started in Huntingdon and Fenland area;
iv) The CCG have also commissioned a team of Recovery Coaches and an Enhanced Primary Care Service to improve pathways for people out of secondary services;
v) Work to increase the use of Re-ablement for older people with mental health needs is underway to reduce or delay the use of care homes;
vi) Extensive work to improve support to Carers is being tracked by the Trust Board in its key performance indicators. This is led by the two CPFT Governors who are carers' representatives;
vii) Increased profile in CPFT of volunteering including the Volunteering Strategy due to be presented for approval at the CPFT Board in March 2016.

[2] Improving Access to Psychological Services, a primary care based service

7.4 Work over the next financial year (2016 to 2017) includes:

i) Review of the assessment and support (care) planning which sits within the umbrella of the Care Programme Approach to demonstrate a "strengths-based" approach rather than a 'deficit approach';
ii) Strengthening the provision of information and advice;
iii) Development of mental health Re-ablement pathways within CPFT and aligned to the Recovery Coaches and Enhanced Primary Care Services;
iv) Securing funding to put the Recovery College onto a sustainable financial footing. This is not a commissioned service and is working with Anglia Ruskin University's Third Sector Futures consultancy to secure funding from a wide base of sources;
v) Continuing the work to support carers and to widen access to the Recovery College courses to carers;
vi) To develop a more systematic approach to volunteering and employment pathways.

Progress on the above is tracked through the Mental Health Governance Board Action Plan.

8.0 MONITORING AND EVALUATION

8.1 Building on the learning from the innovation sites, an approach to evaluation and ongoing monitoring is being developed to capture the impact of Transforming Lives approach. Evaluation will seek to capture outcomes for people, what has changed due to the different ways of working and the savings attributable to these changes. A methodology for evaluation and monitoring will be put in place for Learning Disability Partnership and Physical Disability Services and will then be adapted for Older People's services.

8.2 The key components of the approach are:

i) Overall monitoring of the differences in costs from one financial period to the next as a result of using the Transforming Lives method at a service level;

ii) Monitoring of the activity surrounding services who are using the Transforming Lives approach so that we can understand how many conversations or reviews have been undertaken, as well as the financial change resulting from these;

iii) Outcomes for Service users through user survey and reviewing case files.

The approach will be supplemented by the updated overall Quality Assurance processes as well as developments to modify the performance indicators used within Adult Social Care so that they better reflect the Transforming Lives approach. The development of Care and Support Plans will be subject to particular focus in order to

identify the extent to which Transforming Lives principles have been adopted.

8.3 To facilitate the monitoring of the roll-out of Transforming Lives, staff who are working in a Transforming Lives way are now recording the level and type of 'conversation' they are having with people as a contact. It is expected that the number of 'Transforming Lives contacts' will increase as the teams change the way they are working. Financial commitment is monitored regularly using data about the number of assessments and reviews that have taken place and the associated 'variance' of the commitment, which compares the commitment prior to the period or event to the commitment afterwards. This means it is possible to describe someone's support before and after a review, including costs, and describe why that package has been changed and how the new package meets needs and demonstrates Transforming Lives working.

8.4 The experience of the innovation site in East Cambridgeshire Learning Disability Partnership is being used to develop the methodology for evaluating the financial impact of Transforming Lives. The Team's spending trends over a two year period are in the process of being compared in detail to those of another team to seek to isolate the impact that Transforming Lives has had.

8.5 Service user feedback will also be analysed. Focus groups will be held with service users and their families who have been supported in a Transforming Lives way to provide a more accurate understanding of a service user's experience and the overall outcomes and impacts of Transforming Lives support.

8.6 By combining all of the elements outlined above, a richer picture of the impact of Transforming Lives will be developed at both a service level and at an individual level. As an illustration, we have re-presented the Case Studies from the December committee meeting (see Appendix C) to illustrate what additional information would be available as a result:

i) Betty (78) Savings of £23,839.04 per annum as a result of the removal of the live in carer, and the 2 hour break cover.
ii) Miss S (Physical Disability) personal budget of £8,300 reduced by £5,300 per annum to £3,000.
iii) Miss D (Learning Disability) Avoided cost of £10,000 by using transitional support rather than respite.

8.7 The next steps for the project are to establish service wide monitoring arrangements and, ensure readiness of the system to capture all necessary data from April 2016 onwards and to agree reporting arrangements for evaluation information.

8.0 PLANNED CROSS CUTTING WORK TO SUPPORT THE IMPLEMENTATION OF THE TRANSFORMING LIVES MODEL

8.1 <u>Communication and information</u>

8.1.1 New, more extensive, web content has been live since 1 April 2015 on the County Council's website. This replaces the former 'Your Life Your Choice' material and continues to be developed. Feedback on the content is currently being gathered from County Council staff and external partners. The Care and Support directory continues to evolve and includes more services for adults and older people. Hard copy materials and downloadable fact sheets are available. The Accessibility work-stream is looking at how the County Council meets its obligations to be compliant with NHS standards by July 2016 and making information generally more accessible. Information standards are being developed to ensure consistent practice.

8.1.2 There is joint working with Peterborough County Council, the Clinical Commissioning Group and the VCS on an 'information hub'. This is a portal that will search and bring together services from all parties in one place. There is also collaboration with library services to train staff as the 'public face' of care and support information as mentioned under the community resilience section.

8.2 Workforce Development

8.2.1 The programme of workforce development and training opportunities developed to support the new ways of working is being complemented by a leadership programme for managers. This programme has been designed to ensure that operational managers have the skills, knowledge and tools to support their teams through the implementation of Transforming Lives. It reinforces key areas of practice required to deliver the Transforming Lives model including strengths based conversations, reflective supervision and systemic practice and links this with leading and managing change.

8.3 Practice Standards and Quality Assurance

8.3.1 Work continues on the development of a new set of practice standards and implementation of a new quality assurance framework to shape and assure and practice in light of Transforming Lives. Frontline managers and staff have been fully engaged and have contributed to these developments, which will promote ownership and result in the new ways of working being more easily embedded. A series of workshops with managers and seniors has taken place to develop the standards and all teams have had an overview of the quality assurance framework and an opportunity to influence its development.

8.3.2 The direction/ agreed model for the standards is to be shaped by:

I. The Transforming Lives strategy
II. Requirements of the Care Act (2014) and other key legislation
III. What frontline staff feel to be important
IV. Ensuring we make best use of resources in the context of the five year business planning process and finally
V. The need to take a more creative approach in terms of presentation and making the standards/model more "visual" and easily accessible.

8.3.3 The use of **T** and simple branding is to aide communication, marketing and promote the use of the standards which would become known over time as the **T** standards. The strap line "**T** for Transforming Lives, **T** for Thinking Differently" is intended to forge the clear link between strategy, practice and individual thought/ actions. The plan is to make this prominent on Cam web and AIS so that frontline staff are encouraged to access it more frequently and it can be used as a more interactive tool in supervision. Clustering standards into various blocks should make it easier to use; staff simply press on the topic area and the standards are revealed. The standards will be formally launched March 2016.

8.3.4 The case file audit review tool kit, a part of the Quality Assurance Framework, has been agreed and distributed to all adult's teams and consists of:

I. Case file review guidance and;
II. A set of grading prompt sheets covering recording, assessment, support planning, review and safeguarding.

All teams will be trialling the documentation and process through February and March, support will be offered to all teams throughout February and the reporting cycle will commence April 2016.

9.0 ALIGNMENT WITH CORPORATE PRIORITIES

9.1 Developing the local economy for the benefit of all

9.1.1 Transforming Lives is based on recognising the strengths and assets of individuals and of those within our communities. It is therefore a model which has progression at its core.

9.1.2 Adults will be encouraged to participate in their local community and where appropriate will be encouraged to maximise opportunities for development of their learning and skills. This will be highly individualised and person-centred, to ensure that the individual is supported to achieve their aspirations.

9.2 Helping people live healthy and independent lives

9.2.1 Transforming Lives aims to encourage people to live healthy, fulfilled, social engaged and independent lives. It is an increasingly proactive, preventative and personalised way of delivering services to adults and aims to enable the residents of Cambridgeshire to exert choice and control over their lives and to support family carers.

9.2.2 Transforming Lives proposes that a universal offer at 'tier one' is available within communities, which is a key facet of this model and a key priority for Transforming Lives is 'strong, integrated community capacity'. Transforming Lives links closely with the strand of the new Council Operating Model work on Community Resilience. The community resilience work is focusing on strengthening communities and one element of this proposes that elected members could play a

key role in the leadership of strong independent communities and the development of community capacity.

9.2.3 The Transforming Lives approach recognises the power of strong, locally-led communities and will support local communities to come together to consider and further develop the support on offer.

9.2.4 The strengths based approach which lies at the heart of the Transforming Lives model will ensure that individuals to consider their strengths and assets and will encourage them to participate in their local community.

9.2.5 Transforming Lives recognises the huge contributions of family carers and that they are often best placed to support individuals to achieve their aspirations.

9.3 **Supporting and protecting vulnerable people**

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

9.3.2 This approach is predicated on a three tier approach which places early identification and intervention at the very front, therefore working to prevent, where possible, people falling into crisis. The three tier approach also aims to prevent, reduce or delay people from requiring statutory support from adult social care services.

9.3.3 This new strategic approach provides an opportunity to work together with partners and communities to ensure that together we are providing local, personalised and self-directed support that is based on the recognition of the strengths and assets within communities and of individuals.

9.3.4 Safeguarding will continue to be a key focus of the new approach to social work and social care for adults in Cambridgeshire.

10.0 SIGNIFICANT IMPLICATIONS

10.1 Work to further develop the detail of the Transforming Lives model is currently underway. There are significant implications in the implementation of this work for workforce development and the supporting systems that underpin all of the work of adult social care, including areas such as ICT and management information.

10.2 **Resource Implications**

10.2.1 The following bullet points set out details of significant implications identified by officers:

i. One of the overarching aims of this work is to ensure that the organisation is providing the best possible support to the residents of Cambridgeshire and value for money.
ii. Staff require ICT and systems that will support the new ways of

working, that help us to reduce bureaucracy whilst capturing and sharing all of the necessary information. This has informed the recent tender exercise.

iii. Research has been undertaken into the responses of other local authorities to the financial and demographic pressures facing Adult Social Care services. The Transforming Lives approach has been developed based on best practice and a working knowledge and understanding of what might provide an effective approach for Cambridgeshire.

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

10.3 **Statutory, Risk and Legal Implication**

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

10.4 **Equality and Diversity**

10.4.1 The Transforming Lives approach aims to maintain access to support by the full range of communities in Cambridgeshire. The implications for fairness, equality and diversity are being considered throughout the development of this approach.

10.5 **Engagement and Consultation Arrangements**

10.5.1 Consultation has been on an ongoing basis with staff, partners and stakeholders, service users and carers, to provide the opportunity for them to contribute to the design and development of the Transforming Lives model.

10.5.2 In 2014, three events were held for stakeholders including voluntary and community sector organisations, District Councils, Health and other public sector partners. These were well attended and provided the opportunity to explore the model with stakeholders, and begin to develop a joint approach to taking this work forward. There has been ongoing dialogue with the voluntary and community sector and other partners.

10.5.3 Providers of services have also had the opportunity to hear about the Transforming Lives model, and conversations with providers will continue as we further develop and define this approach.

10.5.4 Consultation with service users and carers has taken place, primarily through the Adult Social Care partnership boards to inform stakeholders of the approach and to ensure that they have the opportunity at all future meetings to contribute to the development of key elements of the Transforming Lives model.

10.5.5 The Transforming Lives approach has been widely shared with staff

who have been involved in the development of this work. Mechanisms are in place across the service areas to regularly discuss the implementation of Transforming Lives and gather any feedback.

10.5.6 Further planning is underway to ensure that all stakeholders have sufficient opportunity to participate in the continual development of this approach.

10.6 **Public Health Implications**

10.6.1 The Transforming Lives approach will seek to have a positive impact upon the health and wellbeing of Cambridgeshire residents. Public Health colleagues will be involved in the development of the work. The emphasis on prevention of ill-health and preventing, reducing or delaying people's need for statutory social care support is aligned with public health objectives.

10.7 **Localism and Local Member Involvement**

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

Source Documents	**Location**
Supporting and background documents to this report include: 'Shaping our Future: Transforming Lives: A new Strategic Approach for Social Work and Social Care in Cambridgeshire' Transforming Lives: Approach to Tier One Transforming Lives: Approach to Tier Two	*These documents are held with Mike Hay and are available from 2nd Floor, Octagon, Shire Hall, Cambridge.*
The Care Act	http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted
The Social Work Reform Board	www.education.gov.uk/swrb

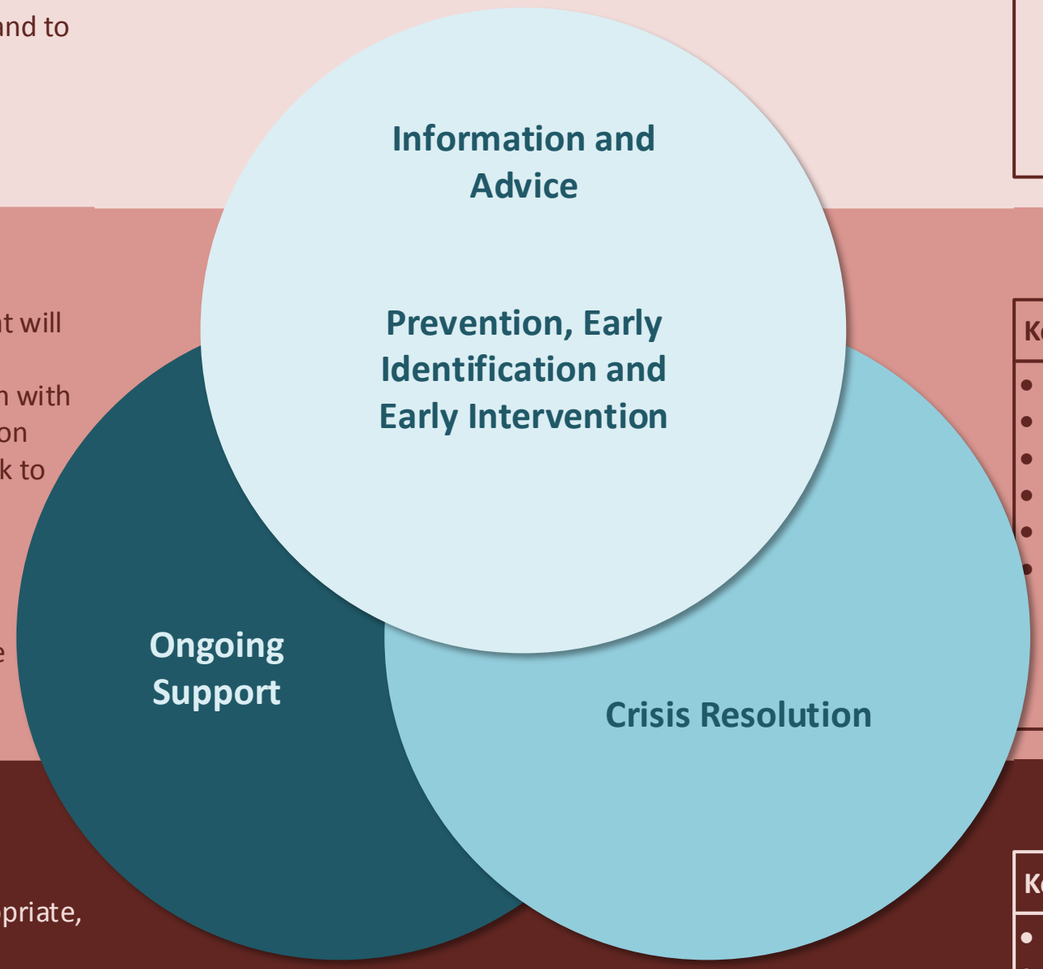
Transforming Lives

Information and Advice & Prevention, Early Identification and Early Intervention

Individuals want to remain in control of their own lives.

