

ADULTS COMMITTEE



Date: Thursday, 15 September 2016

Democratic and Members' Services

Quentin Baker

LGSS Director: Law and Governance

14:00hr

Shire Hall
Castle Hill
Cambridge
CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

1 Apologies for Absence

2 Declarations of Interest

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

3 Adults Committee Minutes & Action Log - 7th July 2016

5 - 22

4 Petitions

DECISIONS

5 Business Planning - Development of Revenue Proposals

23 - 30

6 Service Committee Review of the Draft 2017-18 Capital Programme

31 - 44

7 Finance & Performance Report - July 2016

45 - 92

8	Progress Report on the Adults Autism Strategy	93 - 98
9	Better Care Fund 2016-17	99 - 106
10	Proposed Changes to the Local Housing Allowance and Potential Impact on Extra Care and Other Types of Supported Housing	107 - 114
11	Transforming Lives	115 - 138
12	Cambridgeshire Local Assistance Scheme (CLAS)	139 - 154
13	Appointments to Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels.	
	<i>The Adults Committee is requested to appoint a Member to the Older People's Partnership Board.</i>	
14	Adults Committee Agenda Plan	155 - 160

The Adults Committee comprises the following members:

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

Councillor Chris Boden Councillor Sandra Crawford Councillor Lorna Dupre Councillor Derek Giles Councillor Lynda Harford Councillor Samantha Hoy Councillor Gail Kenney Councillor Richard Mandley Councillor Zoe Moghadas Councillor Graham Wilson and Councillor Fred Yeulett

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

Clerk Email: daniel.snowdon@cambridgeshire.gov.uk

The County Council is committed to open government and members of the public are welcome to attend Committee meetings. It supports the principle of transparency and encourages filming, recording and taking photographs at meetings that are open to the public. It also welcomes the use of social networking and micro-blogging websites (such as Twitter and Facebook) to communicate with people about what is happening, as it happens. These arrangements operate in accordance with a protocol agreed by the Chairman of the Council and political Group Leaders which can be accessed via the following link or made available on request: <http://tinyurl.com/ccf-film-record>.

Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <http://tinyurl.com/cambs-constitution>.

The Council does not guarantee the provision of car parking on the Shire Hall site and you will need to use nearby public car parks <http://tinyurl.com/ccf-car-park> or public transport

ADULTS COMMITTEE: MINUTES

Date: Thursday 7th July 2016

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

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

Apologies: Councillors S Crawford, L Harford and F Yeulett.

Councillor Nethsingha left the meeting at 2.00pm.

172. DECLARATIONS OF INTEREST

None.

173. MINUTES – 17th MAY 2016 AND ACTION LOG.

The minutes of the meeting held on 17th May 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

174. PETITIONS

No petitions were received.

175. DOMICILIARY CARE DEFERRED PAYMENT AGREEMENTS FOR OLDER PEOPLE

Members considered a report that informed Members of the ongoing consideration of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire. The benefits to the introduction of such a scheme would allow for an additional choice option for individuals to be able to stay at home, who otherwise would potentially move into permanent residential care and the development of the care market in Cambridgeshire.

During discussion of the report Members:

- Questioned whether it would be beneficial for the loan and charge to be arranged through the Cambridge & Counties Bank. Officers agreed to research further what role the Cambridge and Counties Bank could play in the process. **ACTION**
- Questioned why it was predicted that so few people would be eligible for a Deferred Payment. Officers explained that the scheme was discretionary and the numbers of people predicted to apply for the scheme were low due to the very high level of care

- need to require 24hr live-in care which would mean many would not choose to enter a Deferred Payment because they felt unable to remain in their own home.
- Noted that Care Teams would be equipped to provide information on the scheme on a case by case basis but it would not be widely publicised.
 - Confirmed that the interest rate applied to the debt accrued under the Deferred Payment agreement was 1.26% per annum and it was compound interest.
 - Sought clarification as to why the value of the property would not be disregarded from the financial assessment as the person remained living in it. Officers explained that the cost of 24hr live in care was such that it could not be afforded by the Council and the Deferred Payment scheme addressed the lack of options available to people who wished to remain in their own home.
 - Noted that there had been cases in the past where the availability of such a scheme would have been helpful.
 - Sought assurance regarding the disposal of assets and the risk that posed to the Council. Officers explained that any such disposal of an asset could be determined to be deprivation of assets; therefore within the financial assessment they would be treated as still owning the property.
 - Questioned the cost effectiveness of the scheme. Officers explained that eligible people would have already qualified for a Deferred Payment for permanent residential care. The proposed scheme was designed to allow those people to remain living in their own home and would therefore have few cost implications as a result.

It was proposed by the Chairman with the agreement of the Committee to amend the recommendation so that the Committee endorsed the implementation of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire.

It was resolved to endorse the implementation of a Domiciliary Care Deferred Payment scheme for Older People in Cambridgeshire.

Councillor Nethsingha returned to the meeting at 2.20pm

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

The Committee received the Cambridgeshire and Peterborough Foundation Trust (CPFT) annual report 2014/15. This was the second annual report that had been presented to the Committee. Officers highlighted the ongoing work in relation to the financial plan in order to contribute to the overall level of financial savings required. Members' attention was also drawn to the collapse of the Uniting Care contract part way through the year. Key priority areas for the coming year were identified including; early intervention and prevention and the implementation of the Transforming Lives model of delivering social care in Cambridgeshire.

During discussion Members:

- Drew attention to paragraphs 4.2 and 4.3 of the report and sought greater clarity on them. Officers explained that there had been challenges with recruiting and retaining social workers during the first half of the year which had led to an underspend due to vacancies not being filled. The position changed in the second half of the year following the introduction of the Social Care Recruitment and Retention Strategy. Officers acknowledged the overspend on the Older People Mental Health (OPMH) budget and explained that it was particularly difficult to forecast the OPMH budget due to this being a demand led budget supporting people with fluctuating care needs with some unpredictability of when care packages would end.
- In relation to paragraph 9.1.1 of the report, questioned whether the Council, NHS and other bodies measured good practice with regard to employing individuals with mental health needs. Officers informed Members that the measure focussed the Trust's attention on the need to work harder to assist people with mental health needs to secure and retain employment and drew attention to programmes that CPFT ran to achieve that aim. Members noted that officers would need to investigate further as to whether there were specific policies in place within the Council that encouraged the employment of people with mental health needs and the role the Council could play in encouraging employers to recruit people with mental health needs. **ACTION**
- Noted that work would be undertaken to gain greater understanding of the take-up of Direct Payments across the county and how they were delivered to individuals. This data would be presented in the next annual report.
- Sought greater clarity in relation to the data presented on pages 34 and 35 of the report. Officers explained that guidance from the NHS Information Centre required that employment data was collected from people aged up to 69 years despite it exceeding the national retirement age. Data was benchmarked against other Local Authorities in order to determine what level of performance was being achieved.
- Highlighted the tension within the Section 75 Agreement with regard to spend on social care activities versus spending on health related activities. Members requested greater budget analysis contained in future annual reports as it was important for public accountability and that reporting was more closely aligned to the requirements of the S75 agreement. Officers noted the concern regarding the ease with which it was possible to differentiate between health and social care related expenditure and explained that work was ongoing to improve reporting in that area. Members' attention was drawn to changing information requirements for 2016/17 prescribed under the Care Act 2014.
- Noted the unemployment data broken down by age and requested that the data demonstrated geographic variances regarding employment in future iterations of the report.

- Requested that the data presented in paragraph 5.6 of the report in future show the performance of all teams with regard to the take-up of Direct Payments.
- Noted the ongoing work that was taking place regarding information management systems and the continued drive toward greater integration across organisations that would achieve better outcomes for patients.

It was resolved to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult Mental Health.

177. UPDATE ON FALLS PREVENTION PROGRAMME

An update was provided on the Cambridgeshire Falls Prevention Programme. It was highlighted to Members that falls represented the commonest cause of injury and death amongst older people. Falls had major implications for health and social care but there was also a human cost to families and carers of people who had suffered falls.

Members' attention was drawn to analysis work that had taken place regarding who was suffering from falls and how they were falling. The programme represented a system wide approach that currently had a strong foundation. The programme was being implemented across the county. Reducing falls was complex and many sectors and organisations need to be engaged. The success of the programme was predicated on such engagement taking place and the health and social care system working together.

During discussion of the report Members:

- Noted that there appeared to be a lack of understanding in society regarding falls and it was almost an accepted part of aging. Members emphasised that non-injurious falls were a possible indicator that a person may suffer from a more serious condition and falls therefore should not be accepted or ignored. Officers confirmed that if someone had suffered a fall within the last 12 months they would be referred for a falls risk assessment.
- Suggested that Parish and Town Councils be involved in raising awareness across the community together with Radio Cambridgeshire and local churches.
- Highlighted the importance of personal fitness in preventing falls and that it could often be more important than environmental factors in causing falls.
- Questioned the demand for falls prevention classes as existing classes were struggling to remain open due to a lack of demand and suggested that it may be more beneficial to sustain the ones currently operating than setting up new classes. Officers explained that there was inconsistent provision for classes across the county and acknowledged that there was a challenge to sustain motivation for the classes and achieve greater awareness in the community.
- Drew attention a walking group that had been set up in a Cambridgeshire village over 10 years ago and was extremely successful. It was therefore important to ensure that the activity was something that people wanted to take part in. The importance of encouraging healthier lifestyles at a young age was emphasised as a preventative measure.

- Questioned how the results of the programme would be measured and emphasised the role that Parish Councils and Community Navigators played in the success of the programme. Officers explained that the Health Committee would take the lead role in scrutinising the programme. Members requested to see data from the pilot scheme.

It was resolved to note and comment on the report.

178. HEALTH AND CARE EXECUTIVE GOVERNANCE FRAMEWORK

Members received a report that presented the Cambridgeshire and Peterborough Health and Care Executive Governance framework. The report had already been presented by the Clinical Commissioning Group to the Health and Wellbeing Board and it would be presented the next meeting of the Health Committee. NHS England had prescribed a model of governance to be followed but there was some flexibility in how it was organised locally. Local Authority members were non-voting members but did attend board meetings. Members noted the correction to the diagram on page 58 of the report where the arrow between Health and Care Executive and the Health and Wellbeing Boards should be a two-way arrow. Officers drew Members attention to the “Significant Implications” paragraphs of the report.

During discussion:

- Members noted that the Governance Framework was required to enable Chief Executives work together more effectively and further integrate Public Health and Social Care.
- Officers explained that due to the collapse of the Uniting Care contract, plans regarding data sharing had suffered as a result. Work was ongoing to identify ways of data sharing between existing systems. Data sharing was being encouraged within the guidance and legislation and a Better Care Fund workshop was due to take place to ensure that the correct permissions were in place to enable effective data sharing.
- Questioned why the Local Authority had no voting rights within the Governance Framework. Officers explained that the delegation to officers that would be required did not exist and it was determined that voting rights were not necessary.
- Members highlighted discussions that were taking place regarding devolution and questioned whether there were examples that could provide learning, for example in Manchester where the health budget had been devolved. Officers explained that the NHS retained a regulatory oversight of the devolved health care system and would be monitoring the devolved areas closely.
- It was noted that the proposed governance structure was complicated but Members were reassured that the Executive would receive regular reports from engagement with the public and stakeholders in the development of proposals.
- Members highlighted the importance of retaining the Council’s scrutiny function regarding the NHS.

- Members noted that the Governance Framework was a move from elements of the NHS working in competition of each other to a more integrated system that worked together.
- Questioned why there were 4 Health and Wellbeing Boards referenced in the report. It was explained that the geographical area the Board covered included Bedfordshire and Hertfordshire and therefore they were included.
- Members questioned how the public would be involved within the Governance Framework. Officers confirmed that the public had been involved in the process of setting up the framework and would continue to be represented by Health Watch.

It was resolved unanimously to:

- a) Endorse the Cambridgeshire and Peterborough Health and Care Executive Governance Framework.
- b) Approve the alignment of service planning for Council Adult Social Care Services with relevant aspects of NHS system transformation work.

179. CHILDREN FAMILILES AND ADULTS – RISK REGISTER

Members received the Children, Families and Adults Risk Register. The register was reviewed regularly at Children Families and Adults management meetings. The Corporate Risk Register which brought together the most important risks from each directorate of the Council.

During discussion Members:

- Requested that the risks were ordered in rank of seriousness. Officers confirmed that following the request having been made at the Spokespersons meeting the Risk Register had been re-ordered to bring the residual red risks to the top. It was acknowledged that the full list had not been re-ordered using residual risk scores and officers agreed to make this change. **ACTION.**
- Highlighted the ongoing work to resolve issues with the Clinical Commissioning Group (CCG) regarding jointly funded packages of support; specifically S117, Continuing Health Care and Section 41 cases, showed concern about the slowness of the proposed timescale for resolution and questioned what progress had been made. Officers informed Members that CCC had raised the issue with the CCG and a negotiation was underway but legal advice was also being sought and legal action remained open to the Council to persue should the discussions fail to reach a satisfactory outcome.
- Noted that there was a specific risk placed on the register regarding business planning failure if Members did not agree a budget.
- Questioned why a risk regarding housing had not yet been entered on the corporate risk register. Officers explained that the two registers were not updated at the

same time but that the risk would appear on the Corporate Register in the near future.

- Highlighted that there was a political responsibility to report the budget position to the General Purposes Committee.

It was resolved to endorse the CFA Risk Register and management of the identified risks.

180. REVISED ADULT SOCIAL CARE COMPLAINTS POLICY

The Committee received a revised adult social care complaints policy. Members were informed that the introduction of the complaints policy responded to a change in legislation in 2009 and was reviewed in 2011. Following a more recent review of the policy, changes were made that brought the policy up to date. The revised policy reflected that the mediation process had not been used due to its cost and that instead a meeting between officers and complainants was offered with great success. Revisions had also been made to sections regarding consent as more complaints were being made by people who acted on a person's behalf as Power of Attorney or Deputy. The importance of Senior Manager Reviews of complaints was highlighted to the Committee.

During discussion Members:

- Questioned why the option of mediation had been withdrawn. Officers explained that meetings between officers and the complainants were offered as an alternative and were found to be successful and negated the need for mediation sessions.
- Confirmed that a complainant could ask for a range of people to attend a meeting with them as support with the possible exception of legal representation. Officers agreed that it would be made more explicit within the policy document regarding who could attend meetings. **ACTION**
- Noted that 106 of 118 formal complaints were resolved by the first response. Officers explained that there was a large amount of work that took place before a Senior Management Review was instigated and the additional work often resolved the complaint without it having to be escalated further.
- Requested that future information regarding the number of complaints upheld was presented in percentage terms and included information on the type of complaint. **ACTION**
- Suggested that it would be beneficial for M.P.s to be supplied information regarding information sharing and for them to be provided with a pro-forma that could be completed with a constituent in order to allow information to be shared. **ACTION**
- Questioned why there was not an over-arching Cambridgeshire County Council Complaints Policy that contained sub-sections for each service. Officers explained that legislation regarding complaints policy varied across services but agreed to investigate further. **ACTION**

- Noted that work had taken place to ensure the recording of informal complaints was robust and had resulted in the increase in the numbers shown in the report.
- Questioned whether benchmarking took place against other Local Authorities to better understand the Council's performance. Officers explained that comparative data was analysed but due to differences in how and what data was recorded between Local Authorities it was often difficult to draw meaningful conclusions from the information.

It was resolved unanimously to:

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

181. FINANCE AND PERFORMANCE REPORT – OUTTURN 2015-16 AND FINANCE AND PERFORMANCE REPORT MAY 2016

Members received the 2015/16 Finance and Performance Outturn Report for Children's, Families and Adults Services (CFA). Officers highlighted the closing position at year end of a £1.6 million underspend and the improved performance regarding delayed transfers of care (DToCs).

The Finance and Performance Report for May 2016 was presented to Members. The current forecast was for £1.3m overspend. Officers highlighted the challenges faced by the Learning Disability Partnership (LDP) in delivering the savings targets set and the contingency fund within the Cambridgeshire Local Assistance Scheme (CLAS) that had not been spent.

During discussion Members:

- Questioned how much of the recorded underspend for the last financial year was a result of fortunate circumstances. Officers explained that a lot of work had taken place to maximise efficiency within the service. Members' attention was drawn to the experience of the South Cambridgeshire Care Team where underspending occurred due to a high number of staff vacancies; since the vacancies had been filled the position was being reversed. The delay regarding the implementation of elements of the Care Act 2014 had eased the financial position significantly as funding provided by the Government had not been clawed back. Difficulties in recruiting Deprivation of Liberty Assessors had also provided significant underspends and income from contributions toward care packages following financial assessment was also higher than originally forecast.
- Members drew attention to page 183, paragraph 2.5.5 of the report and questioned

how the residential side had shown a reduction in cost per week per person in comparison with domiciliary care packages. Officers explained that it was difficult to forecast the figures accurately at the start of the year which represented the variances recorded in the table.

- Clarified the information contact on pages 236, 237 and 238 of the report. Officers explained that the position would need to improve by £378k to achieve an underspend.
- Raised concern regarding the LDP overspend and questioned what action was being taken to address the situation. Officers assured Members that the re-assessment of care packages was being prioritised in order to meet individuals' assessed needs in more cost effective ways. Work was also taking place to enter negotiations with care providers during the re-assessment process regarding the cost of the care packages. Individual's care packages were being assessed in an aggregated way to increase cost efficiency from unit costs. Negotiations were also taking place with care providers in relation to the annual uplifts to the costs of care packages and it was anticipated that the outcome of the negotiations would provide significant savings.
- Requested that that the "direction of travel" arrows were improved to show what was desirable and what the actual position was. **ACTION**

It was resolved to review and comment on the reports.

182. ADULTS COMMITTEE AGENDA PLAN

The Committee resolved to note the agenda plan.

Chairman

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

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

This is the updated action log as at **6 September 2016**

Minute No.	Report Title	Action to be taken by	Action	Comments	Completed
------------	--------------	-----------------------	--------	----------	-----------

Minutes of 1st September 2015

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

Minutes of 1st December 2015

131.	Ditchburn Place – Extension of Six Month Contract	R O'Driscoll/ T Kelly	Members requested that the unit cost of the provision be included in the Finance & Performance Report.		In Progress
134.	Transforming Lives: A New Strategic Approach to Social Work and Social Care for Adults in Cambridgeshire.	M Hay	To share the revised Operating Instructions with Councillor Sales when completed.	Completed	Completed
137.	Adults Committee Review of Draft Revenue Business Planning Proposals for Older People, Mental Health and Adult Care Services 2016/17	C Bruin	A Member highlighted that at a recent meeting of the Physical Disability and Sensory Impairment Partnership Board it was mentioned that there were a number of occasions where care providers were being paid by the Council but cancelling care calls at short notice. Officers agreed to		Completed

	to 2020/21		investigate this further with Members of the Board.		
--	------------	--	---	--	--

Minutes of 12th January 2016

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

Minutes of 1st March 2016

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

Minutes of 17th May 2016

164.	Cambridgeshire Local Assistance Scheme (CLAS) 2016/17	M Teasdale/M embers	Officers requested Members inform them of any Food Banks in their area to ensure that all had been contacted		Completed
164.	Cambridgeshire Local Assistance Scheme (CLAS) 2016/17	M Teasdale	Members requested that the report regarding research into furnished lettings for vulnerable people be circulated to them when received	Completed – email sent on 29 June 2016	Completed
168.	Disability Related Expenditure	C Bruin/A Leduc	Members noted that the implementation of the new standard rate would be from the date of the next financial assessment and requested that a letter be issued to service users affected		In progress

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

Minutes of 7 July 2016

176.	The Cambridgeshire and Peterborough NHS Foundation Trust 2014/15 Annual Report on the Delivery of the Council's Delegated Duties	D Cohen	Officers would need to investigate further as to whether there were specific policies in place within the Council that encouraged the employment of people with mental health needs and the role the Council could play in encouraging employers to recruit people with mental health needs		In progress
-------------	---	---------	---	--	--------------------

	for People Over 18 Years With Mental Health Needs				
180.	Revised Adult Social Care Complaints Policy	C Bruin / J Collinson	Officers agreed that it would be made more explicit within the policy document regarding who could attend meetings between complainants and officers.		Completed
180.	Revised Adult Social Care Complaints Policy	C Bruin / J Collinson	Members requested that future information regarding the number of complaints upheld was presented in percentage terms and included information on the type of complaint		Completed

180.	Revised Adult Social Care Complaints Policy	C Bruin / J Collinson	Members suggested that it would be beneficial for M.P.s to be supplied information regarding information sharing and for them to be provided with a pro-forma that could be completed with a constituent in order to allow information to be shared.		In progress
180.	Revised Adult Social Care Complaints Policy	C Bruin / J Collinson	Members questioned why there was not an over-arching Cambridgeshire County Council Complaints Policy that contained sub-sections for each service. Officers explained that legislation regarding complaints policy varied across services but agreed to investigate further		In progress
181.	Finance and Performance Report – Outturn 2015-16 and Finance and Performance Report May 2016	T Kelly	Members requested that that the “direction of travel” arrows were improved to show what was desirable and what the actual position was.		In Progress

BUSINESS PLANNING: DEVELOPMENT OF REVENUE PROPOSALS

To: **Adults Committee**

Meeting Date: **15th September 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 update the Committee on the development of business planning revenue proposals for the financial years 2017/18 to 2022/23.

Recommendation: The Committee are asked to note and comment on the plans for the development and presentation of business planning revenue proposals.

<i>Officer contact:</i>	
Name:	Sue Nix
Post:	Head of Strategy: CFA
Email:	Sue.nix@cambridgeshire.gov.uk
Tel:	01223 699063

1.0 BACKGROUND

- 1.1 The context for business planning remains challenging with a savings / income requirement of approaching £100m over the next five years. This target is driven in part by reducing cash resources but in large part by inflation, by the growing and aging population and by the increased level and complexity of need we are seeing across client groups.
- 1.2 During the previous business planning round we began to change the approach in response to this continued challenge. The Operating Model was established with the intention of establishing strategic outcomes that move beyond incremental efficiency savings in each service area to a whole council approach.
- 1.3 We also looked to instigate a longer-term approach to budgeting - with a five-year strategy based on the key themes of:
 - promoting people’s independence and progression
 - promoting the responsibility of individuals for their own health
 - building community and family resilience
 - ensuring a more timely response to need.
 - promoting professional judgement and the flexible use of resources
- 1.4 The groundwork undertaken last year to set out a long term strategy has meant we have begun this process with strong programmes already in place. In particular the Transforming Lives Programme, the Community Resilience Strategy, the establishment of the Adult Early Help team, the review of in-house provider services, the establishment of the Learning Disability Young Adults Team and the review and repositioning of Reablement are all now helping to manage spend in our major care budgets. These initiatives and the transformation they are driving in practice will continue to deliver savings in 2017/18 and beyond and so will form part of the proposals going forward to committee in the autumn.

2.0 APPROACH AND FRAMEWORK FOR DEVELOPMENT OF BUSINESS PLANNING PROPOSALS FOR 2017/18 TO 2022/23

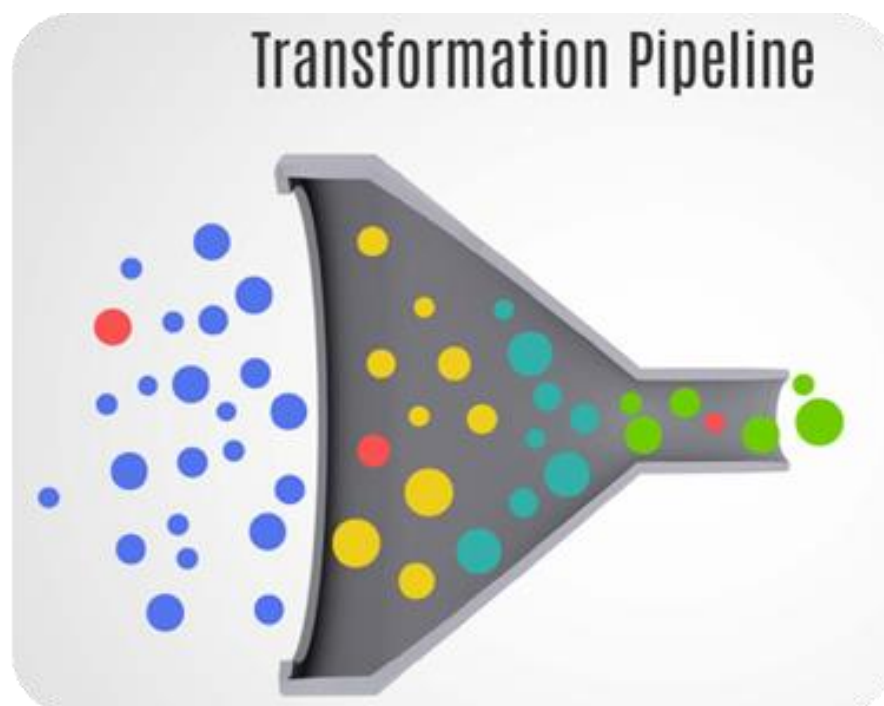
- 2.1 For this business planning cycle we have moved further away from an incremental cash limit approach with the establishment of the new Transformation Programme. The new approach introduces a number of cross cutting programmes to unlock savings, alongside the service based work - as shown below. All of the activity generated through this approach links back to the outcomes referenced above.

2.1.1

	VERTICAL PROGRAMMES (1-5)				
	1. Adult services	2. Children's services	3. Environment, transport & economy	4. LGSS & CCC Phase 1 – IT & digital	5. Public health
CROSS CUTTING PROGRAMMES (6-11)					
6. Finance & budget review	✓	✓	✓	✓	✓
7. Customers & communities	✓	✓	✓	✓	✓
8. Assets, estates & facilities management	✓	✓	✓	✓	✓
9. Commissioning	✓	✓	✓	✓	✓
10. Contracts, commercial & procurement	✓	✓	✓	✓	✓
11. Workforce planning & development	✓	✓	✓	✓	✓

2.2 The focus, as ever, is on driving service redesign, efficiency and new thinking to mitigate impact on communities from the challenging financial context. The Transformation Programme has therefore also introduced the concept of the business planning pipeline which encourages members and officers across the organisation to bring forward new ideas and then engages others in a process of support challenge to develop the concepts, test the viability of the business case and confirm whether to move ahead to the delivery stage. This is shown pictorially below with the circles on the left representing the range of ideas which are then tested and refined to the business case stage and then if approved to delivery and benefits realisation (moving rightwards through the pipeline). Clearly not all the initial ideas will come to fruition, but we have now established a process whereby new concepts are being proposed all the time to feed into the pipeline.

2.2.1



2.3 The development of revenue proposals has been undertaken within this framework and the intention has been to concentrate on cross-cutting themes and areas where we can undertake joint work across directorates – rather than looking within individual services working to cash limits.

- 2.4 Consequently, rather than each Service Committee receiving a separate report relating only to the savings from services within its remit the intention is to give Service Committees a view of all cross-cutting activity, allowing them to steer Council-wide proposals in addition to the service-based proposals. Proposals will be presented at the October meeting of the Committee.
- 2.5 Committees will still receive the full business planning tables showing how the savings described in the programme will impact on individual service budgets.
- 2.6 Each proposal will be underpinned by a business case document and a community impact assessment. These will be available to Committee members providing more detail to support the descriptions in the covering papers and finance tables.
- 2.7 In October when Committees first review revenue proposals, there will be some variability in the level of detail and certainty in the business cases. Proposals at earlier stages of the pipeline may well be moved through to approval stage during the autumn and existing proposals and figures are likely to be refined ahead of final recommendations and based on the steers given by Committees in October. This reflects a more dynamic approach to business planning which becomes a year round activity.