- We will work to keep people living as independently as possible
- We will support carers and families to continue to support people
- We will offer people information about connections into their local communities
- We will encourage people to be as active as possible and to contribute to their local communities

Key ways we can help include:	How do I get this?
• Care and Support Website • Leaflets • Community Navigators • Etc	www.address.co.uk Library / GP Surgery [Tel Number]



Crisis Resolution

- We will listen to what people tell us and consider what will make a difference to them and their lives
- We will help people regain the independence they can with swift and appropriate support and interventions/ action
- We will work to get people back on their feet and back to as near to their previous level of independence as possible
- We will think differently and creatively, reducing the need to rely on traditional solutions
- We will work with partners to deliver a more effective and joined up response for the individual

Key ways we can help include:	How do I get this?
• Hospital Discharge • Reablement • Occupational Therapy • Early Help • Carer's Trust • Sensory Services	Through the hospital 0345 . . . 0345 . . . 0345 . . . [Telephone Number]

Ongoing Support

- We will work with people to make sure their need is supported, and that support is what they want, appropriate, and tailored to their individual circumstances
- We will work with people to find out what would make a real positive difference to their lives, using their allocated funding and other resources
- We will help people plan for any likely crises that they may have
- We will ensure that people have greater choice and control through self-directed support and direct payments

Key ways we can help include:	How do I get this?
• Arranging Home Care • Residential Care • Nursing Care • etc	0345 . . . 0345 . . .

How Cambridgeshire County Council's learning disability team used the three conversation model - and some advice from Costa!

Feb 16, 2016

During the past few weeks, I've been writing about case studies of how we've been implementing our three conversations model. In Cambridge we've been using this model in their integrated learning disability team for about a year. This week **Charlotte Kirin, Learning Disability Team Manager**, explains how you can use the model in a learning disabilities context. This is how the conversation model runs:

Conversation 1

- How can I connect you to things that will help you get on with your life - based on your assets, strengths and those of your family and neighbourhood. What do you want to do? What can I connect you to?

Conversation 2

- What people are at risk? What needs to change to make you safe and regain control? How do I help to make that happen? What offers do I have at my disposal, including small amounts of money and using my knowledge of the community to support you? How can I pull them together in the 'emergency plan' and stay with you to make sure it works?

Conversation 3

- What is a fair personal budget and where do the sources of funding come from? What does a good life look like? How can I help you to use your resources to support your chosen life? Who do you want to be involved in good support planning?

These conversations try to follow some 'golden rules', which include:

- Always start conversations with the assets and strengths of people, families and communities.
- Always exhaust conversations 1 and 2 before having a conversation 3 – and test this out with your colleagues.
- Never plan long term in a crisis.
- Stick to people like glue in a conversation 2 – there is nothing more important than supporting someone back to being in control of their life.
- Listen hard to carers.

- Abandon ‘assessments for services’ as an activity – for ever!

What have we found?

It hasn’t always been easy or straight forward, but we believe we are doing a better job for people and their families – and for ourselves too. So what is different?

We respond to all queries as quickly as possible – we don’t wait for an allocation meeting or a referral process. Furthermore, we have stopped using our ‘access assessment’ to determine whether someone can use the team (ie, whether they have a learning disability or not). If they want to talk to us we will talk to them. We have not been deluged.

In addition, we have stopped arguing with mental health colleagues about the status of a person and who she/he should be ‘owned’ by. Instead, we are practicing a more collegiate, collaborative approach where if we have started a conversation we keep it, but go looking for expertise that we need from others. This is saving us a lot of time.

Our conversations are now based on what people want to tell us and what they want us to know, not what we want to ask them. We still use the knowledge we have of people (and where possible put together team formulations so we share our understanding), but more important is listening to what people are saying they need from us. Importantly, we have to remind ourselves that we don’t know best. Sometimes it is best to forget previous assumptions.

It’s also important that we are now establishing ourselves in community settings so people know where to find us, for example, through drop ins. But it’s important for us to go to and support the places that the community already uses, rather than expecting people to come to us.

Meeting, talking, challenging and sharing decisions is an essential part of this way of working. We use data to help us and meet weekly to reflect on our practice and on our data.

Team members are trusted with budgets and decisions. They have the capacity to put in what is needed without prior agreement, and can make decisions about whether to provide a conversation 1 or conversation 2 response without waiting for an access decision.

Some team members have found it easier to adapt than others. We’ve been asking people to work outside established processes and in ways that haven’t been tested. Moreover, it’s been important to create space to talk and question, and an environment that allows challenge and uncertainty.

Any member of the team can agree to up to £2,000 worth of spend without discussion when they are having a conversation 2 – helping someone resolve a crisis. If a spend is made then a tier 2 plan is created, and comes to weekly meetings to be discussed and reviewed until it ends. A conversation 2 plan might be for days, or it might go on for months.

If a conversation 3 package of support is needed, then involved members of the team get together as soon as possible to discuss, make sure that there isn’t a conversation 1 or 2 solution, and embed outcomes collectively. At this stage, an assessment and support plan are

needed and the discussion is recorded in case notes with the consideration that led to a tier 3 agreement ie, why this was the only appropriate course of action.

This is what we've we learnt 12 months on:

- We've realised that we're thinking differently about situations as they arise.
- There is whole team involvement. This includes health professionals – but we are still learning about this.
- We're far more aware of what's happening in local communities and the sorts of events that people we know are involved with.
- We're trying to be informed, but not led by what we already know about people, so that we 'don't write a story before we've had a conversation'.
- We look at risk differently – we are taking more risks, but always collectively with lots of reflection and discussion.
- This way of working doesn't feel easier for the team, but it's more interesting, more flexible - it's about working with people. No one wants to go back to the way we were working before.

And one funny story…

We were aware that some of the people we worked with used public community facilities and we wanted to do what we could to support this happening more. We offered the local library training in autism and they happily accepted and said it was really useful.

We offered the same training to the local Costa Coffee team. They reacted with a laugh, saying they had already been serving our guys coffee for some time. As a result, they knew them well enough and really enjoyed their presence in the coffee shop. So there was no need for training. Nevertheless, the Costa team was glad to meet us and would be in touch if they ever needed us.

Appendix C

Transforming Lives Case Studies

Case Study One

Betty is 78 years old and has a diagnosis of multiple Sclerosis (MS). She lives in her own home and has adaptations which include a ceiling track hoist, hospital bed, pressure mattress and cushion. Betty had received funding for a 24 hour live- in carer for the past 15 years, she had originally received support from the Physical Disability service and transferred to Older People's services when she became 65 years old. Betty had a 24 hour live-in carer and a second carer in the morning to assist with personal care.

When the social worker visited Betty she informed them that she felt uncomfortable having someone in her home for 24 hours a day. Betty said that they would often spend time in other rooms of the house and this made her feel uneasy even though this was her home. Betty was confined to her living room which also acted as her bathroom and living room due to her decreased mobility.

The social worker asked Betty if she slept through the night to which she confirmed that she did. The social worker then made a referral to assistive technology to provide some technology for Betty to communicate to someone in an emergency at night time, if this was needed. Betty was supplied with a lifeline which she could press or nudge and this would go through her lifeline to alert them and then her sons. The social worker also requested that her smoke detector and carbon monoxide sensor were to be linked to her Lifeline which was completed.

Betty's 24 hour live in carer was decommissioned and replaced by a package consisting of five calls a day. Betty wore incontinence pads but still wanted to use the toilet throughout the day, which involved hoisting her onto the commode. This information was all recorded into Betty's support plan with the outcome of maintaining her personal dignity and wellbeing.

The social worker then made a referral to the double-up team to assess if two carers were required or if there were other techniques or equipment that could support Betty with the use of one carer. The double up occupational therapist visited Betty and assessed that she only needed the support of one carer if they used a wedge and replaced her old hospital bed with a new one. The equipment was delivered and used immediately.

Betty now has five calls a day with one carer. The social worker spoke to Betty and reviewed the package and she seems so much happier and feels less of a stranger in her own home. Both of Betty's sons are in full time work but have now started to visit more at the weekend and have stayed over which was not an option before, when there was a live-in

carer. Betty is now seeing more of her family which is a great outcome for her and her family, and Betty enjoys the time in-between her calls.

Not only does this meet Betty's needs and achieve outcomes, it is also a cheaper option for the Council. This is a saving of £7,278.60 from her package being reduced from a live- in carer to five calls a day. In addition, the live-in carer required a two hour break each day, so another support worker was being employed for these two hours. Removing the need for this cover has contributed an additional saving of £16,560.44 per annum. Total savings £23,839.04 per annum.

Case Study Two

Miss S has a physical disability and had previously attended a specialist support organisation for two days per week and had transport provided to the service. Miss S had a personal budget of £8,300 per annum. When the social care professional visited Miss S for a review, Miss S shared that although she enjoyed the craft sessions she did not feel that the service was able to support her in developing relationships with people who lived local to her because of the distance that she travelled to the service.Miss S also explained that she found the days she attended the support organisation to be extremely tiring due to the distance she had to travel from her home to the organisation's base.

Following this review Miss S was quite clear that she really didn't enjoy attending the support organisation, apart from the craft opportunities. Miss S's mother was concerned about her not attending the service because it provided herwith respite.

Since the review Miss S now receives a direct payment which she uses to attend local craft classes four times per week. As these are local to where she lives,Miss S's mother is able to drop her off and collect her or another family member will provide transport. Recently, Miss S has begun to socialise outside of the sessions with other attendees; sometimes they go for a coffee after the session. Miss S's mother is therefore still able to have some respite andhas time to run errands. Miss S is able to pursue herinterest in crafts and this has also provided her with an opportunity to meet new people who live locally. Miss S has informed the social care professional that being able to go to these local sessions is really enjoyable and she feels that she is gaining a lot from them.

As well as providing a better experience for Miss S which has helped her to achieve her outcomes, and make friends locally, the change has made a saving for the Council as her personal budget has now been reduced to£3,000 per annum – a saving of £5,300 per annum.

Case Study Three

Miss D has a Learning Disability and lives at home with her elderly parents for whom English is not their first language. Miss D can speak limited English, and a limited amount of the language her parents speak. Miss D has a brother who lives nearby and is very involved in supporting Miss D and their parents, and also acts as a translator for them.

Miss D had attended the local day services for a number of years. Miss D enjoyed attending the day services and had a good network of friends who attended who were also from the local area. Sadly, Miss D suffered a severe accident and her injury meant that her care was split between two hospitals. Miss D was very unwell for a year, and then had major surgery. Miss D's recovery was limited and this meant that she had to stay at home and was unable to attend the day service as she was too unwell. Miss D became increasingly unwell and had to have more surgery. Following her discharge from hospital her health deteriorated further and she required further extensive surgery.

Following this surgery, the hospital advised that Miss D would require 24 hour care, and suggested that the family would be unable to support her at home. This was very upsetting for the family, who had strongly expressed their wishes for Miss D to come home and for the family to provide support to Miss D themselves. Miss D was also very keen to go home and work towards regaining her previous level of independence.

As part of the Transforming Lives approach, the social care professional explored with the family how they could be supported to make this possible. The social care professional had some difficult conversations with the family. The family were very keen that they help with all elements of the care for their daughter, and culturally they saw this as their responsibility. However, in reality Miss D's parents were frail and for example, were unable to support Miss D to take her for a walk. The family wanted to support Miss D with her personal care, and an occupational therapist and physiotherapist were involved to ensure that they could support her safely and minimise risk.

The social care professional recognised that there was some risk, including all three members of the family being at risk of having a fall. The risks were discussed, and the family felt that from a wellbeing point of view, Miss D living at home was the best outcome for her and them.

The social care professional developed a short term plan for the family to enable Miss D to be discharged from hospital. The plan identified the need for rehabilitation for Miss D, mobilising her and building up her stamina. The support which was discussed with the family, involved support from a local provider for six hours per week, in three two-hour blocks on alternate week days. The provider went in for two hours a day to support Miss D to take a short walk, building up her strength. After a month, the provider supported Miss D to begin to return to the day service, by taking Miss D to the centre for short periods of time. This enabled Miss D to regain her confidence and stamina and she was able to see her friends and day service staff again.

The family were closely supported and the situation monitored by the social care professional and health professionals through this transition period. Regular discussions with the day service and the provider contributed to the ongoing review of the plan.

After two months the transition was complete and Miss D was able to attend day services without the support of the provider, which was the outcome that she and her family had wished for.

The social care provider had adopted a tier two approach (of the Transforming Lives model) and this had enabled them to provide quick, short term, outcome focused support to Miss D and her family. The cost of the 6 hours of provider support for the two month period was a total of £678.

The hospital staff had anticipated that Miss D would need more support, possibly 24 hour care, as they were concerned that the family would be unable to cope at home without this level of support. Had this level of support been put in place, whilst Miss D recuperated it would have been likely that Miss D would have had to move into a respite service, and as these services were not nearby, this would have meant that her parents would have had to travel to visit her, and caused additional stress on the family who wanted her at home. Miss D would not have been able to access her local day services, and so would not be able to see people within her networks. The cost of respite would have been approximately £11,400 for the two months. A saving of almost £10,000 over the two month period.

There could have been a risk to her mental health and further anxiety for her parents with detrimental impact on the health and wellbeing of Miss D and her family. Miss D and her family were listened to, and their choices were supported by the team to enable Miss D to safely return home and regain her previous levels of independence.

Agenda Item No: 8

FINANCE AND PERFORMANCE REPORT – JANUARY 2016

To:	**Adults Committee**
Meeting Date:	**1 March 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 January 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 January 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 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 Annex B.

1.4 A guide to Finance & Performance Report, explaining the columns of the finance table, is attached at Annex A ("A Guide to the FPR Finance Tables").

2.0 MAIN ISSUES IN THE JANUARY CFA FINANCE & PERFORMANCE REPORT

2.1 The January 2016 Finance and Performance report is attached at Annex C. The Committee did not meet in February to receive the December report, which was published on the website. In December, a year-end underspend of £88k was forecast across CFA. There were significant favourable changes in estimates by the end of January leading to a forecast underspend of £1,073k.

2.2 Between December and January, the main revenue changes were as follows:

- The forecast overspend for the Learning Disability Partnership has decreased by £326k (following an adverse change of a similar value the previous month);
- The forecast underspends in Older People's Services and Mental Health have increased by £310k, the result of vacancy levels in the Autumn, amongst other factors. This is the first year the Council has directly employed Reablement staff and the level of vacancy saving is much higher than expected;
- There were favourable changes totalling £434k in Older People's locality teams through increased client contribution levels and decreasing external spend on care;
- Care Act funded workstreams have an increased underspend of £200k, due to reduced estimates for staffing, carers reviews and system development costs

Additionally a new £61k underspend is now reported against the Local Assistance Scheme. This is predominantly due to an underspend on the investments element of the budget as a result of a lack of suitable investment opportunities.

Further explanation of the movements is provided in the annexed report.

At this point in the year, significant attention is being directed to verifying full-year forecasts against actual spending levels to date, particularly for external care spend.

2.3 **Performance**

This month there are seventeen CFA service performance indicators reported. Seven are shown as green, four as amber and six are red.

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

Last month the Committee queried the absence of data for the adults in contact with secondary mental health services in employment indicator. We have now been assured by CPFT that these figures are reliable, and the indicator is included.

2.4 **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. The Learning Disability Spend project remains at Amber.

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 There are no significant implications within this category.

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.

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

Annex A

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	Current Variance %	Forecast Variance Outturn (May) £'000	Forecast Variance Outturn (May) %
		Adult Social Care Directorate							
0	1	Strategic Management – ASC	4,742	731	294	-437	-60%	-1,200	-25%
0		Procurement	577	103	298	195	189%	0	0%
0		ASC Strategy & Transformation	1,710	367	352	-15	-4%	0	0%
0		ASC Practice & Safeguarding	2,158	158	21	-138	-87%	0	0%
0		Local Assistance Scheme	386	67	79	13	19%	0	0%
		Learning Disability Services							
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	30,991	5,806	5,381	-425	-7%	1,378	4%
0	2	Hunts & Fenland Localities	21,640	4,001	5,037	1,036	26%	962	4%

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.

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.

Annex B

Adults Committee Revenue Budgets

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 Children's Enhanced and Preventative Services
Safer Communities Partnership

From: Tom Kelly and Martin Wade
Tel.: 01223 703599, 01223 699733
Date: 8th February 2016

Children, Families & Adults Service

Finance and Performance Report – January 2016

1. SUMMARY

1.1 Finance

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

1.2. Performance and Portfolio Indicators – Dec 2015 Data (see sections 4&5)

Monthly Indicators	Red	Amber	Green	Total
Dec Performance (No. of indicators)	6	4	7	17
Dec Portfolio (No. of indicators)	0	2	6	8

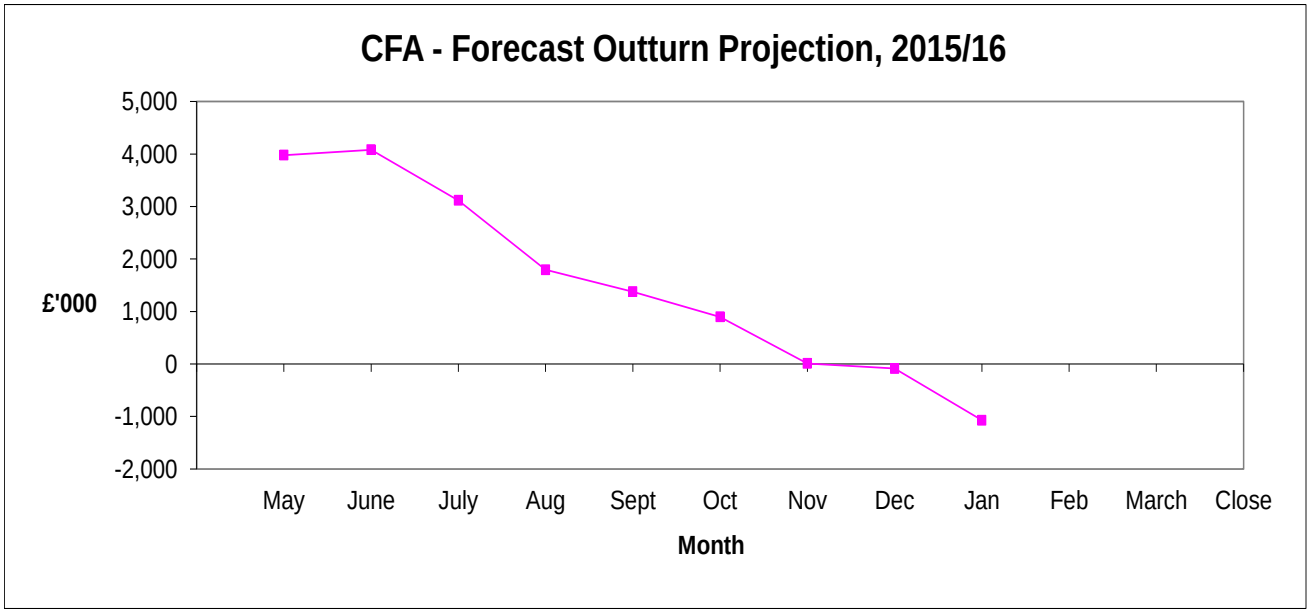
2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Dec) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Jan) £000	Forecast Variance - Outturn (Jan) %
-1,787	Adult Social Care	84,232	-3,195	-4.6%	-2,273	-2.7%
-3,041	Older People & Adult Mental Health	85,200	-3,880	-5.1%	-3,796	-4.5%
1,725	Children's Social Care	34,760	1,088	3.7%	1,715	4.9%
2,737	Strategy & Commissioning	42,268	1,844	5.4%	3,049	7.2%
-275	Children's Enhanced and Preventative	32,295	-438	-1.9%	-387	-1.2%
899	Learning	20,445	503	3.5%	937	4.6%
258	**Total Expenditure**	**299,201**	**-4,077**	**-1.7%**	**-754**	**-0.3%**
-346	Grant Funding	-54,342	-266	0.6%	-319	0.6%
-88	**Total**	**244,859**	**-4,343**	**-2.1%**	**-1,073**	**-0.4%**

The service level finance & performance report for January 2016 can be found in appendix 1.

Further analysis of the forecast position can be found in appendix 2.



2.2 Significant Issues

At the end of January 2016, CFA is forecasting a year end underspend of £1,073k. Significant issues are detailed below:

i) In Adult Social Care (Strategic Management), ongoing monitoring of current Care Act funded workstreams has led to an increase in forecast underspend of £200k. The in-year cost of social worker salary re-grading is less than expected, and there have been smaller decreases in the expected costs of additional carers reviews and systems development.

ii) In Adult Social Care, the forecast overspend for the Learning Disability Partnership has decreased by £326k. This is the result of a combination of changes in external care spending and updates and corrections to forecasts for in-house Provider Services and for a direct payments contract.

iii) In Older People & Mental Health, the forecast underspend reported against the director policy line has increased by £310k. Vacancy savings collected in quarter three significantly exceeded previous periods, reflecting difficulties, at that point, recruiting to posts, and the Council's first year directly managing the Reablement staff (there was no cost reduction for vacancies from the previous provider). It is hoped that current efforts to improve recruitment and retention will result in a reduction in vacancies in future.

iv) In Older People & Mental Health, across Older People's Localities and Older People Mental Health the forecast underspend has increased by £434k, principally due to increased client contribution levels (reflecting an upturn in completed financial assessments), decreasing spending on domiciliary care in the south of the County (alongside a high number of hospital admissions), decreasing commitments in Older People Mental Health and reductions in agency spending.

v) £133k has been charged to Central Financing which reflects Children and Young People Committee's resolution that the Local Authority should financially support Bottisham Multi-Academy Trust's sponsorship of the Netherhall School.

vi) In Strategy & Commissioning there is an additional pressure of £200k, primarily due to increased demand for external residential placements.

vii) In Children's Enhanced and Preventative Services the forecast underspend has increased by £112k due primarily to additional vacancy savings within the service.

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

A full list of additional grant income anticipated and reflected in this report can be found in appendix 3.

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

A list of virements made in the year to date can be found in appendix 4.

2.5 Key Activity Data

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

2.5.1 Key activity data to the end of January for **Looked After Children** (LAC) is shown below:

	BUDGET				ACTUAL (January)				VARIANCE		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements Jan 16*	*Yearly Average*	*Projected 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	£244k	2,339.10	0.54	-£137k	-1,324.20
Residential - secure accommodation	0	£k	52	0.00	0	0.25	£67k	5,110.00	0.25	£67k	5,110.00
Residential schools	8	£828k	52	1,990.93	10	10.84	£995k	1,701.36	2.84	£167k	-289.57
Residential homes	16	£2,342k	52	2,814.92	27	27.98	£4,094k	3,013.35	11.98	£1,752k	198.43
Independent Fostering	261	£9,813k	52	723.03	232	238.35	£9,681k	780.86	-22.65	-£132k	57.83
Supported Accommodation	15	£1,170k	52	1,500.00	24	22.55	£1,277k	1,204.88	7.55	£107k	-295.12
16+	9	£203k	52	433.58	12	10.69	£206k	381.24	1.69	£3k	-52.34
Growth/Replacement	-	£k	-	-	-	-	£80k	-	-	£80k	-
Savings requirement	-	£k	-	-	-	-	-£407k	-	-	-£407k	-
TOTAL	311	£14,737k			306	313.20	£16,237k		2.2	£1,500K	
In-house fostering	140	£3,472k	55	185.55	139	142.14	£3,486k	176.09	2.14	£14k	-9.47
Kinship	26	£733k	55	185.55	44	29.60	£751k	188.75	3.6	£18k	3.20
In-house residential	16	£1,588k	52	1,908.52	12	11.13	£1,588k	2,544.69	-4.87	£k	636.17
Concurrent Adoption	3	£50k	52	350.00	10	8.35	£160k	350.00	5.35	£110k	0.00
Savings requirement	-	£k	-	-	-	-	-£142k	-	-	-£142k	-
TOTAL	185	£5,843k			205	191.22	£5,843k		6.22	£k	
Adoption	289	£2,442k	52	162.50	346	338.13	£2,967k	169.34	49.13	£525k	6.84
TOTAL	289	£2,442k			346	338.13	£2,967k		49.13	£525k	
OVERALL TOTAL	785	£23,022k			857	842.55	£25,047k		57.55	£2,025k	

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 January for **SEN Placements** is shown below:

	BUDGET			ACTUAL (January)				VARIANCE			
Ofsted Code	*No. of Placements Budgeted*	*Total Cost to SEN Placements Budget*	*Average annual cost*	*No. of Placements Jan 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	103	101.75	£6,388k	£62,785	11	9.75	£635k	£249
Behaviour, Emotional and Social Difficulty (BESD)	35	£1,438k	£41,089	34	35.30	£1,440k	£40,782	-1	0.30	£1k	-£307
Hearing Impairment (HI)	4	£135k	£33,690	3	2.85	£76k	£26,671	-1	-1.15	-£59k	-£7,018
Moderate Learning Difficulty (MLD)	3	£99k	£33,048	2	2.03	£78k	£38,557	-1	-0.97	-£21k	£5,509
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	-	-	-£34k	-	-	-	-£34k	-
TOTAL	154	£8,099k	£52,590	156	157.83	£8,484k	£53,753	2	3.83	£385k	£1,163

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 to the end of January for **Adult Social Care** Services is shown below:

		BUDGET			ACTUAL (January)			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 Jan 16*	*Current Average Unit Cost (per week)*	*Projected Spend*	*Net Variance to Budget*
Physical Disability Services	Residential	40	£969	£2,015k	42	£1,115	£2,288k	£273k
	Nursing	23	£926	£1,107k	23	£828	£1094k	-£13k
	Community	620	£334	£10,788k	654	£333	£10,769k	-£19k
Physical Disability Services Total		**683**		**£13,910k**	**719**		**£14,151k**	**£241k**
Income variance								**-£401k**
Further savings assumed within forecast								**0**
Learning Disability Services	Residential	294	£1,253	£19,161k	308	£1,321	£21,220	£2,059k
	Nursing	17	£1,437	£1,270k	18	£1,391	£1,306k	£36k
	Community	1,272	£543	£35,907k	1,229	£593	£38,032	£2,125k
Learning Disability Service Total		**1,583**		**£56,338k**	**1,555**		**£60,559k**	**£4,221k**
Further savings assumed within forecast								**-£175k**

Two months ago an error was detected in the previous calculation of community based Physical Disability client numbers and unit cost in the above table. Rather than reporting the number of clients, the number of packages/provisions was shown (one client may have several care provisions). This has been corrected in the above figures (as well as last months), requiring a restatement of the budgeted number of clients and unit cost on that line.

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.

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.

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

		BUDGET			ACTUAL (January)			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 Jan 16*	*Current Average Unit Cost (per week)*	*Projected Spend*	*Variance*
Adult Mental Health	Community based support	67	£76	£265k	118	£90	£529	£264k
	Home & Community support	196	£87	£886k	215	£83	£803	-£83k
	Nursing Placement	13	£682	£461k	18	£663	£540	£79k
	Residential Placement	71	£732	£2,704k	72	£765	£2,466	-£238k
	Supported Accomodation	137	£81	£579k	148	£88	£627	£48k
Adult Mental Health Total		**484**		**£4,894k**	**571**		**£4,965k**	**£71k**
Further savings assumed within forecast								**-£171k**

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

OP Total	BUDGET			Projected to the end of the year			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	541	£436	£12,954k	£361k
Residential Dementia	320	£520	£8,675k	342	£500	£8,925k	£250k
Nursing	319	£613	£10,189k	313	£584	£10,105k	-£84k
Respite	289	£497	£861k	124	£501	£947k	£86k
Community based							
~ Direct payments	356	£176	£3,276k	296	£252	£3,562k	£286k
~ Day Care	326	£104	£1,773k	431	£131	£1,719k	-£54k
~ Other Care			£5,597k			£6,117k	£520k
~ Homecare arranged	1,807	*per hour* £16.48	£18,572k	1,768	*per hour* £15.78	£17,702k	-£870k
Total	3,948		£61,536k	3,815		£62,031k	£495k
Income Variance							-£1037k
Further Savings Assumed Within Forecast							-£120k

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

OP Mental Health	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	***Budgeted 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	14	£455	£332k	49	£603	£379k	£47k
Residential Dementia	37	£529	£1,020k	28	£482	£1,163k	£143k
Nursing	36	£625	£1,173k	40	£720	£1,112k	-£61k
Nursing Dementia	156	£680	£5,534k	155	£666	£5,560k	£26k
Respite	16	£400	£38k	5	£48	£44k	£6k
Community based:							
~ Direct payments	16	£271	£226k	16	£239	£174k	-£52k
~ Other Care			£62k			£54k	-£8k
		per hour			*per hour*		
~ Homecare arranged	92	£16.08	£615k	77	£14.01	£531k	-£84k
Total	367		£9,000k	370		£9,017k	£17k
Income Variance							-£132k
Further Savings Assumed Within Forecast							-£25k

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

2015/16 Funding

In January 2016 £184k additional funding has been identified since the Business Plan was published;

- Over School contribution: £30k contribution for project managed and undertaken by CCC.
- William Westley; £91k contribution for project managed and undertaken by CCC.
- Swavesey Primary, Preschool and Kids club; £63k contribution for project managed and undertaken by CCC.

2015/16 and Future Years Scheme Costs

In January, there has been a £960k increase in the overall capital scheme costs. The change relates to two schemes and has been reflected in the 2016/17 business plan;

1. Swavesey Primary, £63k increase as a result of additional costs funded by the primary school, preschool and kids club.
2. Conditions suitability and maintenance, £648k increase due to projects requiring urgent attention to ensure school remained operational.

2015/16 In Year Pressures/Slippage

As at the end of January the capital programme forecast underspend is expected to be £11,619k, £2,275k more than last month. The significant changes in the following schemes have been the major contributory factors to this;

- Alconbury 1st Primary; -£552k slippage lack of progress made in relation to the erection of the frame. Lifting works involving mobile cranes were stopped due to high winds for 9 days.
- Fawcett Primary; -£163k slippage due to the access road works being deferred until later in the scheme. .
- Southern Fringe Secondary; -£800k slippage in 2015/16. Contractor has identified works are running two weeks behind schedule, meaning payments for completed phases will be delayed.
- North Cambridgeshire; £151k accelerated spend, due to start on site of project in January 2016 triggering initial payments to Peterborough City Council.
- Trumpington Community College (Southern Fringe Secondary); £1,300k slippage due approximately 6 weeks of further delays to the completion of the construction works. Further information will be available after site meeting with contractor on 22nd February.
- Devolved Formula Capital (DFC); -£698k slippage. School managed spend, forecast reflects DFC being a three year rolling funding stream and historical trend.
- Conditions, Maintenance and Suitability; £648k overspend in year due to projects requiring remedial work.
- Trinity School, Huntingdon; -£250k slippage due to delays in getting tender documents returned which has meant start on site delayed until end of February 2016.

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. This will be developed over the remainder of the year as relevant data is available. Information on % 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 are available in this month's report, as well as the KS2 FSM/non-FSM gap which we now have provisional results for.

In addition the following indicator will be included in future reports once 2015 data is available:

- GCSE FSM attainment gap - will be included once the recently received 2015 results are fully analysed.

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 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 47.4% 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 589 during December 2015. 46 (7.8%) of these are Unaccompanied Asylum Seeking Children (UASC). The current target has been set with an upper limit equating to 500 LAC (excluding UASC) by April 2016. 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+)**

The Cambridgeshire health and social care system is experiencing a monthly average of 2,398 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In November there were 1,757 bed-day delays, down 125 from the previous month, below the monthly target for the second consecutive month.