3 DEMOGRAPHY & INFLATION PROCESS

- 3.1 It is important that the modelling of demographic and inflationary pressures is as accurate and clear as possible, allocating necessary resource where there are genuine pressures but being careful keep this to the minimum required amount so that the corresponding saving requirement is also as small as possible.
- 3.2 On that basis, some changes have been made to the demography process, with the key points being
- that services will have to absorb a level of demographic growth from within their own budget. As the general population is increasing by 1.4% this has been used as cut-off point – so services will receive additional funding only where the growth they are experiencing is in excess of a 1.4% increase in the general population
 - generalist demography bids linked to non-specific service growth (for example the general ‘growth in children numbers’ proposal) will be removed
 - Inflationary uplifts will be proposed using the existing methodology, linking to expenditure type, and subsequently scrutinised with services, led by Finance.
- 3.3 An additional gateway process has been introduced for demography bids with SMT signing off all proposals after professional advice from finance and research officers.

4 NEXT STEPS AND TIMELINE

- 4.1 The first draft of all revenue proposals will be presented to the October round of Committee meetings for initial review and comment.
- 4.2 A programme of members seminars has also been constructed to give members the opportunity to challenge, steer and suggest proposals, in

additional to the formal oversight through Committee meetings.

4.3 General Purposes Committee will provide a further forum to look at proposals across the County Council as a whole, giving particular focus to those which cut across directorate and therefore service committee areas.

4.4 The key dates in the process for finalisation of the business plan are shown in the table below.

4.4.1

Date	Event
15 September	<u>Adults Committee Meeting</u> To review draft capital proposals and update on framework for revenue proposals (this paper)
20 September	<u>General Purposes Committee</u> To review Medium Term Financial Strategy and progress with business planning proposals
4 October	<u>Adults Committee Business Planning Seminar</u> Discussion of emerging proposals prior to formal consideration at Committee
13 October	<u>Adults Committee Meeting</u> To review revenue budget proposals, draft community impact assessments and draft consultation report
18 October	<u>Full Council</u> To review recommended Medium Term Financial Strategy from GPC
25 October	<u>General Purposes Committee</u> To review Strategic Framework, revenue proposals, capital proposals, CIAs and draft consultation report Service Committee Chairs report on Service Committee discussions
3 November	<u>Adults Committee</u> To review capital and revenue report, committee elements of all budget tables, CIAs and final draft of Consultation Report
24 November	<u>General Purposes Committee / SMT Workshop</u>
8 December	<u>Adults Committee (if required)</u> To review any update to proposals
24 January	<u>General Purposes Committee</u> To review full Business Plan, make any final adjustments and submit recommendation to Full Council
14 February	<u>Full Council</u> Consider Business Plan and any alternative budgets
March 2017	Publication and distribution of the final plan

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

5.1.1 There are no significant implications for this priority at this point. The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

5.2 Helping people live healthy and independent lives

5.2.1 There are no significant implications for this priority at this point. The

implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

5.3 Supporting and protecting vulnerable people

5.3.1 There are no significant implications for this priority at this point. The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

6.0 **SIGNIFICANT IMPLICATIONS**

6.1 Resource Implications

6.1.1 *The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.*

6.2 Statutory, Legal and Risk

6.2.1 The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

6.3 Equality and Diversity

6.3.1 The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

6.4 Engagement and Communications

6.4.1 The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

6.5 Localism and Member Involvement

6.5.1 The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

6.6 Public Health

6.6.1 The implications of business planning proposals will be described in the October Committee papers and in the individual community impact assessments.

Source Documents	Location
None	

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: T Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes or No (NO RESPONSE) Name of Legal Officer: Kim Farebrother
Are there any Equality and Diversity implications?	Yes Name of Officer: Adrian Loades
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Name of Officer: Adrian Loades
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

SERVICE COMMITTEE REVIEW OF THE DRAFT 2017-18 CAPITAL PROGRAMME

To: **Adults Committee**

Meeting Date: **15 September 2016**

From: **Executive Director: Children's, Families & Adults Services
Chief Finance Officer**

Electoral division(s): **All**

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

Purpose: **This report provides the Committee with an overview of the draft Business Plan Capital Programme for Adults Services**

Recommendation: **a) It is requested that the Committee note the overview and context provided for the 2017-18 Capital Programme for Adults Services**

b) It is requested that the Committee comment on the draft proposals for Adults' 2017-18 Capital Programme and endorse their development

<i>Officer contact:</i>	
Name:	Tom Kelly
Post:	Strategic Finance Manager
Email:	Tom.Kelly@cambridgeshire.gov.uk
Tel:	01223 699775

1. CAPITAL STRATEGY

- 1.1 The Council strives to achieve its vision through delivery of its Business Plan. To assist in delivering the Plan the Council needs to provide, maintain and update long term assets (often referred to as 'fixed assets'), which are defined as those that have an economic life of more than one year. Expenditure on these long term assets is categorised as capital expenditure, and is detailed within the Capital Programme for the Authority.
- 1.2 Each year the Council adopts a ten year rolling capital programme as part of the Business Plan. The nature of capital planning necessitates alteration and refinement to proposals and funding during the planning period; therefore whilst the early years of the Business Plan provide robust, detailed estimates of schemes, the later years only provide indicative forecasts of the likely infrastructure needs and revenue streams for the Council.
- 1.3 This report forms part of the process set out in the Capital Strategy whereby the Council updates, alters and refines its capital planning over an extended planning period. New schemes are developed by Services and all existing schemes are reviewed and updated as required before being presented to the Capital Programme Board and subsequently Service Committees for further review and development.
- 1.4 An Investment Appraisal of each capital scheme (excluding committed schemes and schemes with 100% ring-fenced funding) is undertaken / revised, which allows schemes within and across all Services to be ranked and prioritised against each other, in light of the finite resources available to fund the overall Programme and in order to ensure the schemes included within the Programme are aligned to assist the Council with achieving its outcomes.

2. DEVELOPMENT OF THE 2017-18 CAPITAL PROGRAMME

- 2.1 Prioritisation of schemes (where applicable) is included within this report to be reviewed individually by Service Committees alongside the addition, revision and update of schemes. Prioritisation of schemes across the whole programme will be reviewed by General Purposes Committee (GPC) in October, before firm spending plans are considered by Service Committees in November. GPC will review the final overall programme in November/December, in particular regarding the overall levels of borrowing and financing costs, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.
- 2.2 The introduction of the Transformation Fund for the 2017-18 planning process has not impacted on the funding sources available to the capital programme as any Invest to Save or Earn schemes will continue to be funded over time by the revenue payback they produce via savings or increased income. This is the most financially sensible option for the Council due to the ability to borrow money for capital schemes and defray the cost of that expenditure to the Council over the life of the asset. However, if a scheme is transformational, then it should also move through the governance process agreed for the Transformation Delivery Model, in line with all other transformational schemes, but without any funding request to the Transformation Fund.

2.3 There are several schemes in progress where work is underway to develop the scheme, however they are either not sufficiently far enough forward to be able to include any capital estimate within the Business Plan, or a draft set of figures have been included but they are, at this stage, highly indicative. The following are the three main schemes that this applies to:

- The Adults Committee considered the Older People's Accommodation Strategy earlier in 2016. As discussed at that time, the Council has identified that there is a shortfall in the availability of affordable care home beds within Cambridgeshire and this is likely to have a growing impact on price levels and care provision over the medium and longer term. As part of a range of responses to the needs identified within the Strategy, the Council has been exploring where greater intervention by the local authority in the supply of care home beds may be economic in the years ahead.

After preliminary work and investigations, the Council has engaged independent consultants to prepare a Business Case outlining and appraising options and sensitivities for the Council in securing increased delivery of affordable care home beds. The options considered include utilisation of the Council's assets (principally land) and could lead onto significant requests for capital funding.

Both the Adults and Assets & Investment Committee are due to consider the full proposal for next steps, after the consultants review has reported in October 2016. At this point, it is too early to include a capital funding request for the immediate future, however this will be kept in review until the Business Plan is agreed in February, and as options are selected and the next stages are scheduled.

- Developing a single multi-skilled service offer that is based in communities continues to be a key plank of both the library and children centres transformation programmes. This is also believed to be an appropriate vehicle for supporting the Council's approach to community resilience. A significant amount of work has been undertaken to date in assessing potential demand for services and considering how these initial core services could be integrated. There has however been a slight delay in the programme in order to provide the opportunity for the new Director of Children's Social Care to undertake a service review of the strengths and development needs of that department. Given the critical nature of this service, on the most vulnerable in our communities, it was important that the approach to community hubs aligned to the outcomes of that service review.

The Service Director has undertaken this review and is now setting out the future vision for that service that includes an assessment of the universal service offer that can be provided from within the community hubs. This proposal will be coming to Members in the Autumn and the implementation programme of this service transformation and the community hubs programme will brought together to create a single delivery plan.

- The Council is in the fortunate position of continuing to be a major landowner in Cambridgeshire and this provides an asset capable of generating both revenue and capital returns. This will, however, require the Council to move from being a seller of sites to being a developer of sites, through a Housing Company. In the future, the Council will operate to

make best use of sites with development potential in a co-ordinated and planned manner to develop them for a range of development options. This will generate capital receipts to support site development and create significant revenue and capital income to support services and communities.

The Assets & Investment Committee have agreed to the creation of a Special Purpose Vehicle, which has now been established, and work is ongoing regarding the workstreams associated with this. Previously approved projects are being progressed by the Council, ahead of the Company becoming fully operational. A comprehensive 10-year pipeline of development projects has now been identified and a capital funding request has therefore been included in the Draft Business Plan, although the figures are still being refined with the initial projections expected to be confirmed by September 2016.

3. REVENUE IMPLICATIONS

- 3.1 All capital schemes can have a potential two-fold impact on the revenue position, relating to the cost of borrowing through interest payments and repayment of principal and the ongoing revenue costs or benefits of the scheme. Conversely, not undertaking schemes can also have an impact via needing to provide alternative solutions, such as Home to School Transport (e.g. transporting children to schools with capacity rather than investing in capacity in oversubscribed areas).
- 3.2 The Council is required by the Chartered Institute of Public Finance and Accountancy's (CIPFA's) Prudential Code for Capital Finance in Local Authorities 2011 to ensure that it undertakes borrowing in an affordable and sustainable manner. In order to ensure that it achieves this, GPC recommends an advisory limit on the annual financing costs of borrowing (debt charges) over the life of the Plan. In order to afford a degree of flexibility from year to year, changes to the phasing of the limit is allowed within any three-year block (starting from 2015-16), so long as the aggregate limit remains unchanged.
- 3.3 For the 2017-18 Business Plan, GPC has agreed that this should equate to the level of revenue debt charges as set out in the 2014-15 Business Plan for the next five years (restated to take into account the change to the MRP Policy agreed by GPC in January 2016), and limited to around £39m annually from 2019-20 onwards.

4. SUMMARY OF THE DRAFT CAPITAL PROGRAMME

4.1 The revised draft Capital Programme is as follows:

Service Block	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	Later Yrs £'000
Children, Families and Adults	75,473	70,103	65,149	66,188	30,308	121,305
Economy, Transport and Environment	63,986	27,243	26,112	20,928	21,660	31,901
Public Health	-	-	-	-	-	-
Assets and Investment Committee	94,564	32,474	-3,340	3,158	5,983	-118,176
Corporate and Managed Services	1,541	4,491	460	460	460	-
LGSS Operational	-	-	-	-	-	-
Total	235,564	134,311	88,381	90,734	58,411	35,030

4.2 This is anticipated to be funded by the following resources:

Funding Source	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	Later Yrs £'000
Grants	80,564	55,017	35,122	35,619	33,140	83,699
Contributions	43,905	24,811	30,225	24,645	5,700	46,750
Capital Receipts	2,225	2,534	2,727	7,113	6,122	6,936
Borrowing	9,164	17,149	29,257	18,460	16,495	64,130
Borrowing (Repayable)*	99,706	34,800	-8,950	4,897	-3,046	-166,485
Total	235,564	134,311	88,381	90,734	58,411	35,030

* Repayable borrowing nets off to zero over the life of each scheme and is used to bridge timing gaps between delivery of a scheme and receiving other funding to pay for it.

4.3 The following table shows how each Service's borrowing position has changed since the 2016-17 Capital Programme was set:

Service Block	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	Later Yrs £'000
Children, Families and Adults	3,643	-2,495	-2,937	10,647	21,568	-1,588	1,494
Economy, Transport and Environment	-6,557	-11,397	-362	80	-2,895	-6,588	-895
Public Health	-	-	-	-	-	-	-
Corporate and Managed Services / Assets and Investments Committee*	-11,190	64,057	-17,131	-45,472	-15,261	-5,347	-16,437
LGSS Operational	-1,104	-	-	-	-	-	-
Corporate and Managed Services – relating to general capital receipts	-	-	-	-	-	-	-
Total	-15,208	50,165	-20,430	-34,745	3,412	-13,523	-15,838

* Assets and Investments Committee schemes were previously contained within Corporate and Managed Services and therefore in order to calculate the change, these two areas have been amalgamated in the above table.

4.4 The table below categorises the reasons for these changes:

Reasons for change in borrowing	2016-17 £'000	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	Later Yrs £'000
New	592	3,196	2,275	2,125	2,225	3,125	12,300
Removed/Ended	-9,308	1,044	85	-85	-85	-	-
Minor Changes/Rephasing*	-1,365	-512	2,736	2,143	250	250	604
Increased Cost (includes rephasing)	-3,747	-210	-1,239	16,895	10,344	-6,239	1,314
Reduced Cost (includes rephasing)**	-2,208	90,471	-8,181	-47,267	-15,432	-4,811	-45,981
Change to other funding (includes rephasing)	828	-3,846	3,567	-50	16,063	2,274	1,479
Variation Budget	-	-39,978	-19,673	-8,506	-9,953	-8,122	14,446
Total	-15,208	50,165	-20,430	-34,745	3,412	-13,523	-15,838

*This does not off-set to zero across the years because the rephasing also relates to pre-2016-17.

**This includes rephasing of the Housing schemes

4.5 The revised levels of borrowing result in the following levels of financing costs:

Financing Costs	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000
2016-17 agreed BP	38.0	40.5	42.1	42.1	-
2016-17 agreed BP RESTATE	29.3	32.4	34.6	35.3	-
2017-18 draft BP	28.4	32.3	33.1	33.1	33.1
CHANGE (+) increase / (-) decrease	-0.9	-0.2	-1.5	-2.2	33.1

4.6 Invest to Save / Earn schemes are excluded from the advisory financing costs limit – the following table therefore compares revised financing costs excluding these schemes. In order to afford a degree of flexibility from year to year, the limit is reviewed over a three-year period – based on the revised programme, the advisory limit is not exceeded for either of these 3 year blocks.

Financing Costs	2015-16 £m	2016-17 £m	2017-18 £m	2018-19 £m	2019-20 £m0	2020-21 £m
2017-18 draft BP (excluding Invest to Save / Earn schemes)	34.1	32.8	28.3	29.3	30.3	31.6
Recommend limit	30.3	35.3	36.8	37.9	38.6	39.2
HEADROOM	3.8	-2.5	-8.5	-8.6	-8.3	-7.6
Recommend limit (3 years)	102.4			115.7		
HEADROOM (3 years)	-7.2			-24.5		

4.7 Although the limit hasn't been exceeded, the Business Plan is still under review and as such adjustments to schemes and phasing will continue over the next two to three months. However, as there is significant headroom

available, it is not expected that any further revisions will cause a breach of the advisory limit.

5. OVERVIEW OF ADULTS SERVICES DRAFT CAPITAL PROGRAMME

- 5.1 The capital programme for the Adult Social Care (ASC) and Older People and Mental Health (OP&MH) Service Directorates of the Children's, Families and Adults (CFA) Executive Directorate is relatively small compared to its recurring revenue expenditure and to capital spending in other areas of the Council, totalling around £3.5m per year. This reflects that much of the front-line care funded by the local authority is delivered by independent organisations through their own assets.
- 5.2 For ASC and OP&MH Services, capital expenditure has, until now, been predominantly funded through ring-fenced grants from the Department of Health. Changes to the Department of Health funding into the Better Care Fund in 2016/17 means the Council no longer receives £1.3m in direct grant to support the capital programme. The Disabled Facilities Grant element of the Better Care Fund which is directed to district councils, as housing authorities, has however increased by £1.5m. To continue meeting the capital needs of County Council services for Adults it will therefore be necessary to borrow in line with the CIPFA Prudential Code for Capital Finance. The anticipated funding sources per scheme for the draft ASC capital programme are identified in Appendix 2.
- 5.3 As in previous years, it is proposed to organise and phase capital spending in the ASC and OP&MH Service directorates under the following categories and timescales. Full draft tables can be found in Appendix 1.

SCHEMES	Total Cost £000	2017 - 2018 £000	2018 - 2019 £000	2019 - 2020 £000	2020 - 2021 £000	2021 - 2022 £000	Later Years £000
Strategic investments	425	425					
Enhanced Frontline	935	150	150	150	150	150	185
Integrated Community Equipment Service	13,000	1,300	1,300	1,300	1,300	1,300	6,500
Disabled Facilities Grant	13,916	3,479	3,479	3,479	3,479		

- 5.4 **Strategic Investment** - This category enables the Council to make one-off investments in the care sector to support the strategic direction for ASC and OP&MH Services, stimulating market capacity and improving care affordability. Expenditure from this heading provides the option of additional capital allocations to the Integrated Community Equipment Service (ICES) and to support the development and use of Assistive Technology & Telecare (ATT). This will be the only element of the Adults programme funded by grant, as accumulated carry-forwards from previous years are used up.
- 5.5 **Enhanced Frontline** – This comprises spending on provider services (including the small number of in-house run services) and related delivery of social care, predominantly for clients with needs from learning disabilities, mental health or old age. This spend includes enhancing facilities of the centres and ensuring suitability of centres for clients.
- 5.6 **Integrated Community Equipment Service** – Department of Health annual grant was withdrawn in 2016/17, meaning that this element will need to be newly funded from borrowing. Capital spending on community equipment

continues to be a priority and preventative in terms of reducing revenue expenditure.

- 5.7 **Disabled Facilities Grant** – It is anticipated the funding for the Disabled Facilities Grant will continue to be received in 2017-18 and distributed by the County Council. Historically this funding has been distributed through District Councils, and now channels through the County Council as a result of the BCF. Funding has been assumed until 2020-21.

- 5.8 As paragraph 2.3 sets out in more detail, the Council is progressing plans for securing sufficient affordable care home bed places, but is not yet in position to include costed implications in the capital programme.

6. ALIGNMENT WITH CORPORATE PRIORITIES

6.1 Developing the local economy for the benefit of all

Where investment is in local fixed assets, or through local businesses, this will lead to benefits for the local economy.

6.2 Helping people live healthy and independent lives

Expenditure on equipment and assistive technology, as well on accommodation and the centres supporting service users, help people live independent and healthy lives.

6.3 Supporting and protecting vulnerable people

Expenditure on assistive technology as well as the infrastructure that supports Council staff enables our objective of supporting and protecting vulnerable people.

7. SIGNIFICANT IMPLICATIONS

7.1 Resource Implications

This report is about resource allocation. There may be revenue implications associated with operating new or enhanced capital assets.

7.2 Statutory, Risk and Legal Implications

Regulations for capital expenditure are set out under Statute. The Council complies with these requirements

7.3 Equality and Diversity Implications

Investments in client facing assets, such as day centres, accommodation or equipment support the equalities agenda

7.4 Engagement and Consultation Implications

The Business Plan is subject to public consultation. Consultation is continuous and ongoing between commissioners and providers, and with partners, to ensure the most effective use of capital funding.

7.5 Localism and Local Member Involvement

Local Members will be engaged where opportunities for strategic investment in care infrastructure arise.

7.6 Public Health Implications

Strategic investment in Adult Social Care assets has significant potential to improve Public Health outcomes.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Kerry Newson
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Are there any Equality and Diversity implications?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

Source Documents	Location
Capital Programme Board papers	<i>c/o Group Accountant , LGSS Finance Octagon, Shire Hall, 01223 507126</i>
Latest Social Services capital grant letter from Department of Health	https://www.gov.uk/government/publications/adult-social-care-capital-grant-allocations-2016-to-2017 .

Section 4 - A: Children, Families and Adults Services

Table 4: Capital Programme

Budget Period: 2017-18 to 2026-27

Summary of Schemes by Start Date	Total Cost £000	Previous Years £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Later Years £000
Ongoing	23,029	7,753	4,054	3,629	3,629	3,629	150	185
Committed Schemes	-	-	-	-	-	-	-	-
2017-2018 Starts	13,000	-	1,300	1,300	1,300	1,300	1,300	6,500
TOTAL BUDGET	36,029	7,753	5,354	4,929	4,929	4,929	1,450	6,685

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Later Years £000	Committee
A/C.12 A/C.12.001	Adults' Services Strategic Investments	Enabling the Council to make one-off investments in the care sector to stimulate market capacity and improve care affordability. This heading also provides the option of additional capital allocations to community equipment and to support the development of Assistive Technology. Funded from previous Department of Health allocations which have been carried forward.		Ongoing	866	441	425	-	-	-	-	-	Adults
A/C.12.002	Enhanced Frontline	Planned spending on in-house provider services and independent care accommodation to address building condition and improvements. Service requirements and priorities will be agreed and aligned with the principles of Transforming Lives.		Ongoing	2,845	1,910	150	150	150	150	150	185	Adults
A/C.12.004	Disabilities Facilities Grant	We are expecting this funding to continue to be managed through the Better Care Fund for the period 2017/18 to 2022/13, in partnership with local housing authorities. Disabled Facilities Grant enables accommodation adaptations so that people with disabilities can continue to live in their own homes.		Ongoing	19,318	5,402	3,479	3,479	3,479	3,479	-	-	Adults
A/C.12.005	Integrated Community Equipment Service	Funding to continue annual capital investment in community equipment, that helps people to sustain their independence. The Council contributes to a pooled budget purchasing community equipment for health and social care needs for people of all ages		2017-18	13,000	-	1,300	1,300	1,300	1,300	1,300	6,500	Adults
	Total - Adults' Services				36,029	7,753	5,354	4,929	4,929	4,929	1,450	6,685	
	TOTAL BUDGET				36,029	7,753	5,354	4,929	4,929	4,929	1,450	6,685	

Section 4 - A: Children, Families and Adults Services

Table 4: Capital Programme

Budget Period: 2017-18 to 2026-27

Funding	Total Funding £000	Previous Years £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	Later Years £000
Government Approved Funding								
Specific Grants	21,713	7,372	3,904	3,479	3,479	3,479	-	-
Total - Government Approved Funding	21,713	7,372	3,904	3,479	3,479	3,479	-	-
Locally Generated Funding								
Capital Receipts	175	175	-	-	-	-	-	-
Prudential Borrowing	14,141	206	1,450	1,450	1,450	1,450	1,450	6,685
Total - Locally Generated Funding	14,316	381	1,450	1,450	1,450	1,450	1,450	6,685
TOTAL FUNDING	36,029	7,753	5,354	4,929	4,929	4,929	1,450	6,685

Section 4 - A: Children, Families and Adults Services

Table 5: Capital Programme - Funding

Budget Period: 2017-18 to 2026-27

Summary of Schemes by Start Date					Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	Committee
Ongoing					23,029	21,713	-	-	175	1,141	
Committed Schemes					-	-	-	-	-	-	
2017-2018 Starts					13,000	-	-	-	-	13,000	
TOTAL BUDGET					36,029	21,713	-	-	175	14,141	
Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	Committee
A/C.12	Adults' Services										
A/C.12.001	Strategic Investments		- Ongoing		866	866	-	-	-	-	
A/C.12.002	Enhanced Frontline		- Ongoing		2,845	1,529	-	-	175	1,141	
A/C.12.004	Disabilities Facilities Grant		- Ongoing		19,318	19,318	-	-	-	-	
A/C.12.005	Integrated Community Equipment Service		- 2017-18		13,000	-	-	-	-	13,000	Adults Adults Adults
	Total - Adults' Services		-		36,029	21,713	-	-	175	14,141	
	TOTAL BUDGET				36,029	21,713	-	-	175	14,141	

Capital Investment Appraisals

Prioritised List of Schemes

Priority Score (/100)	Class	Service Area	Ref	Title	Total Scheme Cost £000	Total Prudential Borrowing £000	Flexibility in Phasing	Alternative Methods of Delivery
F	Fully Funded	CFA	A/C.12.001	Strategic Investments	866	-		-
F	Fully Funded	CFA	A/C.12.004	Disabilities Facilities Grant	19,318	-		-
46	Statutory	CFA	A/C.12.005	Integrated Community Equipment Service	13,000	13,000	None	-
12	Other	CFA	A/C.12.002	Provider Services and Accommodation Improvements	2,845	1,141		-

FINANCE AND PERFORMANCE REPORT – JULY 2016

To: Adults Committee

Meeting Date: 15 September 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 July 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 July 2016.

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

<i>Officer contact:</i>	
Name:	Tom Kelly
Post:	Strategic Finance Manager
Email:	tom.kelly@cambridgeshire.gov.uk
Tel:	01223 703599

1.0 BACKGROUND

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

2.0 MAIN ISSUES IN THE JULY 2016 CFA FINANCE & PERFORMANCE REPORT

- 2.1 The July 2016 Finance and Performance report is attached at Appendix C. At the end of July, CFA forecast an overspend of £693k. This is an improvement from the previous month when the forecast overspend was £1,040k.

2.2 Revenue

The forecast financial position on the major areas of service for Adults Committee is as follows:

Area	Forecast year-end variance £000	Forecast year-end variance %	Flagged
Learning Disability Services	1,261	+2.1%	Yes
Disability Services (PD/Sensory/Autism)	-326	-2.2%	-
Older People's Services	-895	-1.8%	-
Mental Health	-708	-3.7%	-

- 2.3 The key changes since last month are:

- The Learning Disability Partnership's forecast overspend has increased, due to: (a) care spending increases exceeding expectations, (b) updated estimates of savings deliverable in the remainder of the year and (c) rescheduling of planned savings measures in the in-house Provider Services.
- Older People's Services forecast underspend has increased, reflecting an assumption that continuing healthcare funding will be forthcoming for an increasing number of patients
- The Mental Health forecast underspend has increased, as we anticipate the NHS taking over primary funding for a subset of the client group, in line with usual practice in other parts of the country

The Committee will recognise the contingency of these improving forecasts on the successful outcome of discussions with the NHS regarding funding responsibilities.

- 2.4 There are also material, but more minor, underspend forecast in the Shorter Term Support (Reablement, Assistive Technology & Early Help), Carers and Local Assistance Scheme policy areas. A material pressure is newly reported in Adult Social Care, due to lower than budgeted staff vacancy levels.
- 2.5 Additionally, the General Purpose Committee has allocated an additional £200k to CFA (within Central Financing in Strategy and Commissioning) from an unringfenced grant

(SEND reform) in order to partially mitigate some of the pressures reported.

2.6 Budget changes

Further to discussion with Members in July, the first financial table on page 1 now includes an original budget column alongside current budget. Appendix 4 sets out in more detail the budget transfers which have altered the position since the budget meeting of the Council. Only the virements within the CFA service block, approved by GPC, will have amended the savings ask on individual areas. All other transfers are neutral, usually transferring spending commitments matched to budget.

2.7 Performance

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

Two of the red indicators are within the Adults domain, these remain:

- average number of all bed-day delays, and
- the proportion of adults with learning disability in paid employment (although performance is improving).

For one of the Amber indicators the trend is worsening: proportion of service users requiring no further service at end of re-ablement phase.

2.8 Following a request at the last meeting of the Committee, in July, the direction of travel arrows for each indicator have now been standardised. Within Appendix 7 up arrows signify improving measures, with a worsening position shown as down.