The DToC situation is well documented in the media. Many of the patients are elderly who on average have longer lengths of stay in hospital, which in turn impacts on the hospitals ability to ensure sufficient throughput. Daily conference calls are held between CCC and the hospitals to identify patients who can be discharged safely and quickly.

Between December '14 and November '15 there were 29,991 bed day delays across the whole of the Cambridgeshire system - representing a 5% decrease on the preceding 12 months.

Across this period NHS bed-day delays have increased by 5% from 20,269 (Dec 13 - Nov 14) to 21,412 (Dec 14 - Nov 15), while bed-day delays attributed to Adult Social Care have decreased from 9,337 (Dec 13 - Nov 14) to 7,116 (Dec 14 - Nov 15) an improvement of 24%.

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

Between April - Nov '15 there were 4,864 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 118 delays per 100,000 of 18+ population. For the same period the national rate was 103 delays per 100,000. The numbers have increased due to a number of factors, one of which is the increased number of admissions within the Acute Trusts particularly for the over 85s who tend to require longer more complex care on discharge. In addition, there have been some challenges around the availability of domiciliary care provision particularly in hard to reach areas of the county. In addressing these issues, we are in regular contact with providers and are actively working with them to increase their staffing capacity.

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

Performance has remained static during November following a slight increase the month before. Performance is still very low at the moment, employment information is collected at a client's annual review and we would hope to see further increases over the next few months, though it is unlikely we will reach the ambitious target. A “Deep Dive” into this area of work will be taking place over the next 2 months, reporting back to CFA Performance Board in the Spring.

- **FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2**

Provisional data for 2015 suggests that the gap has remained unchanged at KS2. 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 (Dec) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Jan) £'000	Forecast Variance Outturn (Jan) %
		Adult Social Care Directorate							
-2,327	1	Strategic Management – ASC	3,931	3,645	1,234	-2,412	-66%	-2,530	-64%
-14		Procurement	563	519	482	-37	-7%	-14	-3%
-37		ASC Strategy & Transformation	2,234	1,800	1,680	-120	-7%	-37	-2%
-1,185	2	ASC Practice & Safeguarding	2,129	1,619	607	-1,012	-63%	-1,185	-56%
0	3	Local Assistance Scheme	386	327	374	47	15%	-61	-16%
		Learning Disability Services							
-775	4	LD Head of Services	250	-730	-929	-199	27%	-788	-315%
932	4	LD Young Adults	626	627	972	346	55%	981	157%
1,418	4	City, South and East Localities	31,300	26,769	27,402	633	2%	1,363	4%
814	4	Hunts & Fenland Localities	21,655	17,154	17,401	247	1%	695	3%
198	4	In House Provider Services	4,549	3,505	3,554	49	1%	10	0%
		Physical Disability Services							
-149	5	PD Head of Services	949	737	749	12	2%	-149	-16%
-41	5	Physical Disabilities	12,427	10,576	10,738	163	2%	7	0%
-1		Autism and Adult Support	607	512	400	-111	-22%	13	2%
-6		Sensory Services	504	425	375	-50	-12%	-14	-3%
-614	6	Carers Services	2,121	2,230	1,480	-750	-34%	-563	-27%
-1,787		**Director of Adult Social Care Directorate Total**	**84,232**	**69,716**	**66,521**	**-3,195**	**-5%**	**-2,273**	**-3%**
		Older People & Adult Mental Health Directorate							
-1,605	7	Director of Older People & Adult Mental Health Services	8,685	11,500	9,778	-1,722	-15%	-1,915	-22%
-440	8	City & South Locality	18,594	15,387	16,015	628	4%	-710	-4%
-21		East Cambs Locality	7,261	6,059	5,363	-696	-11%	-70	-1%
180	9	Fenland Locality	8,262	6,925	6,822	-102	-1%	230	3%
-70	10	Hunts Locality	12,439	10,352	10,109	-243	-2%	-115	-1%
0		Addenbrooke Discharge Planning Team	1,051	853	868	14	2%	0	0%
0		Hinchingbrooke Discharge Planning Team	634	528	490	-38	-7%	0	0%
-558	11	Reablement, Occupational Therapy & Assistive Technology	7,940	6,159	5,337	-822	-13%	-558	-7%
-400	12	Integrated Community Equipment Service	802	2,933	3,240	307	10%	-400	-50%
		Mental Health							
-7		Head of Services	4,268	3,426	3,610	184	5%	-17	0%
-100	13	Adult Mental Health	7,132	5,951	4,880	-1,071	-18%	-100	-1%
-20	14	Older People Mental Health	8,132	6,392	6,075	-317	-5%	-140	-2%
-3,041		**Older People & Adult Mental Health Directorate Total**	**85,200**	**76,465**	**72,585**	**-3,880**	**-5%**	**-3,796**	**-4%**

Forecast Variance Outturn (Dec) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000	%	Forecast Variance Outturn (Jan) £'000	%
		Children's Social Care Directorate							
400	15	Strategic Management – Children's Social Care	2,860	2,455	2,773	317	13%	400	14%
525	16	Head of Social Work	4,192	3,567	3,870	303	8%	370	9%
0		Legal Proceedings	1,530	1,093	1,093	-0	0%	0	0%
0	17	Safeguarding & Standards	1,177	907	988	81	9%	135	11%
400	18	Children's Social Care Access	4,448	3,674	3,996	322	9%	420	9%
0		Children Looked After	10,881	9,569	9,531	-38	0%	-80	-1%
400	19	Children in Need	3,963	3,358	3,465	108	3%	470	12%
0		Disabled Services	5,711	4,757	4,752	-5	0%	0	0%
1,725		**Children's Social Care Directorate Total**	**34,760**	**29,380**	**30,469**	**1,088**	**4%**	**1,715**	**5%**
		Strategy & Commissioning Directorate							
-252	20	Strategic Management – Strategy & Commissioning	281	345	82	-262	-76%	-252	-90%
-50		Information Management & Information Technology	1,882	1,478	1,417	-61	-4%	-65	-3%
-46		Strategy, Performance & Partnerships	1,536	648	623	-25	-4%	-52	-3%
		Commissioning Enhanced Services							
1,500	21	Looked After Children Placements	16,490	12,250	13,478	1,228	10%	1,700	10%
385	22	Special Educational Needs Placements	8,469	9,032	9,248	216	2%	385	5%
0		Commissioning Services	3,706	3,466	3,524	58	2%	0	0%
0		Early Years Specialist Support	1,323	828	840	12	1%	0	0%
625	23	Home to School Transport – Special	7,085	5,337	5,577	240	4%	625	9%
575	24	LAC Transport	671	504	950	446	89%	575	86%
		Executive Director							
0		Executive Director	440	343	341	-1	0%	0	0%
0	25	Central Financing	384	71	64	-6	-9%	133	35%
2,737		**Strategy & Commissioning Directorate Total**	**42,268**	**34,300**	**36,145**	**1,844**	**5%**	**3,049**	**7%**
		Children's Enhanced & Preventative Directorate							
68		Strategic Management – Enhanced & Preventative	1,498	1,304	1,268	-36	-3%	-29	-2%
-60		Children's Centre Strategy	724	522	459	-63	-12%	-60	-8%
0		Support to Parents	3,474	865	863	-2	0%	0	0%
-15		SEND Specialist Services	5,727	4,481	4,562	81	2%	-15	0%
0		Safer Communities Partnership	7,238	5,547	5,545	-2	0%	0	0%
		Youth Support Services							
-4		Youth Offending Service	2,367	1,124	1,021	-104	-9%	-4	0%
-130	26	Central Integrated Youth Support Services	1,169	797	643	-154	-19%	-130	-11%
		Locality Teams							
-64		East Cambs & Fenland Localities	3,527	2,702	2,626	-76	-3%	-80	-2%
-42		South Cambs & City Localities	3,989	3,157	3,097	-61	-2%	-41	-1%
-29		Huntingdonshire Localities	2,582	2,029	2,006	-23	-1%	-28	-1%
-275		**Children's Enhanced & Preventative Directorate Total**	**32,295**	**22,528**	**22,090**	**-438**	**-2%**	**-387**	**-1%**

Forecast Variance Outturn (Dec) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Jan) £'000	Forecast Variance Outturn (Jan) %
		Learning Directorate							
192	27	Strategic Management - Learning	-32	1	177	175	13280 %	225	707%
-15		Early Years Service	1,831	1,348	1,252	-97	-7%	-15	-1%
-20		Schools Intervention Service	1,741	1,325	1,236	-89	-7%	-40	-2%
-147	28	Schools Partnership Service	1,351	948	931	-18	-2%	-147	-11%
19		Childrens' Innovation & Development Service	164	-193	102	295	-153%	54	33%
-25		Integrated Workforce Development Service	1,473	951	934	-17	-2%	-25	-2%
0		Catering, Cleaning & Grounds Service	-350	-911	-967	-56	6%	0	0%
0		Teachers' Pensions & Redundancy	3,000	3,032	2,899	-133	-4%	0	0%
		Infrastructure							
-25		0-19 Organisation & Planning	1,793	1,264	1,170	-94	-7%	-35	-2%
0		Early Years Policy, Funding & Operations	154	114	62	-52	-46%	0	0%
0		Education Capital	176	423	391	-32	-8%	0	0%
920	29	Home to School/College Transport – Mainstream	9,143	5,972	6,592	620	10%	920	10%
899		**Learning Directorate Total**	**20,445**	**14,274**	**14,778**	**503**	**4%**	**937**	**5%**
258		**Total**	**299,201**	**246,664**	**242,587**	**-4,077**	**-2%**	**-754**	**0%**
		Grant Funding							
-346	30	Financing DSG	-23,212	-19,078	-19,344	-266	1%	-319	-1%
0		Non Baselined Grants	-31,130	-22,615	-22,615	0	0%	0	0%
-346		**Grant Funding Total**	**-54,342**	**-41,692**	**-41,958**	**-266**	**1%**	**-319**	**1%**
-88		**Net Total**	**244,859**	**204,971**	**200,629**	**-4,343**	**-2%**	**-1,073**	**0%**

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 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
1) Strategic Management – ASC	**3,931**	**-2,412**	**-66%**	**-2,530**	**-64%**
In July, the government announced a 4-year delay in implementing the Care Act funding reforms. This means that the assessment of people funding their own care (self-funders), who would have begun to accrue spending against the care cap from April, will not now need to begin this financial year, technical preparations for care accounts can take place over a longer timeframe, and provision is no longer needed to meet additional costs next year. 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, combined with ongoing monitoring of current workstreams, leads to a forecast underspend in this area of £2,676k. There has been national recognition that the social care system is under significant strain as part of the announcement and the funding will instead be used to offset significant demand pressures for existing social care services, particularly in the Learning Disability Partnership (see note 3). However, there remains uncertainty about the extent to which this part of the Care Act funding will continue in future years. This underspend is partially offset by a pressure on the vacancy savings budget.					
2) ASC Practice & Safeguarding	**2,129**	**-1,012**	**-63%**	**-1,185**	**-56%**
An underspend of £1,185k is anticipated on the Mental Capacity Act/Deprivation of Liberty Safeguarding budget due to shortage of available assessors and the resulting level of activity to date. There has been 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. There has been moderate recent success in recruiting to posts in the last round of interviews, but lead-in times for staff joining means that the forecast underspend in this area remains £1,185k.					
3) Local Assistance Scheme	**386**	**47**	**15%**	**-61**	**-16%**
The Cambridgeshire Local Assistance Scheme is now forecasting an overall underspend of £61.3k against budget. This is predominantly due to an underspend of £55k on the investments element of the budget as a result of a lack of suitable investment opportunities. The expected spend on the direct grant provision and administration of the scheme is forecast to be £280k at year-end based on current demand levels.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
4) Learning Disability Services	**58,380**	**1,076**	**2%**	**2,262**	**4%**

Across the Learning Disability Partnership (LDP) at the end of January the ongoing pressure from known commitments decreased from a total of £3,421k to £3,013k. These figures reflect the full pooled budget not just the County Council share. The figures include the commitments and full year impact of people requiring new or increased services in 2015/16 and young people who will turn 18 during this financial year.

Savings planned for the remainder of the year through increased use of assistive technology, reviewing expenditure on leisure activities, shared accommodation services and implementing the transport policy remain at £175k. This gives a forecast outturn of £2,838k. Of this, £2,262k relates to the County Council after the pooled budget risk share with the NHS is taken into account.

This forecast represents a decrease in the forecast overspend of £409k (£326k after NHS risk share) from last month. The principal changes this month are the result of:

- Commitments decreasing as needs change and services end: -£143k (South -£78k, North -£65k).
- Additional costs from changed needs, placement and carer breakdown: £99k (South £28k, North £38k, and £33k in Young Adults).
- Reduction expectation of expected placement breakdowns: -£75k
- Correction to forecast for direct payments infrastructure contract wrongly allocated to LDP: -£111k
- Decrease in Provider Services forecast, due to reduced running costs at Horizon of -£31k, and adjustment to the provision for overtime in accommodation services to ensure that rotas are covered in these services that are regulated by the Care Quality Commission of -£156k.
- A net combination of more minor adjustments totaling an increase of £8k

<u>Further actions being taken to reduce the overspend</u>

Additional project management resource has been made available to support the LDP management team approach to delivering savings. This has been in place now for a number of months and the greater level of scrutiny this provides has focused work on ensuring the accuracy of the commitment records that are used to produce the forecast outturn. This level of scrutiny will continue.

Work within the teams on reviewing areas of funding in packages of care will continue at a pace. All workers have a full understanding of the budget pressures and the need to provide cost effect services is included in each individual workers personal development plans.

Increased use of in-house day services and respite services - this is being picked up in case and panel discussions, set alongside the principles of choice and control, with self-directed support in mind.

- Continuing to work closely with Children's colleagues to set realistic expectations and prepare young people for greater independence in adulthood. This work is part of the preparing for adulthood model and also the ongoing consideration around 'all age' services.
- Robust negotiations with providers where new or increased packages are required. This involves 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.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
Learning Disability Services continued Additional frontline staff have been recruited to provide more capacity to undertake reviews and reassessment; all new recruits are now starting to come into post. Work is continuing to move the commitment records to 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 is required in 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 will be 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. 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.					
5) Physical Disabilities incl. Head of Services	**13,376**	**175**	**2%**	**-142**	**-1%**
The underspend in Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) has decreased by £53k. In the main the continuing underspend is due to contract funding no longer required under the Head of Service budget and expected clawback on direct payments paid to people with a Physical Disability. A reduction in income expectation is the main cause of the underspend reducing during January. Service demand across all of Disability Services is being managed through the use of short term intervention, increasing people's independence and use of community resources.					
6) Carers Service	**2,121**	**-750**	**-34%**	**-563**	**-27%**
Allocations to individual carers remain below expected levels, and as such, the anticipated underspend is currently forecast to be £563k. Revised arrangements for carers support were implemented from 1 April, following the Care Act, and it is taking longer than expected for the additional anticipated demand to reach budgeted levels. However, activity has increased since last month which has led to the underspend decreasing by £51k This area will continue to be monitored closely as the new arrangements embed further.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
7) Director of Older People and Mental Health Services	**8,685**	**-1,722**	**-15%**	**-1,915**	**-22%**

The forecast underspend has increased by a further £310k since last month. This is primarily due to an expected £250k 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). Further underspends of £20k in relation to social care needs for prisoners and £35k on deferred payments have been identified in addition to the previously reported figures below.