2.9 CFA Portfolio

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

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Statutory, Risk and Legal Implications

4.2.1 Significant financial risk owing to the nature of demand led budgets and savings targets.

4.3 Equality and Diversity Implications

4.3.1 There are no significant implications within this category.

4.4 Engagement and Consultation Implications

4.4.1 There are no significant implications within this category.

4.5 Localism and Local Member Involvement

4.5.1 There are no significant implications within this category.

4.6 Public Health Implications

4.6.1 There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Tom Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	No Not confirmed - C Malyon permitted
Are there any Equality and Diversity implications?	No Name of Officer: Adrian Loades
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	No Name of Officer: Adrian Loades
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell

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

Appendix A

Adults Committee Revenue Budgets within the Outturn Finance & Performance report

Adult's Social Care Directorate

Strategic Management - ASC

Procurement

ASC Strategy and Transformation

ASC Practice & Safeguarding

Learning Disability Services

LD Head of Services

LD Young Adults

City, South and East Localities

Hunts and Fenland Localities

In House Provider Services

Disability Services

PD Head of Services

Physical Disabilities

Autism and Adult Support

Sensory Services

Carers Services

Older People and Mental Health Directorate

Strategic Management – OP&MH

Central Commissioning

OP - City & South Locality

OP - East Cambs Locality

OP - Fenland Locality

OP - Hunts Locality

Discharge Planning Teams

Shorter Term Support and Maximising Independence

Integrated Community Equipment Service

Mental Health

Mental Health Central

Adult Mental Health Localities

Older People Mental Health

Voluntary Organisations

Enhanced and Preventative Directorate

Safer Communities Partnership

Strategy and Commissioning Directorate

Local Assistance Scheme

A Guide to the FPR Finance Tables

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

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

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

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

APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Apr) £'000	Service	Current Budget for 2015/16 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000	%	Forecast Variance Outturn (May) £'000	%
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	30,981	5,806	5,381	-425	-7%	1,378	4%
0 2	Hunts & Fenland Localities	21,640	4,001	5,037	1,036	26%	962	4%
0 2

This refers to the commentary in Appendix 2.

This column shows actual expenditure and income to date.

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

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

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

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

From: Tom Kelly and Martin Wade
 Tel.: 01223 703599, 01223 699733
 Date: 10 August 2016

Children, Families & Adults Service

Finance and Performance Report – July 2016

1. SUMMARY

1.1 Finance

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

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

Monthly Indicators	Red	Amber	Green	Total
June Performance (No. of indicators)	7	8	6	21
June Portfolio (No. of indicators)	0	5	3	8

2. INCOME AND EXPENDITURE

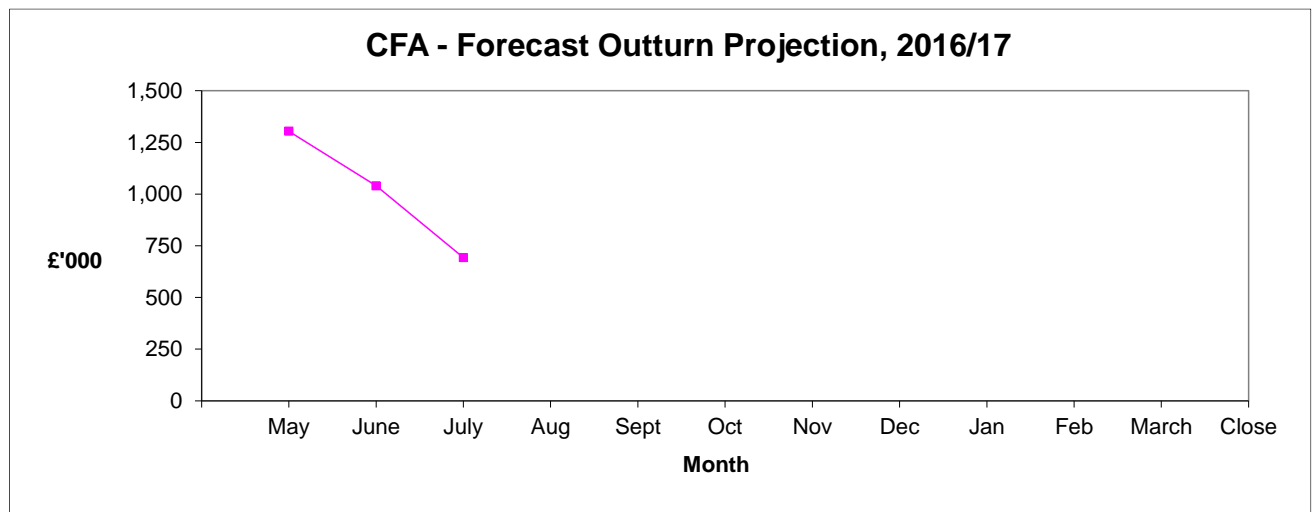
2.1 Overall Position

Forecast Variance Outturn (June) £000	Directorate	Original Budget 2016/17 £000	Current Budget 2016/17 £000	Current Variance £000	Forecast Variance Outturn (July) £000	Forecast Variance - Outturn (July) %
213	Adult Social Care	81,850	81,753	161	918	1.1%
-960	Older People & Mental Health	81,925	82,639	-350	-1,773	-2.1%
1,201	Children's Social Care	36,204	38,608	484	1,201	3.1%
587	Strategy & Commissioning	43,148	39,432	-12	387	1.0%
0	Children's Enhanced and Preventative	30,439	30,592	-42	-40	-0.1%
0	Learning	19,714	20,108	223	-0	0.0%
1,040	Total Expenditure	293,280	293,132	464	693	0.2%
0	Grant Funding	-50,716	-50,822	0	0	0.0%
1,040	Total	242,563	242,310	464	693	0.3%

Original budget is newly included in the table above (see appendix 4 for details of changes between Full Council and current budget)

The service level finance & performance report for July 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 July 2016, CFA is forecasting a year end overspend of £693k. Significant issues are detailed below:

- In Adult Social Care, new pressures of £178k are reported on Strategic Management – vacancy savings are lower than previous years with key posts requiring cover
- In Adult Social Care, the Learning Disabilities forecast overspend has increased by £640k; this is the result of:
 - i. Plans to restructure in-house Provider Services are progressing but have been rescheduled: a new overspend of £146k is reported
 - ii. Care spending has increased by £187k since last month due to changes in client need and circumstances
 - iii. Expected savings delivery for the remainder of the year has been revised downwards reflecting progress to date. After taking alternative offsetting actions where possible, this leads to further net pressure of £307k
- In Adult Social Care, services to Carers are newly expecting an underspend of £100k. Personal budget allocations are lower than anticipated so far this year.
- In Older People and Mental Health, the Older People's localities team report underspends increasing by £220k. Spending is on track with savings plans and the improvement reflects the large number of cases that should be transferred to NHS funding responsibility due to continuing healthcare. This is a key complexity and uncertainty for the directorate.

- In Older People & Mental Health, Shorter Term Support services forecast new underspends totaling £140k, the result of lower than planned spend in Adult Early Help and Reablement, as well as a one-off sale of stock in Assistive Technology.
- In Older People & Mental Health, Mental Health report additional underspends of £450k. Spending commitments have decreased on Elderly Mental Health, and we anticipate the NHS will take over majority funding for a small number of clients supported under section 41 of the Mental Health Act.
- Within the Central Financing policy line an underspend of £200k is now being reported following approval at July GPC that an element of the SEND Reform Grant to be received during the 2016/17 financial will be applied to support additional associated costs within CFA.

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

	BUDGET				ACTUAL (July)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements July 16/17	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost
Residential - disability	3	£306k	52	1,960.18	2	2.99	£429k	2,743.20	-0.01	£123k	783.02
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	8	£675k	52	1,622.80	10	9.83	£832k	1,663.39	1.83	£156k	40.59
Residential homes	23	£3,138k	52	2,623.52	25	24.31	£3,402k	2,786.05	1.31	£265k	162.53
Independent Fostering	180	£7,173k	52	766.31	230	221.90	£8,958k	777.07	41.9	£1,785k	10.76
Supported Accommodation	19	£1,135k	52	1,149.07	23	21.91	£1,512k	1,277.18	2.91	£377k	128.12
16+	6	£85k	52	272.60	21	16.01	£346k	353.97	10.01	£261k	81.36
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£2,216k	-	-	-£2,216k	-
TOTAL	239	£12,512k			311	296.95	£13,262k		57.95	£750K	
In-house fostering	187	£3,674k	55	357.74	158	150.03	£3,339k	337.78	-36.69	-£335k	-19.96
Kinship	35	£375k	55	193.23	44	42.52	£531k	189.56	7.23	£156k	-3.67
In-house residential	14	£1,586k	52	2,259.72	8	11.25	£1,586k	2,711.66	-2.25	£k	451.94
Concurrent Adoption	6	£100k	52	349.86	6	5.95	£109k	350.00	0.45	£8k	0.14
Growth/Replacement	0	£k	-	0.00	0	0.00	£k	0.00	-	£170k	-
TOTAL	241	£5,735k			216	209.75	£5,564k		-31.26	-£1k	
Adoption	325	£3,000k	52	177.52	362	356.33	£3,260k	175.96	31.33	£260k	-1.56
Savings Requirement	0	£k	0	0.00	0	0.00	-£184k	0.00	0	-£260k	0.00
TOTAL	325	£3,000k			362	356.33	£3,076k		31.33	£k	
OVERALL TOTAL	805	£21,247k			889	863.03	£21,902k		58.02	£749k	

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 July for SEN Placements is shown below:

	BUDGET			ACTUAL (July 16)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements July 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	£5,831k	£63,377	108	96.09	£6,304k	£65,602	16	4.09	£473k	£2,226
Hearing Impairment (HI)	4	£110k	£27k	3	2.34	£48k	£20,656	-1	-1.66	-£61k	-£6,751
Moderate Learning Difficulty (MLD)	3	£112k	£37k	3	2.34	£99k	£42,423	0	-0.66	-£13k	£4,980
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£17k	£17k	2	1.76	£33k	£18,782	1	0.76	£16k	£1,918
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	-£41k	£0
Social Emotional and Mental Health (SEMH)	35	£1,432k	£41k	42	32.73	£1,369k	£41,825	7	-2.27	-£63k	£915
Speech, Language and Communication Needs (SLCN)	3	£170k	£57k	3	1.68	£87k	£52,066	0	-1.32	-£83k	-£4,618
Severe Learning Difficulty (SLD)	2	£163k	£82k	1	1.00	£90k	£90,237	-1	-1.00	-£73k	£8,705
Specific Learning Difficulty (SPLD)	10	£179k	£18k	7	5.68	£112k	£19,743	-3	-4.32	-£66k	£1,880
Visual Impairment (VI)	2	£55k	£27k	2	1.34	£43k	£32,126	0	-0.66	-£12k	£4,650
Recoupmnt	-	-	-	-	-	-£1k	-	-	-	-£1k	-
TOTAL	154	£8,185k	£53,148	171	144.96	£8,185k	£56,472	17	-9.04	£k	£3,325

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

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

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

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

		BUDGET			ACTUAL (July 16)		Forecast	
Service Type		Budgeted No. of Service Users 2016/17	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of July 16	Current Average Unit Cost (per week) £	Forecast Actual £000	Forecast Variance £000
Adult Disability Services	Residential	42	1,000	2,185	38	989	1,955	-230
	Nursing	25	734	954	20	878	913	-41
	Community	687	304	10,876	652	297	11,023	147
Total expenditure		754		14,015	710		13,891	-124
Income				-1,941			-1,833	108
Further savings assumed within forecast								-305
Net Total				12,074			12,058	-321
Learning Disability Services	Residential	275	1,349	19,284	282	1,348	20,558	1,274
	Nursing	16	1,939	1,613	15	1,726	1,359	-254
	Community	1,297	611	41,219	1,292	657	44,275	3,056
Learning Disability Service Total		1,588		62,116	1,589		66,192	4,076
Income				-2,348			-2,457	-109
Further savings assumed within forecast as shown in Appendix 1								-2,393
Net Total								1,574

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

		BUDGET			ACTUAL (July 16)		FORECAST	
Service Type		Budgeted No. of Clients 2016/17	Budgeted Average Unit Cost (per week)	Annual Budget	Snapshot of No. of Clients at End of July 16	Current Average Unit Cost (per week)	Forecast Actual	Forecast Variance
Adult Mental Health	Community based support	19	£145	£143k	16	£89	£129k	-£14k
	Home & Community support	204	£96	£1,023k	190	£86	£944k	-£79k
	Nursing Placement	19	£507	£502k	15	£868	£480k	-£22k
	Residential Placement	64	£748	£2,495k	57	£822	£2,393k	-£102k
	Supported Accommodation	130	£99	£671k	131	£99	£679k	£8k
	Direct Payments	21	£198	£217k	21	£214	£215k	-£2k
	Anticipated Further Demand						£254k	£254k
	Income			-£499k			-£356k	£143k
Adult Mental Health Total		457		£4,552k	430		£4,738k	£186k
Further savings assumed within forecast as shown in Appendix 1								-£656k

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

OP Total	BUDGET			ACTUAL (July 16)		Forecast	
Service Type	<i>Expected No. of Service Users 2016/17</i>	<i>Budgeted Average Cost (per week) £</i>	<i>Gross Annual Budget £000</i>	<i>Current Service Users</i>	<i>Current Average Cost (per week) £</i>	<i>Forecast Actual £000</i>	<i>Forecast Variance £000</i>
Residential	530	£456	£12,610k	502	£450	£12,255k	-£355k
Residential Dementia	368	£527	£10,111k	361	£521	£9,826k	-£285k
Nursing	306	£585	£9,340k	296	£617	£9,675k	£335k
Nursing Dementia	20	£639	£666k	20	£685	£690k	£24k
Respite			£932k			£873k	-£59k
Community based							
~ Direct payments	277	£210	£3,028k	262	£256	£2,988k	-£40k
~ Day Care			£1,577k			£1,469k	-£108k
~ Other Care			£5,951k			£6,169k	£218k
~ Homecare arranged	1,745	<i>per hour</i> £15.97	£15,257k	1,666	<i>per hour</i> £15.29	£14,737k	-£520k
~ Homecare Block			£3,161k			£3,161k	£k
Total Expenditure	3,246		£62,633k	3,107		£61,842k	-£791k
Residential Income			-£8,613k			-£8,467k	£146k
Community Income			-£8,308k			-£7,607k	£701k
Total Income			-£16,921k			-£16,074k	£847k
Further Savings Assumed Within Forecast as shown within Appendix 1							-£947k