Previously reported underspends under this heading are principally the result of:

- services to respond to new responsibilities for social care needs for prisoners are still being established with the likely underspend this year being £259k.
- a budget of £326k for delayed transfers of care reimbursement is not required following implementation of the Care Act - this has been permanently reflected in Business Planning.
- release of an accrual made in last year's accounts for a £290k potential dispute on costs of nursing care. We now believe this will be resolved without making use of this provision.
- reductions realised on housing related support totaling £300k; this has been shown as a permanent saving in Business Planning
- the one off impact of a longstanding deferred payment debt of £150k which has now been collected.
- A one-off underspend of £258k on a centrally held seasonal cost of care budget which is now not expected to be utilised, reflecting the favourable overall Older People's cost of care forecast, managed through the locality teams

Any savings which will continue into next year will contribute towards meeting planned savings targets.

8) City & South Locality	**18,594**	**628**	**4%**	**-710**	**-4%**

The forecast underspend has increased from £440k underspend by £270k to £700k.

£99k of this is due to a planned reduction in agency reducing the staffing overspend to £36k for this year. Through the new social care recruitment and retention strategy it is believed that a balanced staffing budget can be achieved next year reducing the reliance on agency workers.

There has been a £135k cost of care reductions this month. Other than a small increase in direct payment and day care costs there have been decreases in all other care types including £75k on dom care, although much of this is through hospital admittance and so there may be further care required in the future.

This month hospital discharges outstripped hospital admittances by £55k which is likely the winter pressure costs starting to come through. Again there have been numerous deaths and ended packages making up a saving of £259k with only £63k of new packages and £64k of increased packages.

As a change in the start date of contributions has been implemented as of 24th January a £36k assumption of additional income has been included for the next two months. This is the part year effect of the changes made for next year's business plan.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
9) Fenland Locality	**8,262**	**-102**	**1%**	**230**	**3%**
Savings continue to be difficult to make on individual packages of care, it appears clear at this point that Fenland will not reach a balanced budget this year. The outturn position has increased by £50k to £230k overspend. The position is primarily due to £140k under budgeting for clients with a learning disability who transferred service at 65, prior to the change in procedure. As well as an £80k pressure due to unforeseen service users being made ordinarily resident in Cambridgeshire from Norfolk. Work continues with providers and the introduction of a new worker to develop domiciliary care capacity in the Fenland area to provide better and more affordable domiciliary support.					
10) Hunts Locality	**12,439**	**-243**	**-2%**	**-115**	**-1%**
An underspend of £115k against budget is now predicted. This is being achieved through reductions in cost of care following reviews and increases in CHC funding awarded. The team are working hard to improve client contributions and it is anticipated that recent policy changes relating to the start date for client contributions will further increase these by the end of the financial year.					
11) Reablement, Occupational Therapy & Assistive Technology	**7,940**	**-822**	**-13%**	**-558**	**-7%**
An underspend of £558k continues to be reported for Reablement, Occupational Therapy and Assistive Technology due to the following previously reported underspends: • release of a £118k accrual made in last year's accounts for potential accommodation and administrative costs. Negotiations have progressed and we now judge that this provision is unlikely to be required. • a one-off delay in salary costs of £71k. Some salary costs such as enhancements and extra hours are paid a month in arrears. Payments for these in April were made by the NHS as they related to March 15 and were therefore prior to the Reablement service being transferred to County Council management. Only 11 months of costs will be incurred by CCC this year. • £200k 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 And the following, anticipated on an ongoing basis, through the Business Plan • reduction in the overheads related to Occupational Therapy, as this service moved to a new NHS provider this year (£44k). • capitalisation of Assistive Technology spend, which generates £125k revenue saving					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
12) Integrated Community Equipment Service (ICES)	**802**	**307**	**10%**	**-400**	**-50%**
ICES reports a forecast underspend of -£400k; reflecting the intention to charge an additional £400k of equipment spend to the capital budget.					
13) Adult Mental Health	**7,132**	**-1,071**	**-18%**	**-100**	**-1%**
The underlying Adult Mental Health cost of care forecast has improved slightly since last month, and spending reductions will continue to be a focus in this area; there are underlying pressures of £66k this month, however it is still expected that the forecast underspend will be achieved.					
14) Older People Mental Health	**8,132**	**-317**	**-5%**	**-140**	**-2%**
Older People Mental Health is forecasting an underspend of £140k. Spending on cost of care has reduced during the course of the year and is now progressing roughly in line with budget; client contributions have been higher than budgeted for throughout the year and so are now generating the reported underspend.					
15) Strategic Management - Children's Social Care	**2,860**	**317**	**13%**	**400**	**14%**
The Children's Social Care (CSC) Director budget is forecasting an over spend of £400k. CSC Strategic Management has a vacancy savings target of £656k and although the directorate actively manages the staff budgets and use of agency staff, savings are not expected to be achieved to meet the target in full. This is because, 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. The use of agency staff is very difficult to predict due to changing circumstances. Agency cover is only used where circumstances dictate and no other options are available. 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. The additional staffing costs as a result will be funded from reserves for 2015/16 so there is no increase in forecast overspend as a result. 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. <u>Actions being taken</u>: 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 continue 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.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
16) Head of Social Work	**4,192**	**303**	**8%**	**370**	**9%**
The Head of Social Work budget is forecasting an over spend of £380k. The adoption allowances budget is forecasting an overspend of £525k 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. The overspend has been mitigated by an underspend of £145k 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 have been 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 have now been resolved and recruitment is underway. <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.					
17) Safeguarding & Standards	**1,177**	**81**	**9%**	**135**	**11%**
The Safeguarding and Standards budget is forecasting an over spend of £135k. In Head of Safeguarding and Standards there is a £72.5k 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. There is a further pressure of £62.5k in Complaints through an increase in Stage 2 and Stage 3 complaints and the associated costs in dealing with these cases. <u>Actions being taken</u>: We are looking to manage the Complaints pressure from within CSC going forward into 2016/17.					
18) Children's Social Care Access	**4,448**	**322**	**9%**	**420**	**9%**
The Access budget is forecasting an over spend of £420k due to the use of agency staffing in both Children's Social Care Access and First Response services. Please see Strategic Management Children's Social Care (note 15) above.					
19) Children In Need	**3,963**	**108**	**3%**	**470**	**12%**
The Children in Need budget is forecasting an over spend of £470k due to the use of agency staffing in the Children in Need Service. Please see Strategic Management Children's Social Care (note 15) above.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
20) Strategic Management – S&C	**281**	**-262**	**-76%**	**-252**	**-90%**

Within the additional savings identified at the September GPC meeting there is an expectation for the following;

- reduction of £227k in earmarked Building Schools of the Future reserve to reflect anticipated demand levels
- saving on SEND delivery grant funding of £25k.

21) Looked After Children Placements	**16,490**	**1,228**	**10%**	**1,500**	**9%**

Client Group	Budgeted Packages	31 Dec 2015 Packages	31 Jan 2016 Packages	Variance from Budget
Residential Disability – Children	2	2	1	-1
Child Homes – Secure Accommodation	0	1	0	-
Child Homes – Educational	8	11	10	+2
Child Homes – General	16	25	27	+11
Supported Accommodation	15	26	24	+9
Supported living 16+	9	10	12	+3
Fostering & Adoption	261	230	232	-29
TOTAL	**311**	**305**	**306**	**-5**

Overall Looked After Children (LAC) numbers at the end of January 2016, including placements with in-house foster carers, residential homes and kinship, are 586, 51 more than 1 April 2015 but 3 fewer than the end of December 2015.

External placement numbers (including 16+ and supported accommodation) at the end of January are 306, 1 more than in December.

Based on the latest information on the LAC Placements commitment record (including 16+ and supported accommodation) the service is now forecasting an overspend of £2,050k prior to any corrective actions. The forecast reflects planned end-dates where existing Looked After Children are expected to leave their placement or the care system, and assumes additional new placements (growth) of combined cost £50k. 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 15.61 more residential placements and 22.65 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 forecast overspend.

An overspend of £1.7m is reported as a result of a combination of further savings (detailed below) and use of CFA reserves. This is an increase of £200k on last month's reported position following increased demand for residential placements.

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.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

Looked After Children Placements continued

Actions being taken to manage the rising LAC numbers and the resulting financial pressure 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.
- 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 is being taken to CYP Committee in December for agreement. Alongside this is an action plan with savings allocated to activities to ensure that future savings will be achieved.

There are a number of work streams within the LAC Strategy which are presently on target to reduce the financial pressure and are therefore reflected in the current forecast. These are:

- 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.
- Assisted boarding - approaching private boarding schools as an alternative to residential placements.
- 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 workstreams 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%.

The savings target for LAC Placements in 15/16 is £2m and this has been allocated to the work streams above. A large proportion of these savings have been achieved, and they are already included within commitment records and therefore their impact on expenditure is included within the forecast overspend of £2,050k. Work has been undertaken to review the achievability of further savings, focusing on alternative solutions to high cost residential packages and continuing to seek discounts. The savings are as follows:

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

Looked After Children Placements continued

Workstream	Achieved to date	Total expected	Difference
High cost placements	£0k	£0k	£0k
Commissioning savings	£292k	£292k	£0k
Assisted Boarding	£0k	£0k (unless children are placed in-year)	£0k
Creative Care	£0k	£0k	£0k
Conversion of IFAs to in-house	£0k	£110k	£110k
Alternatives to care staffing			
Total	**£292k**	**£402k**	**£110k**

The Alternatives to Care workstream was allocated £500k from CFA reserves and it was agreed that this would be used to cover any shortfall in savings as the teams became established during 15/16 and 16/17, and therefore not at full capacity. It is anticipated that £190k of the reserve will be required in 15/16, which will offset part of the current overspend.

Growth included within the forecast is £50k which allows for the replacement of social care settings which have ended or are due to end, therefore maintaining current numbers, and also assumes new placements will be made. The target is to maintain current numbers and as such the provision for growth has been reduced. This carries significant risk as growth in the LAC population in recent weeks has been greater than forecast. The change to the make-up of placements from out of county to in county placements is being managed and is a key reason that whilst LAC numbers are rising, the outturn is not following the same trend. The delivery of all savings is monitored on a monthly basis at the LAC Commissioning Board and remedial action put in place as required.

22) SEN Placements	**8,469**	**216**	**2%**	**385**	**5%**

OFSTED Category	1 Apr 2015	31 Dec 2015	31 Jan 2016	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	102	103	+5
Behaviour, Emotional and Social Difficulty (BESD)	38	34	34	-4
Hearing Impairment (HI)	3	3	3	-
Moderate Learning Difficulty (MLD)	1	2	2	+1
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	-
Total	**160**	**155**	**156**	**-4**

The Special Educational Needs (SEN) Placements budget is forecast to come in £385k over budget, including secured additional income from Health, following development of a tool to assess the percentage level of contributions to placement costs.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

SEN Placements continued

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 is under significant pressure due to numbers: whilst maintained Statement numbers are decreasing the level of need is escalating in early years with this age group requiring additional capacity in all of our Special Schools in 15/16. This additional need in early years has meant that the schools are at capacity, placing greater pressure to look outside of Cambridgeshire. There continues to be growth in demand for independent educational placements, with increasing complexity of need.

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.

23) Home to School Transport – Special	**7,085**	**240**	**4%**	**625**	**9%**

The forecast for Home to School Transport – Special, taken from the commitment record, is an overspend of £909k. Further savings are being developed and a review of all transport for the new academic year is being undertaken, resulting in an in-year pressure of £625k.

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 planned savings.

The planned savings are as follows:

- 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
- Reviews to reduce the number of single occupancy journeys undertaken and rationalise routes where possible.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
Home to School Transport - Special continued • Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs. • Working with Health professionals to agree an alternative to using ambulances for Home to School Transport. To manage the pressure going forward, the following options are being worked on: • 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. • Retendering of 500 routes following a market development campaign in Summer 2015. The tender process is due to begin in January 2015 and contracts awarded for the start of the new financial year 2016/17. • 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. • 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. • Investigating the use of Personal Travel Budgets.					
24) LAC Transport	**671**	**446**	**89%**	**575**	**86%**
The forecast for LAC Transport, taken from the commitment record is +£577k, an increase of £30k from September's commitment, as a result of an increase in use of volunteer drivers, reducing the unit cost. The reported outturn remains at £575k. 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. The planned savings are as follows: • Investigate providing allowances for in-house foster carers to provide Home to School Transport. • Conduct a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport. • Review all LAC routes for possibility to combine with existing Mainstream and SEN transport routes. • Improved procurement and a target reduction in the number of short notice journeys. • Additional challenge is provided by the Statutory Assessment & Resources Team (StART) for all transport requests. The savings target above has been adjusted, taking into account the part year effect of these savings, but there remains an element of risk in their achievability.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
25) Central Financing	**384**	**-6**	**-9%**	**133**	**35%**
There is 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.					
26) Central Integrated Youth Support Services	**1,169**	**-154**	**-19%**	**-130**	**-11%**
An under spend of £130k is forecast. A one-off under spend of £100k is anticipated 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. A new contract is currently being tendered. 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 Business Plan for this work will be required in 15/16. This is a non-recurrent position and the additional funding will be applied in full from 16/17 through the revised contract. A £20k under spend has arisen by allocating costs to an external grant received for an innovation project. A £10k under spend is expected due to a reduction in the number of small grant payments to the voluntary and community sector.					
27) Strategic Management – Learning	**-32**	**175**	**13280%**	**225**	**707%**
There is a pressure of £225k on Strategic Management – Learning. A pressure of £170k 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. This pressure has reduced from £200k to £170k since the last quarter as a result of increased vacancies in the Directorate. 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 an over-recovery of income of £5k as a result of increased buy-back of the FFT and NCER systems by schools. There is a pressure of £68k on Business Support as a result of savings budgeted for not being realised. This will be addressed in full in 16/17 through a business support restructure. It was hoped in-year vacancies would realise this saving but that has not been the case.					
28) Schools Partnership Service	**1,351**	**-18**	**-2%**	**-147**	**-11%**
The Education Support for Looked After Children Team (ESLAC) is reporting an underspend on its Local Authority budget of £147k. This is mainly because it has had to allocate less of this budget to individual tuition than it had anticipated.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
29) Home to School / College Transport – Mainstream	**9,143**	**620**	**10%**	**920**	**10%**

The forecast outturn for Home to School/College Transport – Mainstream is +£920k, no change from last month.

This forecast 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 provisional forecast for Home to School Mainstream transport is an overspend of £770k, 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 forecast variance outturn 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, new transport arrangements will continue to need to be put in place over the course of the academic year as a result of families moving into and within Cambridgeshire in cases where the local schools are full. This is the main reason for the current in-year pressure. Work has been undertaken to ensure forecasts of growth are incorporated into the demographic increase within the commitment for 2016/17.

The following options are being worked on to 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

30) Financing DSG	**-23,212**	**-266**	**-1%**	**-319**	**-1%**

Within CFA, spend of £23.2m is funded by the ring fenced Dedicated Schools Grant. The Education Placements budget is forecast to overspend this year by £385k, however this is in part offset with underspends with the 0-19 Organisation & Planning Service (-£29k), SEND Specialist Services (-£15k) and E&P Locality teams (-£22k).

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. It is estimated that the DSG pressure of £319k for this financial year will be met 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
Grants as per Business Plan		
Public Health	Department of Health	6,933
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	800
Youth Offending Good Practice Grant	Youth Justice Board	584
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	180
Troubled Families	DCLG	2,046
Music Education HUB	Arts Council	781
Total Non Baselined Grants 2015/16		**31,130**

Financing DSG	Education Funding Agency	23,212
Total Grant Funding 2015/16		**54,342**

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	871
Strategy & Commissioning	111
Enhanced & Preventative Services	9,730
Learning	884
TOTAL	**31,130**

APPENDIX 4 – Virements and Budget Reconciliation

	Effective Period	£'000	Notes
Budget as per Business Plan		**244,270**	
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	81	Allocation of quarters 1-3 Staying Put Implementation Grant
Across ASC and OP&MH	Sept & Oct	778	Allocation of quarters 1-3 Independent Living Fund (ILF) instalments following transfer of function from central government
Current Budget 2015/16		**244,859**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Jan 16		
	£'000	£'000	£'000	£'000	
General Reserve					
CFA carry-forward	0	0	0	1,073	Forecast underspend of £1,073k applied against reserves.
subtotal	**0**	**0**	**0**	**1,073**	
Equipment Reserves					
ICT Equipment Replacement Reserve	566	159	725	0	Ed ICT plan to replace major infrastructure in 2015/16 and need to build up reserve to £500k across the preceding years. Reduction of £159k to meet in-year CFA pressures.
IT for Looked After Children	178	0	178	98	Replacement reserve for IT for Looked After Children. Laptops to be replaced in 2015/16.
subtotal	**744**	**159**	**903**	**98**	
Other Earmarked Funds					
Adult Social Care					
Capacity for Reviews	336	0	336	291	Resources to support reviews to achieve savings from reviews of packages for LD and PD service users. The majority if not all of this will be utilised from 16/17 onwards.
Capacity in Procurement and Contracts	250	-6	244	244	Increase in capacity for contract rationalisation and review etc. Expected to be used from 16/17 onwards.
In-house Care Home	15	-8	7	7	£5k to pay for the initial work to develop the proposal ahead of July Report. A further £10k required if proposal progresses further.
AFM Implementation	10	0	10	10	Cost of short term staff / cover to support transferring all commitment records to Adults Finance Module.
MASH & Adult Safeguarding	7	0	7	7	Officer capacity to support the development of the MASH & safeguarding changes linked to the Care Act.
Older People & Mental Health					
Resilient Together	399	0	399	330	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
Continuing Health Care	130	-12	118	75	The County Council has employed a CHC Manager and provided staff training to help ensure that those who are eligible for CHC receive it. This allows us to address the issues whereby clients with continuing health needs are currently being funded in full by social care services. Funded to cover costs until March 2017.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Jan 16		
	£'000	£'000	£'000	£'000	
Social Work Recruitment	120	-12	108	93	Social Work recruitment stability / strategy post to cover the next two years.
Home Care Development	90	-14	76	61	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work
Falls Prevention	80	0	80	44	Falls have been identified as one of the major causes of hospitalisation and long term care. This money is being targeted on a falls prevention initiative which will include education and exercise for older people in supported housing.
Dementia Coordinator	50	-15	35	25	£50k for 12 months role
Live in Care	20	29	49	39	Trialing the Adult Placement Scheme within OP&MH
Children Social Care					
Alternatives to Care / Family Crisis Support Service	500	0	500	250	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	0	100	65	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
IRO & CP Chairperson	80	-52	28	28	Six months temporary posts
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	-0	29	14	Committed for adaptations to respite carer homes.
Strategy & Commissioning					
Building Schools for the Future	477	-227	250	92	Funding allocated to cover full programme and associated risks. Projected £128k ICT risk, plus £30k for transition from Dell contract and equipment repair.
Flexible Shared Care	415	0	415	0	Provision opened May 2014.
START Team	164	0	164	0	Funding capacity pressures as a result of EHCPs.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Jan 16		
	£'000	£'000	£'000	£'000	
Home to School Equalisation	165	87	253	253	Reserve to even out the number of school days per year.
Time Credits	157	0	157	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	0	200	139	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children's Placements	84	0	84	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	0	364	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	0	366	0	To increase capacity in Family Intervention Project. Additional FIP workers and Deputy Managers are in post. Funding to be 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 Another option would be to consider making this a saving part way through the year which would give us more time to work on alternative on-going funding models for the IAG function.
MST Child Abuse & Neglect	307	0	307	62	To continue funding the MST CAN project (previously DoH funded). Funding to be used in 2015/16.
YOT Remand	223	0	223	183	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	30	Trialing 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	0	140	93	Fund to support cultural activities within the county and the maintenance and development of the Art Collection.
Discretionary support for LAC education	134	+50	184	0	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 to be used in 2015/16
ESLAC support for children on edge of care	50	0	0	0	Pilot Scheme

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Jan 16		
	£'000	£'000	£'000	£'000	
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
Cross Service					
SW recruitment and retention	674	-332	342	240	Reserves funding for 2015/16.
Other Reserves (<£50k)	255	-4	251	0	Other small scale reserves.
Subtotal	**7,533**	**-1,448**	**6,036**	**3,143**	
TOTAL REVENUE RESERVE	**8,277**	**-1,289**	**6,939**	**4,314**	
Capital Reserves					
Building Schools for the Future	280	0	280	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 15/16
Basic Need	2,774	3,674	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 2014/15 will be spent in full.
Other Children Capital Reserves	635	260	895	0	Comprises the Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub-anticipate spending by year end.
Other Adult Capital Reserves	2,583	3,217	5,800	1,778	Expected receipts for Community Capacity grant and spend on planned programme.
TOTAL CAPITAL RESERVE	**6,272**	**12,205**	**18,477**	**1,778**	

(+) 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 (Jan)	Forecast Spend - Outturn (Jan)	Forecast Variance - Outturn (Jan)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	Schools						
27,500	Primary Schools - New Communities	15,657	8,783	15,185	**-471**	95,765	3,400
32,611	Primary Schools - Demographic Pressures	39,753	30,212	36,391	**-3,362**	125,450	17,834
1,810	Primary Schools – Adaptations	1,882	1,738	1,803	**-79**	6,541	0
16,000	Secondary Schools - New Communities	16,906	11,162	14,237	**-2,669**	114,596	-4,150
9,936	Secondary Schools - Demographic Pressures	8,747	3,164	7,516	**-1,232**	113,380	-12,070
0	Final Payments	0	-13	0	**0**	0	0
250	Building Schools for the Future	363	106	363	**0**	9,118	0
1,126	Devolved Formula Capital	2,248	2	1,550	**-698**	17,425	0
0	Universal Infant Free School Meals	164	149	164	**0**	0	0
3,400	Condition, Maintenance and Suitability	3,521	4,697	4,850	**1,329**	47,578	1,450
300	Site Acquisition and Development	300	20	300	**0**	1,870	0
500	Temporary Accommodation	500	1,332	1,500	**1,000**	8,748	0
0	Youth Service	134	8	134	**0**	0	0
4,307	Children Support Services	4,607	738	1,983	**-2,623**	10,636	0
4,614	Adult Social Care	4,706	141	4,022	**-684**	12,952	0
2,500	CFA Wide	2,500	0	370	**-2,130**	5,000	-2,000
104,854	**Total CFA Capital Spending**	**101,988**	**62,240**	**90,369**	**-11,619**	**569,059**	**4,464**

Primary School - New Communities £471k slippage.
Clay Farm Primary; £100k accelerated spend due to additional fees for the increased project specification to a 2 Form entry school in response to housing development in the area. The Shade, Soham has also experienced £30k accelerated spend for initial design and feasibility works. The accelerated spends have been offset by North West Cambridge (NIAB site);-£50k slippage due to limited design work being completed and Alconbury 1st Primary(£552k) where poor weather has disrupted mobile cranes lifting frame into place.

Primary School – Demographic Pressures £3,362k 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 anticipated reduced costs of existing schemes in future years, which is currently showing as a total scheme forecast variance and will be managed through the 2016/17 business planning process.

Slippage and Acceleration

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

Little Paxton (£29k), Loves Farm (£75k), Cottenham Primary (£71k) and Grove Primary (£100k, Eastfield/Westfield, St Ives, (£20k) and Huntingdon Primary School (£50k), Orchards Primary, Wisbech £54k), Cavalry Primary (£23k), Swavesey Primary (£75k)

Slippage has occurred in respect of the following schemes;

- Fordham (£201k) where original phasing is not being achieved as a result of the decision to undertake a review of possible alternative options to meet in-catchment need; start on site now anticipated March 2016;
- Fulbourn (£118k) due to overall scheme revision which will see phase 2 works identified as a separate scheme in the 2016/17 Business Plan;
- Orchard Park, Cambridge (£405k) the scheme is currently on hold with no further expenditure expected in 2015-16.
- Fourfields, Yaxley (£200k) where slippage from original programme has occurred and the start on site is now anticipated in February 2016.
- Burwell Primary (£350k) programme slipped by one month to February 2016 following a slight revision to enabling works timetable.
- Isle of Ely Primary (£1,000k) due to delays in establishing infrastructure required to further develop the site.
- Westwood Primary expansion (£1,200k) 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 (£40k) final accounts have now been agreed resulting in 2015/16 slippage and an overall project reduction
- Brampton Primary (£85k) final accounts have now been agreed resulting in 2015/16 slippage and an overall project reduction
- Fawcett Primary (£163k) rephrasing of the access road within the scheme timescales. Scope and location continues to be planned therefore no design
- Wisbech 1 Form Entry additional places (£80k) Project scope and location continues to be planned therefore no design fees have commenced as originally planned.

Secondary Schools – New communities' £2,669k slippage

Southern Fringe Secondary scheme has experienced slippage (£2,600k) due to approximately twelve weeks delay in construction (£1,809k), this has a knock on effect in procuring fitting and fixtures and ICT equipment (£791k). Northstowe secondary is also reporting slippage (£69k) as design work has not progressed as quickly as expected and is at early option/feasibility stage.

Secondary Schools - Demographic Pressures £1,232k slippage

Two schemes have had increased expenditure since the 2015/16 business plan was approved. Cambourne Secondary expansion (£300k) overspend in 2015/16 due to design work being accelerated. The scheme will be rephased in the 2016/17 Business Plan. Swavesey Village College (£317k) overspent in 2015/16 due to increased project cost to create additional capacity for Northstowe pupils ahead of the new Northstowe secondary school opening. This has been offset by Littleport secondary & special slippage (£2,000k) due to delays to the start on site. Work is now scheduled to commence in January 2016. The slippage of these schemes is offset slightly by accelerated spend experienced by North

Cambridgeshire Secondary (£151k). The project has started onsite January 2016 triggering the first payments from Peterborough City Council.

Devolved Formula Capital £698 slippage
Devolved Formula Capital (DFC); (£698k) slippage. The forecast reflects DFC being a three year rolling funding stream and historical trend of school rolling forward balances.

Condition, Maintenance and Suitability £1,329k overspend
The forecast £1,329k overspend is due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, (£700k) 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 (£629k)

Temporary Accommodation £1,000k 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.

Additionally there is a small adjustment to the expected cost for Hardwick Second Campus (£18k) following receipt of a more accurate costing.

Children Support Services £2,623k slippage
Trinity School (£2,623k) 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 due to the need to undertake a review to reduce the overall project cost in line with the available budget.

Adults Strategic Investment £353k slippage
The forecast underspend 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 £335k slippage
The forecast underspend 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 £2,130k 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	**Source of Funding**	**Revised Funding for 2015/16**	**Forecast Spend – Outturn (Jan)**	**Forecast Funding Variance - Outturn (Jan)**
£'000		**£'000**	**£'000**	**£'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	1,550	-698
0	Universal Infant Free School meals	164	164	0
4,614	Adult specific Grants	4,706	4,022	-684
25,557	S106 contributions	9,352	9,352	0
0	BSF -PFS only	280	280	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Receipts	884	884	0
34,262	Prudential Borrowing	43,355	33,120	-10,235
27,352	Prudential Borrowing (Repayable)	29,497	29,497	0
104,853	**Total Funding**	**101,986**	**90,369**	**-11,617**

The overall position of the Capital Plan for January 2016 is a net reduction in prudential borrowing of £2,576k

The overall net impact of the movements within the capital plan, results in an expected £11,619k underspend in 2015/16 £684k is adult social care grant which is required to be carried forward into future years, along with £698k of Devolved Formula Capital grant.

6.2 Key Funding Changes 2015/16

Previously reported key funding changes that are still applicable are detailed in the table below.

Funding	Amount (£m)	Reason for Change
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 – as reported in Sep 15 and to be approved by the GPC on 22nd December 2015.

APPENDIX 7 – Performance at end of December 2015

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	95.9%	96.0%	95.8%	Dec 15		A	Whilst we have just missed the target for 2015 we have improved on our performance since last year by over 1%. In order to make further improvements we will need to ensure that there is appropriate tailor made provision in learning for our most vulnerable learners.
% Clients with SEND who are NEET	Enhanced & Preventative	9.5%	9.5%	10.0%	Q3 (Oct to Dec 2015)		A	Whilst we have not met our target, NEET for young people with SEND has reduced by over 2% from the same point last year when it was 12.2%.
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	79.7%	75.0%	79.7%	Dec-15		G	154 Primary schools are judged as good or outstanding by Ofsted covering 36251 pupils. One maintained primary school remains in an Ofsted category and has specific actions plans in place to support their improvement. (Source:Watchsted)

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	47.4%	75.0%	47.4%	Dec-15	→	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 Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 47.4% of pupils against the target of 75%. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	86.6%	75.0%	86.6%	Dec-15	→	G	7 out of 9 Special schools are judged as Good or outstanding covering 842 (86.6%) pupils.
No or % 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	86.8%	85.0%	87.7%	Dec-15	↑	G	This is a new indicator for 2015/16. Performance is slightly above the provisional target for the first time this year. Performance is above the national average for 14/15 and will be monitored closely

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.5%	57.0%	55.0%	Dec-15		A	The proportion of service users requiring no further service at the end of re-ablement phase has seen a gradual decline since July 2014, and is currently below target. It should be noted that over the last few years the average age of people being referred into the service has increased along with the level of need. We are seeing a greater number of people requiring double up packages of care and the normal exit routes from re-ablement into domiciliary care have been impacted due to shortages in the availability of domiciliary care. In recognition of this, a review is currently underway to identify the barriers and opportunities that can provide benefits to the system and service user.
BCF 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	Children's Social Care	44.3	32.8 - 38.5	44.8	Dec-15		R	The number of Looked After Children increased to 589 during December 2015. 46 (7.8%) of these are Unaccompanied Asylum Seeking Children (UASC). The current target has been set with an upper limit equating to 500 LAC by April 2016. The savings required on the LAC placements budget are significant. Within the LAC Placements Strategy there are a number of work streams established which will contribute to an overall reduction in LAC numbers as well as reducing the costs of placements in order to make these savings. These include looking at alternative methods of meeting children's needs e.g. the Alternative to Care Service, increasing the numbers of available in-house foster placements to reduce the use of Independent Fostering Agency placements
% children whose referral to social care occurred within 12 months of a previous referral	Children's Social Care	20.9%	25.0%	20.5%	Dec-15		G	Performance in re-referrals to children's social care has improved to just below 21% during December and is now better than target again.
% CAFs where outcomes were achieved	Enhanced & Preventative	77.8%	80.0%	76.9%	Dec-15		A	Performance continues to fall as the new Family CAF is brought online and numbers of "old style" CAFs diminish. We will continue to report on this measure as long as there are CAFs being completed. . It is hoped that in the longer term the development of a 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. A new measure is being developed to report on the Family CAF and Think Family way of working from April 2016.

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	484	406	466	Nov-15		R	The Cambridgeshire health and social care system is experiencing a monthly average of 2,398 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In November there were 1,757 bed-day delays, down 125 from the previous month, below the monthly target for the second consecutive month. The DToC situation is well documented in the media with several of our local hospital trusts having to close their A & E departments due to insufficient capacity. Many of the patients are elderly who on average have longer lengths of stay in hospital, which in turns impacts on the hospitals ability to ensure sufficient throughput. Daily conference calls are held between CCC and the hospitals to identify patients who can be discharged safely and quickly. Between December '14 and November '15 there were 29,991 bed day delays across the whole of the Cambridgeshire system - representing a 5% decrease on the preceding 12 months. Across this period NHS bed-day delays have increased by 5% from 20,269 (Dec 13 - Nov 14) to 21,412 (Dec 14 - Nov 15), while bed-day delays attributed to Adult Social Care have decreased from 9,337 (Dec 13 - Nov 14) to 7,116 (Dec 14 - Nov 15) an improvement of 24%.