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

OPMH Total	BUDGET			ACTUAL (July 16)		Forecast	
Service Type	<i>Expected No. of Service Users 2016/17</i>	<i>Budgeted Average Cost (per week) £</i>	<i>Gross Annual Budget £000</i>	<i>Current Service Users</i>	<i>Current Average Cost (per week) £</i>	<i>Forecast Actual £000</i>	<i>Forecast Variance £000</i>
Residential	33	£585	£1,007k	31	£614	£1,168k	£161k
Residential Dementia	27	£467	£658k	25	£508	£763k	£105k
Nursing	32	£695	£1,159k	28	£724	£1,156k	-£3k
Nursing Dementia	140	£658	£4,802k	129	£684	£4,790k	-£12k
Respite			£34k			£10k	-£24k
Community based							
~ Direct payments	17	£200	£177k	16	£193	£180k	£3k
~ Day Care			£5k			£6k	£1k
~ Other Care			£80k			£55k	-£25k
~ Homecare arranged	69	<i>per hour</i> £17.34	£534k	57	<i>per hour</i> £18.84	£596k	£62k
Total Expenditure	318		£8,456k	286		£8,724k	£268k
Residential Income			-£998k			-£1,200k	-£202k
Community Income			-£292k			-£346k	-£54k
Total Income			-£1,290k			-£1,546k	-£256k
Further Savings Assumed Within Forecast as shown in Appendix 1							-£218k

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

3.2 Capital Expenditure and Funding

2016/17 and Future Years Scheme Costs

There has been a £8.2m increase in July 2016 in the overall capital scheme costs since the Business Plan was approved by full Council. These changes relate to future years and have been addressed through the 2017/18 Business Plan. The schemes affected include;

- Clay Farm, Cambridge £1.5m increase due to developing scope of the project to a 2FE school to accommodate further anticipated housing development.
- Ramnoth, Wisbech; £740k increased cost due to increased build cost identified at design stage.
- Hatton Park, Longstanton; £540k increased build cost identified at planning stage and transport costs of children.
- Barrington; £1,890k increased costs after option appraisal completed and costs inflated to meet Sept 2020 delivery
- Loves Farm, St Neots; £2,320k increase due to changing scope of the project to a 2FE school.

2016/17 In Year Pressures/Slippage

As at the end of July the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation adjustment made in May of £10,282k. A forecast outturn will only be reported once slippage exceeds this level. However in July movements on schemes has occurred totaling £1,166k. The significant changes in schemes are detailed below;

- Northstowe First Primary; -£346k slippage due to Furniture, equipment and part of the ICT requirements being unexpended this financial year until permanent school opens in September 2017. Hatton Park to move in with their own FFE and majority ICT.
- North West Cambridge (NIAB site); -£50k slippage due to the scheme being deferred to a September 2019 opening.
- Bearscoft Primary School; -£690k slippage. Project has slipped from start on site 15.08.16 to 19.09.16.
- Meldreth Primary School; £150k slippage, further works has confirmed a September 2018 opening and therefore January 2018 start on site. Anticipated design spend will now not be completed in 2016/17.

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

4. **PERFORMANCE**

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

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

Seven indicators are currently showing as RED:

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

The number of children subject to a CP plan in Cambridgeshire has risen, and at the end of June, was at its highest at 486. Anecdotal conversations with peers around the region would suggest that their CP numbers are also currently rising. In Cambridgeshire, we know that the numbers tend to peak towards the end of the school year, and July has a large number of reviews planned in, which will adjust the numbers somewhat. However, June showed very few delists in comparison with other months, and the highest ever number of conferences completed in the month leading to the increase in numbers.

- **The number of Looked After Children per 10,000 children**

The number of Looked After Children reduced to 614 in June 2016. This includes 64 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements.

Actions being taken include:

- A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.
- A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

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

- **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 increased again as a school moved from Requires Improvement to Good. 17 out of 32 Secondary schools with Inspection results are now judged as good or outstanding, covering about 17,000 pupils.

- **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 2,859 bed-day delays, which is 30% above the current BCF target ceiling of 2,206. In May there were 2,997 bed-day delays, up 277 compared to the previous month.

We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community.

Between June '15 and May '16 there were 29,731 bed-day delays across the whole of the Cambridgeshire system - representing a 14% decrease on the preceding 12 months.

Across this period NHS bed-day delays have decreased by 15% from 24,812 (Jun 14 - May 15) to 20,999 (Jun 15 - May 16), while bed-day delays attributed to Adult Social Care have increased from 7,733 in Jun 14 - May 15 and 7,842 in Jun 15 - May 16 an increase of 1%.

Please note that we receive the official data for DTOC measures from NHS England 6 weeks after the end of the month so reporting is always a month behind. However, we receive more up-to-date data on Social Care delays from the Acute hospitals. At 29/07/2016 there was 1 social care delay at Hinchingsbrooke contributing 7 bed day delays and at Addenbrookes, 7 social care delays were contributing 51 bed-day delays.

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

Performance at the end of the first quarter is starting to improve. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams.

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

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

5. CFA PORTFOLIO

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

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a 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 (June) £'000		Service	Current Budget for 2016/17 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance £'000 %		Forecast Variance Outturn (July) £'000 %	
Adult Social Care Directorate									
0	1	Strategic Management – ASC	977	564	557	-7	-1%	178	18%
0		Procurement	569	204	208	4	2%	0	0%
0		ASC Strategy & Transformation	2,265	643	653	10	1%	0	0%
-95		ASC Practice & Safeguarding	1,569	313	330	17	5%	-95	-6%
<u>Learning Disability Services</u>									
-467	2	LD Head of Services	1,587	-2,725	-3,220	-496	18%	-759	-48%
297	3	LD Young Adults	2,106	708	637	-71	-10%	283	13%
514	4	City, South and East Localities	30,368	10,387	10,974	587	6%	825	3%
258	5	Hunts & Fenland Localities	20,031	5,883	6,393	509	9%	748	4%
19	6	In House Provider Services	5,237	1,759	1,951	192	11%	165	3%
<u>Physical Disability Services</u>									
-13		PD Head of Services	1,215	419	418	-2	0%	-7	-1%
-280	7	Physical Disabilities	12,356	4,629	4,416	-213	-5%	-285	-2%
0		Autism and Adult Support	857	312	124	-188	-60%	0	0%
-21		Sensory Services	515	225	158	-66	-30%	-34	-7%
0	8	Carers Services	2,101	767	651	-116	-15%	-100	-5%
213		Director of Adult Social Care Directorate Total	81,753	24,088	24,249	161	1%	918	1%
Older People & Mental Health Directorate									
-30		Strategic Management - OP&MH	1,265	3,748	3,739	-9	0%	-30	-2%
0		Central Commissioning	11,897	4,072	4,540	468	12%	0	0%
-107	9	OP - City & South Locality	12,803	4,602	4,449	-153	-3%	-16	0%
-223	9	OP - East Cambs Locality	6,238	2,130	2,032	-98	-5%	-400	-6%
-143	9	OP - Fenland Locality	8,461	2,845	2,599	-247	-9%	-195	-2%
-200	9	OP - Hunts Locality	11,077	3,876	3,674	-202	-5%	-284	-3%
0		Discharge Planning Teams	2,064	685	646	-39	-6%	0	0%
0	10	Shorter Term Support and Maximising Independence	8,545	2,094	2,051	-43	-2%	-140	-2%
0		Integrated Community Equipment Service	779	655	735	80	12%	0	0%
<u>Mental Health</u>									
-30		Mental Health Central	693	135	107	-28	-21%	-32	-5%
-170	11	Adult Mental Health Localities	6,626	1,646	1,437	-209	-13%	-470	-7%
-56	11	Older People Mental Health	7,933	2,788	2,761	-27	-1%	-206	-3%
0		Voluntary Organisations	4,258	1,427	1,582	156	11%	0	0%
-960		Older People & Adult Mental Health Directorate Total	82,639	30,703	30,353	-350	-1%	-1,773	-2%

Forecast Variance Outturn (June) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance		Forecast Variance Outturn (July)	
					£'000	%	£'000	%
Children's Social Care Directorate								
475	12 Strategic Management - Children's Social Care	5,570	1,731	2,056	325	19%	475	9%
0	Adoption Allowances	3,076	1,057	1,150	93	9%	0	0%
0	Legal Proceedings	1,540	385	286	-99	-26%	0	0%
112	13 Safeguarding & Standards	1,765	455	485	30	7%	112	6%
235	14 CSC Units Hunts and Fenland	3,897	1,332	1,457	125	9%	235	6%
0	Children Looked After	12,472	4,583	4,520	-63	-1%	0	0%
379	15 CSC Units East & South Cambs and Cambridge	3,680	1,210	1,268	58	5%	379	10%
0	Disabled Services	6,609	2,021	2,035	15	1%	0	0%
1,201	Children's Social Care Directorate Total	38,608	12,774	13,259	484	4%	1,201	3%
Strategy & Commissioning Directorate								
0	Strategic Management – Strategy & Commissioning	443	179	140	-39	-22%	0	0%
0	Information Management & Information Technology	1,776	872	878	6	1%	0	0%
0	Strategy, Performance & Partnerships	3,004	531	528	-3	-1%	-0	0%
-163	16 Local Assistance Scheme	484	232	173	-58	-25%	-163	-34%
Commissioning Enhanced Services								
750	17 Looked After Children Placements	14,375	3,707	3,755	48	1%	750	5%
0	Special Educational Needs Placements	8,563	3,016	3,101	85	3%	0	0%
0	Commissioning Services	3,521	1,211	1,170	-41	-3%	0	0%
0	Early Years Specialist Support	1,323	242	218	-24	-10%	0	0%
0	Home to School Transport – Special	7,973	2,330	2,201	-129	-6%	0	0%
0	LAC Transport	1,107	277	359	82	30%	0	0%
Executive Director								
0	Executive Director	454	152	182	30	20%	0	0%
0	18 Central Financing	-3,590	-3,157	-3,127	30	-1%	-200	-6%
587	Strategy & Commissioning Directorate Total	39,432	9,592	9,580	-12	0%	387	1%
Children's Enhanced & Preventative Directorate								
0	Strategic Management – Enhanced & Preventative	893	493	495	2	0%	-40	-4%
0	Children's Centre Strategy	520	266	267	0	0%	0	0%
0	Support to Parents	3,514	1,280	1,277	-4	0%	0	0%
0	SEND Specialist Services	5,400	1,869	1,893	23	1%	0	0%
0	Safer Communities Partnership	7,057	1,847	1,822	-25	-1%	0	0%
Youth Support Services								
0	Youth Offending Service	3,099	404	392	-12	-3%	0	0%
0	Central Integrated Youth Support Services	561	109	96	-13	-12%	0	0%
Locality Teams								
0	East Cambs & Fenland Localities	3,382	889	842	-46	-5%	0	0%
0	South Cambs & City Localities	3,707	944	966	22	2%	0	0%
0	Huntingdonshire Localities	2,459	653	662	9	1%	0	0%
0	Children's Enhanced & Preventative Directorate Total	30,592	8,755	8,712	-42	0%	-40	0%