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	123	94	118	Nov-15		R	Between April - Nov '15 there were 4,864 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 118 delays per 100,000 of 18+ population. For the same period the national rate was 103 delays per 100,000. The numbers have increased due to a number of factors, one of which is the increased number of admissions within the Acute Trusts particularly for the over 85s who tend to require longer more complex care on discharge. In addition, there have been some challenges around the availability of domiciliary care provision particularly in hard to reach areas of the county. In addressing these issues, we are in regular contact with providers and are actively working with them to increase their staffing capacity.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	15.4%	12.5%	15.6%	Dec-15		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	1.4%	7.5%	1.7%	Dec-15		R	Though performance is very low at the moment, employment information is collected at a client's annual review so numbers are expected to increase in the second half of the year when most reviews are planned.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	28	21	28	2015			R	Provisional data for 2015 suggests that the gap has remained unchanged at KS2. 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.

APPENDIX 8 – CFA Portfolio at end of December 2015

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives/Care Act Programme: 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. 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. No key issues.	**GREEN**
Learning Disability Spend: 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. The service is still reporting an overspend for this financial year.	**AMBER**
Building Community Resilience Programme: 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**
Older People Service Development Programme: Charlotte Black	Delivering service improvements for Older People following staff transfers from Cambridgeshire Community Services. Good progress is being made and the CCS Transfer project is in closedown phase. New project is being set up to deliver transformational change in response to the Home Care Summit held earlier in the year. No key issues.	**GREEN**
CFA Strategy for 2016-20: 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. Proposals will be discussed with Service Committees in January 2016 and the Strategy and savings proposals are currently being shared with key partners. Plans are being developed to monitor the impact of delivery of the CFA Strategy over the coming months and years – aligned to delivery of the resulting savings. No key issues.	**GREEN**

Programme/Project and Lead Director	Brief description and any key issues	RAG
Accelerating Achievement: Keith Grimwade / Meredith Teasdale / Sarah Ferguson	Delivering the strategy aimed at groups of children and young people who are vulnerable to underachievement. The action plan and targets are currently being revised. No key issues.	**GREEN**
LAC Placements Strategy: Meredith Teasdale	The draft strategy is now complete and was presented to members at the December CYP Committee. Wider consultation will take place in December for full implementation from January 2016. Key issue: The need to deliver a robust strategy for our Looked After Children which enables significant savings targets to be met and an overall reduction in LAC population. In particular a rapid reduction in the overall LAC population will be required between December 2015 and March 2016 which is a challenging target within this limited timeframe.	**AMBER**
Early Help: Sarah Ferguson	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. No key issues.	**GREEN**

DOMESTIC ABUSE STRATEGY – MANAGEMENT INFORMATION

To:	**Adults Committee**
Meeting Date:	**01 March 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 inform the Committee of the measures developed to measure the impact of the Domestic Abuse Strategy.**
Recommendation:	**Members are asked to:**

a) note the findings of this report, and that a progress report on these activities is requested from the Chair(s) of the new Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership.

b) note that all strategic actions (Appendix 1) are now either complete or will be carried forward into the new joint plan.

c) note the implications of the deletion of an existing Health IDVAs post.

	Officer contact:
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1.0 BACKGROUND

1.1 The Domestic Abuse Governance Board was formed in November 2013 following a peer review which highlighted potential risks from a lack of clear strategic leadership in this area. A Governance Board was established with partners and meets quarterly. Initially the remit of the Board was Domestic Abuse only but this was extended to include Sexual Violence in July 2015. In January 2016, the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Governance Boards were merged (see 2.1 below). The Domestic Abuse Strategy was approved by this Committee in 2015 and Members have demonstrated their continued interest in this area of work, having previously reviewed performance information for the service.

1.2 The current Board is made up of representatives from Cambridgeshire County Council, Peterborough City Council, Cambridgeshire Constabulary, National Probation Service, Community Rehabilitation Company, Local Safeguarding Children Board, Adult and Children's Social Care, Public Health, Cambridgeshire and Peterborough Foundation Trust, CAFCASS, Cambridgeshire and Peterborough Clinical Commissioning Group, District Housing, Community Safety Partnerships and the Office of the Police and Crime Commissioner.

1.3 The Domestic Abuse Strategy for 2014-2018 was signed off by all partners in November 2014. An action plan was created and monitored by the Governance Board. The outcomes of this plan are detailed below.

1.4 There are no national performance indicators for domestic abuse. A number of different methods of collating performance and management information were therefore discussed by the Governance Board reflecting the variety of locally set performance indicators used by partners. A management information template was set up and this was populated and monitored for 2014/15. In July 2015 it was agreed to revisit this area of work and Board members are now working on a new format for the information which will take effect from April 2016.

2.0 MAIN ISSUES

2.1 Discussions with the Peterborough Domestic Abuse and Sexual Violence Partnership regarding joint work have been ongoing for a number of years. At the October 2015 Cambridgeshire Domestic Abuse and Sexual Violence Partnership Governance Board it was agreed that the two partnerships should trail a merger to explore the potential of shared resources, rationalised meeting arrangements, and joint governance. The first of the these joint Boards was held on January 11th 2015, with the following actions arising:

- Agreement of joint Terms of Reference (April 2016)
- Development of joint Needs Assessments (April 2016)
- Propose performance management information (April 2016)
- Countywide and local action plan to be developed (2016)

2.2 The new Partnership Board will be co-chaired by Cambridgeshire and Peterborough, and arrangements regarding the efficacy of the trail will be reviewed in January 2017.

2.3 The current Cambridgeshire Domestic Abuse Strategy is set out with four key elements:

- Prevent
- Protect
- Pursue
- Recover

2.4 The following indicators have been extracted from the full report to measure progress against the commitments within the strategy at a high level:

2.4.1 **We will prevent people from becoming perpetrators or victims of domestic abuse.**

2.4.2 If we are successful in this objective, we expect to see:

Greater reporting of domestic abuse to police

	Q1	Q2	Q3	Q4	Year
Total number of domestic abuse incidents reported to the Police	1862	1971	1859		**2015/16**
	1880	1965	1758	1705	**2014/15**
	1670	1907	1818	1894	**2013/14**

2.4.3 There has been a general increase in reporting since April 2013 and figures suggest this may reach a peak and become steady. Not all victims will be confident enough to report to the police, or it may not be appropriate as the abuse may not be a criminal act and therefore support from other agencies may be more appropriate.

2.5 We will protect victims of domestic abuse and their children, whether or not they choose to report crimes to the police.

2.5.1 If we are successful in this objective, we expect to see:

More people engaged in protective services such as IDVAs (Independent Domestic Violence Advisors)

	Q1	Q2	Q3	Q4	Year
% of referrals into the IDVA service that engage with the service	81%	75%	72%		**2015/16**
	75%	71%	80%	78%	**2014/15**
	71%	78%	78%	61%	**2013/14**
% of IDVA clients that are 'repeat' clients	58%	29%	32%		**2015/16**
	51%	35%	21%	26%	**2014/15**
	29%	20%	41%	41%	**2013/14**
% of cases heard at Multi Agency Risk Assessment Conferences (MARAC) that were repeats – i.e. resubmitted within 12 months	14%	31%	34%		**2015/16**
	38%	34%	13%	24%	**2014/15**
	40%	52%	30%	38%	**2013/14**
Number of MARAC Cases	189	259	185		**2015/16**
	108	140	144	189	**2014/15**
	71	82	80	138	**2013/14**

2.5.2 Since April 2013 the percentages of victims who engage with the IDVA service are generally increasing.

2.5.3 The percentage of IDVA (and therefore high risk) clients being victimised and contacting the police more than once is variable due to the complexity of cases presenting. This can be difficult to interpret in terms of a performance indicator as further contact may either be part of a planned response to risks or be as a result of failure in the risk management plan.

2.5.4 The number of cases requiring a Multi Agency Risk Assessment Conference (MARAC) has increased dramatically. This is a result of the threshold for referrals to MARAC being lowered in June 2014. Referrals have increased by 216% at the present time. A new process of daily review of higher risk cases developed in partnership with all agencies based at the Multi Agency Safeguarding Hub is currently being piloted. This process is designed to maintain the most successful elements of the MARAC, but also to increase the timeliness and responsivity of meetings.

2.6 We will pursue perpetrators of domestic abuse through the criminal justice system and ensure that they face up to the implications of their actions.

2.6.1 If we are successful in this objective, we expect to see increased charges convictions and for domestic abuse. We would also expect to maintain the successful completion of referrals to offender interventions.

2.6.2 As per the table below, the number of cases that went to court increase by 18% from 2013/2014 to 2014/15.

	2013/14	2014/15	2015/16
Total number of domestic abuse cases that went to court	949	1121	Data not released until end of period
Total number of perpetrators completing Building Better Relationships programme	34	35	Data not released until end of period
Total number of perpetrators completing Ormiston Choosing to Change perpetrator programme	N/A	10	Data not released until end of period

2.6.3 The Ormiston programme commenced in 2014 and is voluntary, whereas those attending "Building Better Relationships" do so as mandated by the Court.

2.7 **We will support victims to recover from the consequences of domestic abuse.**

2.7.1 The Bobby Scheme is a scheme designed to increase household security through the installation of locks and alarms from a trusted source, with uniformed staff provided. Funded by the partnership and also by donations, the scheme also provides reassurance regarding security measures and advice. The service is provided at cost or free to those who are unable to afford it.

	Q1	Q2	Q3	Q4
2015/16	51	68	34	
2014/15	42	39	43	34
2013/14	Total 139 for 2013/14			

2.7.2 Women Housed at the Refuges (actual numbers for 15/16 have yet to be supplied)

	Cambridge Women's Aid	Refuge	TOTAL
2015/16			
2014/15	51	86	137
2013/14	49	62	111
Occupancy Rate for the Refuges			
	Cambridge Women's Aid	**Refuge (Hunts)**	**Refuge (Fenland)**
2015/16	79%	88%	89%
2014/15	90%	83%	94%
2013/14	91%	93%	91%

2.7.3 The number of women housed in the refuges in Cambridgeshire continues to increase. Note: Women are generally not housed in the area in which they live.

2.8 **Update on key activities**

2.8.1 As per paragraph 2.5.4 above, the MARAC process has been reviewed, and an enhanced process is being piloted.

2.8.2 To support the development of services, research was carried out into the context of male victims reporting DA to the police. The findings were that:

2.8.3 A significant percentage (37.5%) of these incidents could be considered as where Situational Couple Violence is taking place. This means that in the context of the relationship there is no clear historical victim / offender dynamic. There is likely to be evidence that both the victim and the offender have previously reported incidents where the victim/offender dynamic has been reversed (with victims being reported as offenders, and vice versa). In such circumstances there may be little evidence to show an escalation in the type or frequency of the abuse / violence from the offender. Sadly this may be the way in which this type of relationship operates.

2.8.4 An estimated 16.6% of incidents reported by men during the review period were indicative of an Intimate Partner Violence-type relationship where the female was the sole perpetrator.

2.8.5 Violent Resistance was observed in 8.3% of the incidents reviewed this is where the female offender had responded violently to historical violence or abuse perpetrated by the male victim.

2.8.6 23.5% of cases were familial violence (i.e. involving brothers, fathers, etc. and not in the context of an intimate relationship). The remaining 14% of cases did not fit this classification. This demonstrates some of the complexity of the cases behind the generic term of Domestic Abuse. Each classification described will require a different service response.

2.8.7 The domestic abuse 'Offer' detailing support for families affected by domestic abuse and an accompanying training offer for staff has been agreed by the Board, and is being implemented across Cambridgeshire. See Appendix 2

2.8.8 Work to raise awareness of domestic abuse amongst adults with learning disabilities was completed in partnership with VoiceAbility and an Easy Read document about how to support someone experiencing domestic abuse was created and distributed both countywide and nationally. The work reached the finals of the Learning Disability Awards in the Breaking Down Barriers Category in May 2015.

2.8.9 Work to increase partnership working with the Health sector, particularly GP's, is progressing via the Clinical Commissioning Group and Local Commissioning Groups.

2.8.10 An update on progress towards the strategic aims is attached to this paper as Appendix 1. It should be noted that all actions are either complete or will be carried forward into the forthcoming joint plan with Peterborough.

2.9 **Issues going forward into 2016/17**

2.9.1 Funding has not been secured for 2016/17 from the CCG for the second of two Health IDVA posts. This means that the provision will continue with one post (resourced by public health), operating a reduced referral pathway from the Addenbrooke's and Hinchingbrooke's Accident and Emergency Departments (and including maternity services at both sites). Existing pathways from community-based services (such as GPs, CPFT, etc.) will be deleted from April 1st 2016, after which point community-based services will still be able to refer into mainstream IDVA and voluntary sector providers. It is estimated, based on data from 2014/15, that this reduction in service will impact approximately 150 victims of domestic abuse.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

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

3.1.1 The following bullet point sets out details of implications identified by officers:

3.1.2 Domestic abuse costs public sector services millions of pounds each year, in many cases it also affects the ability of victims to work and earn a living for victims and their children.

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

3.2.1 The following bullet point sets out details of implications identified by officers:

3.2.2 It is essential that the strategy enables victims of domestic abuse, predominately women and their children to be safe and live their lives free of abusive behaviours.

3.3 **Supporting and protecting vulnerable people**

3.3.1 The following bullet point sets out details of implications identified by officers:

3.3.3 Those vulnerable due to domestic abuse require support to enable them to life safely, free from risk of abuse and violence.

4.0 SIGNIFICANT IMPLICATIONS

4.1 **Resource Implications**

4.1.1 The following bullet points set out details of significant implications identified by officers:

4.1.2 There has been a significant increase in the numbers of victims considered at high risk of homicide and therefore referred to MARAC as per 2.3 above. This increase has impacted on resources from all partners, and in particular the Council as the organisation taking responsibility for the co-ordination and Chairing, in addition to resources required from Adult and Children's Social Care, Police, Education Child Protection and the IDVAs.

4.1.3 As more victims and their children are identified, there is increased pressure

for all services working with these families.

4.1.4 Specialist services for those who are not at high risk of homicide are limited across Cambridgeshire – each of the two providers has an outreach service but the number of people being referred is also increasing (from 904 in 2013/14 to 928 in 2014/15, numbers for 2015/16 are expected to increase again).

4.1.5 The reduction in IDVAS capacity, outlined in 2.7 (above), will impact on the responsiveness of community-based health services to domestic abuse.

4.1.6 The implementation of the Care Act in April 2015 introduced domestic abuse as a category of abuse under Adult Safeguarding. Whilst figures are currently unknown, the Adult Safeguarding Service is moving three FTE posts into the MASH to coordinate the expected increase. As some of these cases will require specialist domestic abuse interventions we anticipate an increase in referral to the IDVA service and to Outreach providers.

4.1.7 Demand for specialist sexual violence services, such as the Independent Sexual Violence Advocacy Service (ISVAS) and Cambridge Rape Crisis Centre is also increasing. The Office of the Police and Crime Commissioner is leading on work to capture current pressures across the system, and will present these findings to the joint Board before the end of March 2016.

4.2 Statutory, Risk and Legal Implications

4.2.1 The report above sets out details of a significant risk to victims in paragraph 2.10.1, seeking support through community-based health services following the deletion of a Health IDVAS post.

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 Public Health Implications

4.5.1 The following bullet points set out details of significant implications:.

- Domestic abuse and sexual violence has a significant on the physical and mental wellbeing of victims and their children, ensuring services are in place to meet the needs of these individuals will reduce the future burden on health services.
- As outlined in the report, paragraph 2.10.1, the deletion of a Health IDVAS post will negatively impact on the capacity of community-based health services to appropriately respond to domestic abuse.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

Source Documents	Location
Domestic Abuse Strategy 2014-2018	Amanda Warburton 2nd Floor, Babbage House Shire Hall Site, Cambridge

Appendix 1

Cambridgeshire Domestic Abuse and Sexual Violence Partnership
Domestic Abuse Strategy (2014 – 18) Progress Update
January 2016

This update is designed to show, through 'RAG ratings',[1] progress towards our collective 'vision' **to reduce the harms associated with domestic abuse, and prevent these crimes from occurring across Cambridgeshire**.

Service mapping and needs analysis (which precluded and informed the strategy), found that there were key overarching gaps in provision for specific groups and in different areas of the county. These included:

- **A lack of availability of specialist intervention for families – in particular services that consider children and young people together with their protective parent**

- **A lack of availability of programmes for men who use violence in their relationships to support men who want to stop committing domestic abuse**

- **A lack of coordination between services, which led to gaps in provision in between different areas. It was recommended that the creation of a 'countywide offer' – a minimum level of provision that would be available to any victims, offenders or their families regardless of their location – would assist in closing gaps in provision.**

In addition to these overarching gaps in provision, the following thematic (**prevent, protect, pursue, and support)** areas for development were also identified. Each need is 'RAG rated' to show where progress had been made / is still required. Also attached to each need (in brackets) is the lead officer and relevant taskgroup charged with progressing the work:

Prevent

- The need to integrate messages around domestic abuse into parenting programmes (Simon Kerss, LSCB DA)

- The need to ensure that workers across public services are able to identify potential victims of domestic abuse and are able to signpost and refer to appropriate services; for example through adoption of a new modular training package based on the NICE guidance on domestic abuse (Simon Kerss, WFD DA Group)

- The need to work in partnership with schools to ensure that messages around healthy relationships are well integrated into PSHE lessons at schools, including targeted healthy relationship classes in secondary schools (Eva Acs, Health Relationships Group)

[1] 'RAG ratings' are as follows: Green = action progressing towards completion / is complete. Orange = action progressing. Red = need to address action.

- The need to place a greater emphasis on education for communities into what constitutes abuse; and what support is available (Amanda Warburton, Awareness and Communications Group)

- The need to review available perpetrator programmes to consider how they could be better incorporated into the Cambridgeshire offer (Vickie Crompton / Simon Kerss, Implementation Board).

Protect

- The need to provide new specialist interventions for children and young people affected as direct or indirect victims of domestic abuse, including examining expansion of the young people's IDVA role (this action will be carried forward into the joint plan).

- The need to develop approaches to specialist intervention for families – in particular services that consider children and young people together with their protective parent

- The need to carry out more work with young people who are perpetrators of domestic abuse to challenge their behaviour and ensure that it does not begin a pattern of violence which continues into future relationships (to be carried forward into joint plan)

- The need to include domestic abuse as a key priority in our Together for Families programme, in order to expand awareness of the 'think family' approach, which brings many agencies together to work with families with multiple needs; and gives families clear and positive goals to work towards, allowing them to succeed in independence (Simon Kerss, Implementation Board)

- The need to commit to working in partnership with strategic housing and social housing providers to review policies, initiatives and current working practices across all levels of need, to ensure early identification and consistency of housing approach to victims and perpetrators of domestic abuse across the County (Trish Reed, Governance Board)

- The need to address inconsistent provision across the county in specialist domestic abuse services; for example we will review the availability of refuge provision, Freedom programmes and Phoenix programmes across the county (Simon Kerss, Implementation Board)

- The need to work to develop clear policies on the best approach for all partners to take to working with families where domestic abuse is

occurring (Simon Kerss, LSCB DA Group and Implementation Board).

Pursue

- The need to ensure that partners' processes and procedures support investigation and prosecution if necessary at every contact. For example, we will ensure that Constabulary incident logs contain more detailed information; this will ensure that details are captured for later investigation and evidence (Jon McAdam, Implementation Board)

- The need to continue to support increased reporting of domestic abuse; for example by making clear information available to victims and potential victims on how the criminal justice system works and the support available if a crime is reported (Jon McAdam, Implementation Board)

- The need to ensure a consistent approach to domestic abuse incidents, even if a prosecution may not take place; for example following robust investigative procedures even if victims do not want to pursue a prosecution (Jon McAdam, Implementation Board)

- The need to ensure that when a caution is the best possible response, that as part of the caution criteria a perpetrator should have to attend an 'input' and face up to domestic abuse as well as the underlying issues that made them offend (Jon McAdam, Implementation Board)

- The need to ensure that full use is made of offender interventions to support the rehabilitation of persistent convicted perpetrators in all appropriate cases (Jon McAdam, Implementation Board).

Support

- The need to review services supporting recovery available countywide through a mapping report and consultation, in order to ensure that valuable services such as Phoenix programmes and peer support groups that help past victims to support others are widely available (Simon Kerss, LSCB DA Group and Implementation Board)

- The need to review access to mental health support for victims of domestic abuse in line with the findings of the Needs Assessment (Vickie Crompton, Implementation Board)

- The need to ensure that all victims are enabled to continue to live independently, feeling safe; for example through continued support for the Cambridgeshire 'Bobby' scheme (Vickie Crompton, Implementation Board).

Appendix 2

The Cambridgeshire Domestic Abuse Partnership Offer

The Cambridgeshire Domestic Abuse Partnership Offer

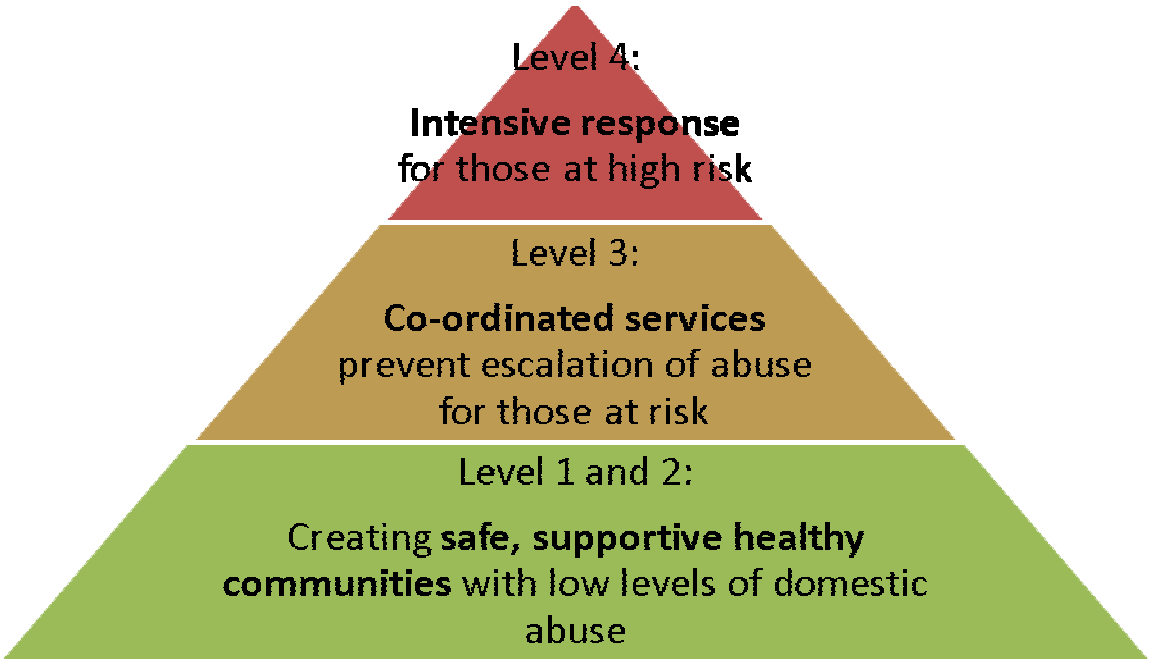
Introduction

The Cambridgeshire Domestic Abuse Partnership recognises that not every case of domestic abuse needs the same response – varying degrees and types of support are needed from different organisations depending on the circumstances of the individual victim, family or perpetrator. Prevention of abuse is also important – how we create strong and supportive communities where domestic abuse is seen as unacceptable to all.

Our different responses to domestic abuse happen at three distinct levels, as demonstrated in the diagram below. This provides a 'Model of Staged Intervention for Domestic Abuse', drawing on the Model of Staged Intervention (MOSI) used by the County Council; The Victim and Offender Strategies from the Police and Crime Commissioner; NICE guidance; the Home Office Community Coordinated Response Model and the County Council's emerging approach to Early Help.

This model provides a framework for developing a common understanding of people's needs; and a shared understanding of the roles and responsibilities of different services and organisations.

Model of staged intervention for domestic abuse



These levels are about prevention, lowering risk and managing demand on our more intensive services. The aim is to ensure that there are fewer people in the higher levels, receiving more targeted, intensive support. Early help as soon as need is identified is preferable to 'late help' when problems have escalated; but intensive safeguarding and support is always available to those that need it. Getting this right requires us to build capacity in communities to support people to help themselves; as well as creating effective, coordinated pathways and referrals between organisations, which will be developed as part of the action plan for this strategy. The levels can be summarised as follows:

At **Level 1**, we want to build safe, supportive and healthy communities with low rates of domestic abuse. In safe, supportive and healthy communities, communities have the capacity to support themselves, and the number of victims is reduced; with a wide range of agencies playing a part in empowering communities and delivering preventative work; there are high levels of confidence in policing; and communities are engaged with high numbers of witnesses prepared to come forward. Level 1 refers to support available within families and communities without the involvement of specialist services. This action is supported by **Level 2** services, which work to build protective factors into communities – for example by educating people about what constitutes domestic abuse; and educating children and young people about healthy relationships. Practitioners working at **Levels 1 and 2** will be able to respond to the disclosure of domestic abuse by offering supported signposting or onward referral to specialist services, and / or by facilitating access to protective factors relevant to the level of need.

Where domestic abuse occurs, we want to ensure that co-ordinated services are available early on which prevent escalation of abuse for people at risk – both for the victims and any dependent children and ensure that people are aware of what is available within their own communities. Whether or not people choose to engage with these services, or report abuse to the police, services will respond proportionately and provide clear pathways to the victim that will reduce risk according to their individual wishes: whether that is to leave the household; stay at home; or whether the offender is willing to engage with a rehabilitative approach. When the abuse has ended, support will be available to those that need it to promote recovery for them and their family. Practitioners working at **Level 3** will be able to provide an initial response that includes risk identification and assessment (using the RIM

and / or DASH), safety planning and continued liaison with specialist support services, including referral to specialist community-based programmes.

For those cases with the highest level of risk, our organisations will provide an intensive response in a coordinated manner, to address the immediate risk and protect victims and families urgently, stepping back once the immediate situation is resolved but ensuring that victims and families have immediate access to further support if needed. Practitioners working at **Level 4** will be able to give expert advice and support to people experiencing domestic violence and abuse, and are able to manage risk and safety as part of their casework.

Types of response

In order to address each of the perspectives on domestic abuse; and to respond appropriately at different levels, there are four main areas of work that our partnership organisations will undertake. This strategy explores each of these areas in turn to identify what changes are needed in each:

- We will **prevent** people from becoming perpetrators or victims of domestic abuse
- We will **protect** victims of domestic abuse and their children, whether or not they choose to report crimes to the police
- We will **pursue** perpetrators of domestic abuse through the criminal justice system and ensure that they face up to the implications of their actions
- We will support victims to **recover** from the consequences of domestic abuse.

These objectives will be supported by cross-cutting work to continuously develop the countywide offer to ensure a coordinated response to domestic abuse.

Assessments to support the Cambridgeshire Offer model

Several local assessment processes are integral to establishing levels of need, and so informing appropriate agency responses to disclosure. The CAF, Victim's Needs Assessment and ASSET, for example, may all be used to support the Cambridgeshire offer.

However, specialist assessment processes, such as DASH RIC (Domestic Abuse, Stalking and Harassment Risk Indicator Checklist) and Barnardo's DV RIM (Domestic Violence Risk Indicator Matrix) should be used to assess the level of risk to the adult victim and child(ren).

Assessment is an on-going process, not a single event. Individuals and families can move between levels of need (both through increasing and/or reducing their needs and vulnerability) according to their particular circumstances, therefore it is essential that those working with those impacted by domestic abuse can be flexible and able to respond to changing needs and risk of harm. The importance of robust planning and multi-agency involvement in cases of domestic abuse cannot be over-stated.

Although repeated assessments are not always necessary to move those affected from one level of support to another, risk in domestic abuse cases is fluid and can escalate quickly. Practitioners must take into account the risk that the escalation of domestic abuse poses and be prepared to revisit assessments such as the RIM and DASH as the need arises.

Limitations of the Cambridgeshire Offer model

It is intended that the Cambridgeshire Offer model should be used as a tool to enable individuals, families and agencies to communicate their concerns regarding domestic abuse: using a common format, language and understanding of the levels of needs, concern or risk.

It is also intended as a tool to enable practitioners to complete a needs ‘map’ to assess individuals / families, and articulate their needs and strengths and the risks and protective factors that may exist.

The model, and the descriptors included within the matrix, is not intended to be prescriptive, exhaustive or definitive. Need and risk have always to be considered on a case by case basis, and responses based on assessment and judgement and relevant statutory guidance. Practitioners should use their professional judgement, experience and training at all times to inform assessment and intervention.

The model does not guarantee service provision by particular agencies at each level. There may be restricting factors such as:

- Specific service criteria related to the agency’s specialist area of work
- Previous interventions
- Geographical location
- Age limits
- Availability of community-based provision.

Finally, it should be recognised that those impacted by domestic abuse may seek to deny or minimise their experiences / level of risk. Practitioners should always be conscious of this issue when considering need, and be prepared to escalate concerns according to local and statutory safeguarding guidance.

ADULTS AGENDA PLAN; APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND OUTSIDE BODIES AND TRAINING PLAN

To:	**Adults Committee**
Meeting Date:	**01st March 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.

	Officer contact:
Name:	Daniel Snowdon
Post:	Democratic Services Officer
Email:	daniel.snowdon@cambridgeshire.gov.uk
Tel:	01223 699177

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

Source Documents	Location
None	***N/A***

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published on 1st February 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
01/03/16	Proposed Changes to the Support Planning section of the Policy Framework	C Bruin	Not applicable		19/02/16	22/02/16
	Finance and Performance Report	T Kelly	Not applicable			
	Transforming Lives Update	C Gibbs	Not applicable			
	Progress report on the delivery of the domestic abuse action plan	S Kerss	Not applicable			
	Better Care Fund	G Hinkins	Not applicable			
	Building Resilient Communities	R Hudson	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
[12/04/16] Provisional Meeting						
17/05/16	Cambridgeshire Local Assistance Scheme	C Bruin	Not applicable	07/04/16	03/05/16 (Tuesday)	06/05/16 (Friday)
	Legal position in relation to property disregard for Homecare	M Collins	Not applicable			
	Standard Disability Related Expenditure	C Black/C Bruin	Not applicable			
	Finance and Performance Report	T Kelly	Not applicable			
[09/06/16] Provisional Meeting						01/06/16
07/07/16	Finance and Performance Report	T Kelly	Not applicable			29/06/16
	Falls Prevention	C Black	Not applicable			
	Risk Register	A Loades	Not applicable			
[04/08/16] Provisional Meeting						27/07/16
15/09/16	Adults Complaints Updated Policy	R Dobbs/J Collinson	Not applicable	04/08/16		07/09/16
	Progress report on the Adults Autism Strategy	L McManus	Not applicable			
	Transforming Lives	C Bruin	Not applicable			
	Finance and Performance Report	T Kelly	Not applicable.			

[13/10/16] Provisional Meeting						05/10/16
03/11/16	Finance and Performance Report	T Kelly	Not applicable.			26/10/16
[08/12/16] Provisional Meeting						30/11/16
19/01/17	Finance and Performance Report	T Kelly	Not applicable.			11/01/17
	Risk Register	A Loades	Not applicable.			
[09/02/17] Provisional Meeting						01/02/17
Committee date	**Agenda item**	**Lead officer**	**Reference if key decision**	**Spokes meeting date**	**Deadline for draft reports**	**Agenda despatch date**
09/03/17	Finance and Performance Report	T Kelly	Not applicable			01/03/17
[06/04/17] Provisional Meeting						29/03/17
01/06/17	Finance and Performance Report	T Kelly	Not applicable			24/05/17

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