Forecast Variance Outturn (June) £'000	Service	Current Budget for 2016/17 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance		Forecast Variance Outturn (July)	
					£'000	%	£'000	%
	Learning Directorate							
0	Strategic Management - Learning	815	371	406	35	9%	0	0%
0	Early Years Service	1,321	461	455	-6	-1%	0	0%
0	Schools Intervention Service	1,248	378	411	33	9%	0	0%
0	Schools Partnership Service	1,005	201	192	-9	-4%	0	0%
0	Children's' Innovation & Development Service	87	-741	-493	248	-34%	0	0%
0	Integrated Workforce Development Service	1,253	189	209	20	10%	0	0%
0	Catering & Cleaning Services	-400	-125	-108	17	-14%	-0	0%
0	Teachers' Pensions & Redundancy	2,936	1,241	1,180	-62	-5%	0	0%
	Infrastructure							
0	0-19 Organisation & Planning	1,800	391	333	-59	-15%	0	0%
0	Early Years Policy, Funding & Operations	86	25	24	-1	-2%	0	0%
0	Education Capital	172	238	205	-33	-14%	0	0%
0	Home to School/College Transport – Mainstream	9,786	2,749	2,788	39	1%	0	0%
0	Learning Directorate Total	20,108	5,378	5,601	223	4%	-0	0%
1,040	Total	293,132	91,290	91,754	464	1%	693	0%
	Grant Funding							
0	Financing DSG	-23,318	-7,773	-7,773	0	0%	0	0%
0	Non Baselined Grants	-27,504	-4,751	-4,751	0	0%	0	0%
0	Grant Funding Total	-50,822	-12,523	-12,523	0	0%	0	0%
1,040	Net Total	242,310	78,766	79,231	464	1%	693	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 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
1) Strategic Management – ASC	977	-7	-1%	178	18%
<p>The expected overspend is predominantly caused by the directorate forecasting to underachieve on its £353k vacancy savings target by £130k as a result of a relatively low number of vacancies and the need to fill certain key vacant posts with agency staff in the first quarter. The ability to achieve this saving is constrained by the need to retain any savings from vacancies in the Learning Disability Service within the pooled budget with the NHS.</p>					
2) LD Head of Services	1,587	-496	18%	-759	-48%
<p>The Head of Service policy line is currently holding -£759k. This is a movement of -£292k from last month. The movement is the result of holding back additional expenditure on vacant posts and contracts to offset against pressures elsewhere in the pool totalling -£120k, and increasing the forecast Clinical Commissioning Group contribution to the LDP overspend by -£172k, due to the risk share on the pooled budget.</p> <p><u>Overall LDP position</u></p> <p>At the end of July 16 the Learning Disability Partnership as a whole is forecast to overspend by £1,600k at year end. The County Council's risk share of 78.8% is reported as £1,261k.</p> <p>As part of its savings plan for 2016/17, the LDP is currently engaged in reassessing every service user and in negotiating the costs of placements with providers. Experience so far is suggesting that average cost-reduction per client is lower than expected due to constraints imposed by legislation and increased client needs. This has led to a revised forecast for the overall savings expected to be achieved of £2.2m compared to an original target of £5.2m.</p> <p>Forecasts also reflect further pressure relating to five out-of-county in-patient beds. These placements have been needed due to our current CPFT in-patient service being unable to offer this service locally within the block contract arrangement. Costs for out of county inpatient beds are ranging from £425 to £965 per day. Teams are working to ensure that inpatient admissions are as short as possible and that people are supported to return to their locally area with the support the need.</p> <p>Partially offsetting the anticipated pressure, the LDP has exceeded its target for savings on price increases negotiated at the beginning of the year by £806k. This has been achieved by ensuring that higher cost providers in the independent sector absorb as much of the impact of the living wage increases as possible, although it may present an additional challenge when negotiating the price and volume of care with providers.</p> <p>In addition £300k of staff slippage savings is expected to be achieved to offset the remainder of the pressure, and the forecasting of likely increases in demand have been updated.</p> <p><u>Actions being taken</u></p> <p>Work on service-user reassessments and provider negotiations will be continuing as part of the original LDP savings plan, whilst work done so far is being examined and challenged to review whether lessons can be learned and applied to this work in the rest of the year.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
LD Head of Services, continued: In addition, there are ongoing negotiations regarding the contract arrangements for inpatient provision with CPFT to ensure some of these costs are offset against the block contract. <u>Changes since last month</u> Care spending commitments have increased by £187k since last month The forecast for in-house provider services has worsened by £146k (see below). These, as well as the net impact of revising expected savings for the remainder of the year, after offsetting action, lead to an overall adverse change of £640k across the LDP.					
3) LD Young Adults	2,106	-71	-10%	283	13%
The forecasted pressure for the Young Adults team has decreased by £13k from previous month, as a result of progress being made on clawing-back direct payments and a contractual change allowing a service user to be moved to a cheaper setting, which more than offset increasing need for other service users.					
4) Learning Disability – City, South and East Localities	30,368	587	6%	825	3%
There has been an overall increase from the previous month's forecast of £310k: South - Costs have increased by £106k as a result of a change in service-user need, East - A service user's death has further reduced costs, but this has partially been offset by increasing service-user need and short-term crisis funding. The remainder of the change in this area is due to the updating of spending commitments as a result of the loading of packages on to an automated payments and recording system, and updated expectations for the delivery of savings in the remainder of the year.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
5) Learning Disability – Hunts & Fenland Localities	20,031	509	9%	748	4%
<p>There has been an overall increase from previous month's forecast of £490k:</p> <p>Hunts – A forecast increase of £280k, mainly caused by £205k costs incurred due to a service user's previous placement breaking down. Further pressures have been caused through revised estimates of future transport and variable package costs.</p> <p>Fenland – A forecast decrease of £60k as a result of £46k of reductions in the costs of current packages and contracts, as well as fluctuations in variable packages.</p> <p>The remainder of the increase is due to an updated estimate of savings achievable in the remainder of the year.</p>					
6) In House Provider Services	5,237	192	11%	165	3%
<p>The full year effect of the Business Plan saving target of £500k will now not be achieved in 2016/17. A consultation has been delayed with the latest anticipated date being the end of the calendar year, with an implementation date of 1/4/17. The savings achieved this financial year will be part year and full year effect of five vacant posts totalling £135k. There is also reported surplus of £200k for slippage and income generation. A pressure of £165k is reported in July.</p>					
7) Physical Disabilities	12,356	-213	-5%	-285	-2%
<p>The predicted underspend in the Physical Disability Service is predicted to be -£285k, which is an increase in the underspend of -£5k compared to June. The underspend is due to the management of demand through the use of short term intervention, increasing people's independence, and the use of community resources, in line with the Transforming Lives approach. The planned process of reassessing clients has identified increased health needs, resulting in increased funding from the NHS. Savings have also been found through bringing reassessments forward, in some cases as early as January 2016, enabling a larger full year effect, and there has been a high level of Direct Payment clawbacks early in the financial year.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
8) Carers Services	2,101	-116	-15%	-100	-5%
<p>The number of personal budgets awarded in the first quarter of the current financial year is much lower than anticipated, and so an underspend of -£100k at the year-end position is being forecast on the basis that the current trend continue throughout the next three quarters. This figure will be closely monitored on a monthly basis based on movement and spend in the personal budget allocation.</p> <p>There is a small pressure within the budget for young carers due to the service being under resourced when it commenced, but resources are being transferred within the Carers service, providing for a holistic approach to all age carer support across Cambridgeshire in line with the All Age Carers Strategy 2016-2020.</p>					
9) Older People – All Localities	38,578	-700	-5%	-895	-2%
<p>The forecast underspend on the localities has increased by £220k from last month to £895k. This represents a reduction in the forecast underspend on inflation/national living wage of £80k and a £300k increase in the underspend on care spending. The Older People forecast contains significant and increasing amounts of anticipated reductions resulting from the NHS taking over funding for clients with continuing healthcare (CHC) needs. Ensuring this is achieved remains complex and uncertain and is being actively project managed from the Council's perspective.</p> <p>The underlying care spending improvements since last month include:</p> <ul style="list-style-type: none"> • East Cambs care spending forecast decreased by £146k predominantly due to a series of cases receiving CHC funding. • Fenland costs have increased by £128k this month predominantly due to an increased number of clients in care placements and fewer placements ended than anticipated. Last month Fenland's costs decreased by £330k and so it still seems likely that they will exceed their savings target by the end of the year. • City and South costs decreased by £67k this month, although it still seems that the savings will be made they are unlikely to overachieve to the extent that was forecast last month and so the forecast underspend has been adjusted accordingly. • In Huntingdonshire, costs of care decreased by £41k this month, this includes a reduced expectation of direct payments of £47k. As the position has been steadily improving this year the expected underspend has been increased slightly on this budget. <p>Continued progress in reducing the overall commitment across localities and lower care volumes at the start of the year is reflected in an updated forecast underspend of £700k on cost of care (on top of £195k already secured through regulating price increases), which should be considered a best case target for this budget. Given the volatile nature of cost of care commitments, there are risks to achieving this underspend which is predicated on ongoing demand management through prevention, maximising CHC funding opportunities and ongoing review of packages. The position will continue to be closely monitored, with any adverse or favourable change in the cost of care being reflected in the future forecast position as appropriate.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
10) Shorter term Support and Maximising Independence	8,545	-43	-2%	-140	-2%
<p>An underspend of £140k is forecast against Shorter Term Support and Maximising Independence. The Adult Early Help Team was established in April and an underspend of £50k is expected from efficiencies achieved by staffing the team from existing resources across Older People's Services during the pilot phase. Reduced support costs for the Reablement Service are expected to result in an underspend of £50k, and the Council expects to retain £40k additional income in Assistive Technology due to a recent one-off sale of stock.</p>					
11) Mental Health– Adults & OP	14,560	-236	-5%	-676	-5%
<p>The forecast underspend on Mental Health cost of care has increased by £450k since last month. Delivery of Business Planning savings are on track with the level and amount of care provided being lower than anticipated at this stage of the year. The position has continued to improve during July, particularly in relation to Older People's Mental Health and so an additional underspend of £100k is included in the forecast to reflect this position.</p> <p>Scrutiny of care and funding arrangements for service users has identified that the County Council is funding health responsibilities for some placements made through Section 41 of the Mental Health Act – where a restriction order is in place to manage a risk of harm to the person or others. Discussions are ongoing with the CCG to address the provision of appropriate health funding, and this could yield additional savings of £350k for the Council.</p> <p>The following previously reported underspends still apply:</p> <ul style="list-style-type: none"> • £100k underspend on Adult Mental Health reflecting lower levels of care provision and progress towards savings delivery. • £126k due to price negotiations 					
12) Strategic Management - Children's Social Care	5,570	325	19%	475	9%
<p>The Children's Social Care (CSC) Director budget is forecasting an over spend of £475k.</p> <p>The First Response Emergency Duty Team is forecasting a £179k overspend due to use of agency staffing. This is because, due to service need, posts are required to be filled as quickly as possible, with essential posts covered by agency staff in a planned way until new staff has taken up post. Without the use of agency staff to back fill our vacant posts we would not be able to complete our statutory function and the delay to children and families would be significant, jeopardising our ability to offer children/young people a proportionate response to significant risk of harm they may be suffering. Agency cover is only used where circumstances dictate and no other options are available.</p> <p>A further £296k of planned agency budget savings is not able to be met due to the continued need for use of agency staff across Children's Social Care due to increasing caseloads.</p> <p><u>Actions being taken:</u></p> <p>We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff is designed to decrease the reliance on agency staffing. However, it does remain a challenge to attract appropriately experienced social workers to this front line practice.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
13) Safeguarding & Standards	1,765	30	7%	112	8%
<p>The Safeguarding and Standards (SAS) budget is forecasting an over spend of £112k.</p> <p>This is due to the use of agency staff to cover the increased number of initial and review child protection (CP) conferences and initial and review Looked After Children (LAC) Reviews. The SAS team currently operates with a staff group that was predicated for CP numbers of 192-230 (in 2013) and LAC numbers of 480 (in 2013). These numbers have risen steadily and then recently more sharply to 457 CP and 627 LAC, and show no immediate sign of decreasing. Independent Reviewing Officer caseloads are defined by statutory legislation so extra staff are required to manage that obligation.</p> <p><u>Actions being taken:</u></p> <p>We have already analysed, and are now implementing new procedures on better use of staff time to free up capacity. Despite this workloads remain stretched and we are exploring other avenues to secure resource to better manage the current caseloads.</p>					
14) CSC Units Hunts and Fenland	3,897	125	9%	235	6%
<p>The CSC Units Hunts and Fenland budget is forecasting an over spend of £235k due to the use of agency staffing.</p> <p>A policy decision was taken to ensure we fulfil our safeguarding responsibilities by ensuring that posts should be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post. If vacant posts are not filled we run the risk of not being able to carry out our statutory duties, and the unit becomes under increased pressure and unlikely to meet statutory requirements and there is then a potential that children could be left at risk.</p> <p>The unit model is very vulnerable when post are left vacant and whilst this can be managed for a very short period of time (staff on leave/period of absence) vacancies will require agency staff to backfill.</p> <p><u>Actions being taken:</u></p> <p>We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. However, one option under consideration is to recruit peripatetic social workers over establishment. This would be more cost effective than using agency staff. The establishment budget would have to be re-balanced to meet this cost. Further work is also underway to review the Unit Model design and how best to manage the Child's journey.</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
15) CSC Units East & South Cambs and Cambridge	3,680	58	5%	379	10%
<p>The CSC Units East & South Cambs and Cambridge budget is forecasting an over spend of £379k due to the use of agency staffing.</p> <p>See CSC Hunts and Fenland (note 14) for narrative.</p>					
16) Local Assistance Scheme	484	-58	-25%	-163	-34%
<p>A contingency budget of £163k was allocated to the Local Assistance Scheme during 2016/17 Business Planning, following a decision by GPC in Spring 2015.</p> <p>The contingency budget was not utilised in 2015/16, and it became clear after the budget was set that it was unlikely to be necessary in 2016/17. In May 2016, Adults Committee considered spending plans for the scheme at the "core funding" level of £321k.</p> <p>This means the contingency budget of £163k is not required, based on current spending plans.</p>					
17) Looked After Children Placements	14,375	48	1%	750	5%
<p>The position remains unchanged this month. Further review and modelling of the LAC Placements budget was undertaken in June, where it was determined that as at 1st April, prior to any mitigating actions being taken, the full year impact of the carried forward pressure from 2015/16 was £2.3m. This is based on current commitments, which assume that all LAC will be in placement for the full financial year, unless they turn 18 or 19 years of age. Subsequent to this, as previously reported, there has been a transfer of funding of £950k from Older People's Service (as approved by GPC on 26th July 2016), resulting in a revised net pressure of £1.3m.</p> <p>The LAC action plan aims to address the net carried forward pressure and deliver the 2016/17 Business Plan savings. However, further scrutiny of the action plan that took place in June identified that, whilst there are saving targets in place to produce a balanced budget in 16/17, there are risks associated with some of these savings. Based on the information to date, and an expectation of the actions to be delivered between now and the end of the financial year, there is a predicted overspend of £750k. At present this is due to the delay in undertaking some actions – this is being addressed and it is expected that the outcome of these actions will mitigate the projected overspend and reduce it by the end of the financial year. This will be closely monitored over the coming months and the forecast outturn updated accordingly. This projection is also based on no further growth in LAC numbers over the coming months.</p> <p>Overall Looked After Children (LAC) numbers at the end of July 2016, including placements with in-house foster carers, residential homes and kinship, are 610, 4 less than June 2016. This includes 62 unaccompanied asylum seeking children (UASC).</p>					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

Looked after Children Placements, continued:

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of July are 311.

External Placements Client Group	Budgeted Packages	30 June 2016 Packages	31 July 2016 Packages	Variance from Budget
Residential Disability – Children	3	2	2	-1
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	9	10	+2
Child Homes – General	23	25	25	+2
Supported Accommodation	19	26	23	+4
Supported living 16+	6	18	21	+15
Independent Fostering	180	227	230	+50
TOTAL	239	307	311	+72

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

Actions being taken to address the forecast overspend include:

- A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.
- A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

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

18) Central Financing	-3,590	30	-1%	-200	-6%
------------------------------	---------------	-----------	------------	-------------	------------

Following approval at July GPC, £200k of the SEND Reform Grant to be received during the 2016/17 financial year will be applied to support additional associated costs within CFA.

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	6,422
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	317
Unaccompanied Asylum Seekers	Home Office	840
Youth Offending Good Practice Grant	Youth Justice Board	528
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,173
Children's Social Care Innovation Grant (MST innovation grant)	DfE	456
MST Standard & CAN	DoH	201
Music Education HUB	Arts Council	782
Non-material grants (+/- £160k)	Various	201
Total Non Baselined Grants 2016/17		27,504

Financing DSG	Education Funding Agency	23,318
Total Grant Funding 2016/17		50,822

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

Directorate	Grant Total £'000
Adult Social Care	2,299
Older People	12,166
Children's Social Care	911
Strategy & Commissioning	1,557
Enhanced & Preventative Services	9,661
Learning	911
TOTAL	27,504

APPENDIX 4 – Virements and Budget Reconciliation

Virements between CFA and other service blocks:

	Effective Period	£'000	Notes
Budget as per Business Plan		242,563	
Strategic Management - Children's Social Care	May	-77	Contact Centre Funding
Shorter Term Support and Maximising Independence	May	-10	Accommodation costs have been agreed with the NHS for buildings which are shared. This amount has been transferred to LGSS Property who handles the NHS recharge.
Shorter Term Support and Maximising Independence	May	-113	Budget has been transferred to LGSS for professional services support to Reablement teams. This amount was recharged in 2015/16 and is now transferred permanently.
Information Management & Information Technology	June	-53	SLA for Pupil Forecasting/Demography to Research Group within Corporate services.
Current Budget 2016/17		242,310	

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

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

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

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

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

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

APPENDIX 5 – Reserve Schedule

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

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 July 16		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					
CFA carry-forward	1,623	-1,062	561	-132	Forecast overspend of £693k applied against reserves.
subtotal	1,623	-1,062	561	-132	
<u>Equipment Reserves</u>					
ICT Equipment Replacement Reserve	604	0	604	70	Service plan to replace major infrastructure in 2016/17
IT for Looked After Children	178	0	178	98	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
subtotal	782	0	782	168	
<u>Other Earmarked Reserves</u>					
<u>Adult Social Care</u>					
Capacity in ASC procurement & contracts	225	-63	162	162	Continuing to support route rationalisation for domiciliary care
Specialist Assistive technology input to the LDP	186	-186	0	0	External support to promote use of technology to reduce costs of supporting LD clients
Autism & Adult Support Workers (trial)	60	-30	30	30	Trialling support work with Autism clients to investigate a new service model, 12 month period but only starting in September 2016
Direct Payments - Centralised support (trial)	174	-44	130	130	By centralising and boosting support to direct payment setup we hope to increase uptake & monitoring of this support option
Care Plan Reviews & associated impact - Learning Disability	346	-346	0	0	Additional social work, complaints handling, business support and negotiation capacity in support of the major reassessment work in these services
Care Plan Reviews & associated impact - Disabilities	109	-109	0	0	
<u>Older People & Mental Health</u>					
Continuing Healthcare project	118	-59	59	59	CHC team has been formed to deliver the BP savings
Homecare Development	62	-40	22	22	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	0	To upscale the falls prevention programme
Dementia Co-ordinator	35	-22	13	0	£35k needed, hoping for PH match funding.
Shared Lives (Older People)	49	-49	0	0	Trialling the Adult Placement Scheme within OP&MH
Mindful / Resilient Together	321	-133	188	188	Programme of community mental health resilience work (spend over 3 years)

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 July 16		
	£'000	£'000	£'000	£'000	
Increasing client contributions and the frequency of Financial Re-assessments	120	-70	50	50	Hiring of fixed term financial assessment officers to increase client contributions
Brokerage function - extending to domiciliary care	50	-15	35	35	Trialling homecare care purchasing post located in Fenland
Specialist Capacity: home care transformation / and extending affordable care home capacity	70	-45	25	0	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Care Plan Reviews & associated impact - Older People	452	-452	0	0	Options being explored with overtime to complement agency worker reviews
Childrens Social Care					
Independent Reviewing Officers (IRO) and Care Planning (CP) Chairperson	28	-28	0	0	2 x Fixed Term Posts across 2015/16 and 2016/17. Increase in Independent Reviewing Officers (IRO) capacity to provide effective assessment which will safeguard the YP as per statutory guidance under the Care Planning Regulations Children Act 1989 – (Remaining balance will support for 1 post for 6 month period in 2016/17)
Adaptations to respite carer homes	14	-14	0	0	Reserve for adaptations to Foster carer Homes
Child Sexual Exploitation (CSE) Service	250	-250	0	0	Child Sexual Exploitation Funding - Barnardo's project to work with children in relation to child sexual exploitation. Barnardo's would look to recruit to 5 staff and these would be 1 x MASH worker, 2 x workers in relation to return interviews and an additional 2 workers who will work direct with children in relation to child sexual exploitation.
Strategy & Commissioning					
Building Schools for the Future (BSF)	141	0	141	0	Funding allocated to cover full ICT programme and associated risks. In 2016/17 also cover costs associated with transition from Dell ICT contract.
Statutory Assessment and Resources Team (START)	10	-10	0	0	Funding capacity pressures as a result of EHCPs.
Home to School Transport Equalisation reserve	253	0	253	-472	16/17 is a "long year" with no Easter and so has extra travel days. The equalisation reserve acts as a cushion to the fluctuations in travel days.
Time Credits	74	-74	0	0	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	0	Draw down of funds to pay for independent travel training
Prevent children and young people becoming Looked After	57	-57	0	0	£32k to extend the SPACE programme pilot to enable a full year of direct work to be evaluated for impact
Disabled Facilities	127	0	127	77	Funding for grants for disabled children for adaptations to family homes.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 July 16		
	£'000	£'000	£'000	£'000	
Strategy & Commissioning					
Commissioning Services – Children's Placements	13	-13	0	0	Funding to increase capacity. Two additional Resource Officers are in post.
Enhanced & Preventative					
Information Advice and Guidance	20	-20	0	0	£20k will be used in 16/17 to cover the salaries of 6 remaining post holders who will leave by redundancy on 11th May 2016 as a result of Phase II Early Help Review
Changing the cycle (SPACE/repeat referrals)	67	-67	0	0	Project working with mothers who have children taken in to care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. Funding for this project ends March 2017.
Multi-Systemic Therapy (MST) Standard	182	0	182	0	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
MST Child Abuse & Neglect	78	-78	0	0	Whilst the MST CAN project ended in 2015/16, the posts of MST Program Manager and Business Support Manager who support all of the MST teams have been retained and will transfer to the MST Mutual CIC. Funding is required until the MST Mutual commences.
Youth Offending Team (YOT) Remand (Equalisation Reserve)	250	0	250	250	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All Age Lead Professional	40	-40	0	0	Trialling an all age locality lead professionals. Ongoing trial into 16/17.
Maximise resources through joint commissioning with partners	14	-14	0	0	Funding for Area Partnership Manager, ensuring that local needs are identified and met in relation to children's services by bringing together senior managers of local organisations in order to identify and develop priorities and commission local services. Work to be undertaken during 2016/17 to seek sustainable solution to the shortfall in funding on a permanent basis.
Independent Domestic Violence Advisors	24	0	24	0	To continue to provide a high level of support to partner agencies via the Multi-agency safeguarding hub, and through the multi-agency risk assessment conference process, by supporting high-risk victims of domestic abuse.
Learning					
Cambridgeshire Culture/Art Collection	87	0	87	47	Providing cultural experiences for children and young people in Cambs
Discretionary support for LAC education	182	-182	0	0	To be reviewed in Sept 16
Reduce the risk of deterioration in school inspection outcomes	60	-60	0	0	Draw down of funding to pay for fixed term Vulnerable Groups post
ESLAC Support for children on edge of care	50	-50	0	0	Funding for 2 year post re CIN

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 31 July 16		
	£'000	£'000	£'000	£'000	
CCS (Cambridgeshire Catering and Cleaning Services)	119	0	119	0	CCS Reserve to make additional investment in branding, marketing, serveries and dining areas to increase sales and maintain contracts. Also includes bad debt provision following closure of Groomfields Grounds Maintenance Service.
<u>Cross Service</u>					
Develop 'traded' services	57	-57	0	0	£27k is funding for 2 x 0.5 FTE Youth Development Coordinators until March 17 £30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	188	-110	78	58	This will fund 2-3 staff across 2016/17 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	184	-184	0	0	Repairs & refurbish to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Re-deployment of CFA Continuing and New Earmarked Reserves	-953	953	0	0	New 16/17 CFA Earmarked Reserves (£1.451m) funded from those 15/16 earmarked reserves no longer required (£0.498m) and CFA carry forward (£0.953m), following approval from Committee.
subtotal	4,097	-2,122	1,975	636	
TOTAL REVENUE RESERVE	6,502	-3,184	3,318	672	
<u>Capital Reserves</u>					
Building Schools for the Future	61	0	61	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 16/17.
Basic Need	0	1,260	1,260	-0	The Basic Need allocation received in 2016/17 is fully committed against the approved capital plan.
Capital Maintenance	0	1,569	1,569	0	The School Condition allocation received in 2016/17 is fully committed against the approved capital plan.
Other Children Capital Reserves	110	0	110	0	£10k Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub £100k rolled forward to 2016/17.
Other Adult Capital Reserves	2,257	3,479	5,736	425	Adult Social Care Grant to fund 2016/17 capital programme spend.
TOTAL CAPITAL RESERVE	2,428	6,308	8,736	425	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2016/17						TOTAL SCHEME	
Original 2016/17 Budget as per BP £'000	Scheme	Revised Budget for 2016/17 £'000	Actual Spend (July) £'000	Forecast Spend - Outturn (July) £'000	Forecast Variance - Outturn (July) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	Schools						
41,711	Basic Need - Primary	42,782	7,419	39,791	-2,991	224,944	12,620
39,689	Basic Need - Secondary	41,162	10,199	40,682	-480	213,851	430
321	Basic Need - Early Years	613	-35	613	0	2,203	0
770	Adaptations	654	154	561	-93	6,541	0
2,935	Specialist Provision	3,225	1,337	3,050	-175	5,060	-175
3,250	Condition & Maintenance	3,250	937	3,250	0	25,750	0
204	Building Schools for the Future	348	68	348	0	9,118	0
1,114	Schools Managed Capital	1,926	0	1,926	0	9,798	-190
0	Universal Infant Free School Meals	10	1	10	0	0	0
300	Site Acquisition and Development	300	231	300	0	650	0
1,500	Temporary Accommodation	1,500	383	1,500	0	14,000	0
0	Youth Service	127	0	127	0	0	0
295	Children Support Services	295	0	295	0	2,530	0
3,717	Adult Social Care	5,311	0	5,311	0	25,777	1,299
1,350	CFA IT Infrastructure	1,700	168	1,700	0	3,000	0
0	CFA Capital Variation	-10,282	0	-6,543	3,739	0	0
97,156	Total CFA Capital Spending	92,921	20,862	92,921	0	543,222	13,984

Basic Need - Primary £12,620k increased total scheme cost.

A total scheme variance of £5,310k occurred due to changes since the Business Plan was approved in response to changes to development timescales and school capacity. The following have schemes have had cost increases approved by GPC for 2016/17;

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

In June 2016 these increased costs have been offset by £670k of underspend on 2016/17 schemes which are completing and have not required the use of budgeted contingencies. Brampton Primary School (£41k), Fawcett Primary School (£203k), Cambourne 4th Primary (183k), Millfield Primary (£28k), Fourfields Primary (£42k) and Trinity School: (£175k)

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

- Clay Farm, Cambridge £1.5m increase due to developing scope of the project to a 2FE school to accommodate further anticipated housing development.

- Ramnoth, Wisbech; £740k increased cost due to increased build cost identified at design stage.
- Hatton Park, Longstanton; £540k increased build cost identified at planning stage and transport costs of children.
- Barrington; £1,890k increased costs after option appraisal completed and costs inflated to meet Sept 2020 delivery
- Loves Farm, St Neots; £2,320k increase due to changing scope of the project to a 2FE school.

Basic Need - Primary £2,991k slippage.

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

These include Westwood Primary (£105k) and Wyton Primary (£200k). These schemes will be re-phased in the 2017/18 business plan.

The accelerated spend has been offset by schemes where progressed has slowed and anticipated expenditure in 2016/17 will no longer be incurred. These schemes include; Huntingdon Primary 1st & 2nd Phases (£199k) works deferred to be undertaken as part of the 2nd phase of the scheme which is already underway and is anticipated to incur less spends than originally scheduled.

NIAB School, (£98k) slippage to scheme being deferred, the scheme is linked to housing development which is not progressing. Minimal spend expected in 2016/17 to complete design and planning stages.

Sawtry Infants, (£720k), the scheme has been redefined. The Infant and Junior school are no longer to merge which has meant spend planned summer 2016 to undertake refurbishment/remodelling works will now not go ahead. Design works only for 2016-17. Works to now commence April 2017 and complete by August 18.

The Shade, Soham; (£550k) due to a lower than expected tender from contractors at this stage of the planning.

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

Northstowe First Primary; -£346k slippage due to Furniture, equipment and part of the ICT requirements being unexpended this financial year until permanent school opens in September 2017.

Hatton Park to utilise their own Furniture Fittings & Equipment (FFE and ICT).

Bearcroft Primary School ;(£690k), Project has slipped from start on site 15.08.16 to 19.09.16.

Basic Need – Secondary £480k slippage.

The Bottisham Village College scheme has incurred £480k of slippage due to the start on site being deferred from late 2016 to March 2017. The delay has resulted from a joint bid to the EFA for additional £4m funding which has enabled the school to progress advanced works ahead of the main capital scheme.

Adaptations £93k slippage.

Morley Memorial spend is expected to be £93k less than expected due to slower than expected progress and only design work now being undertaken in 2016/17.

Specialist Provision £175k slippage.

The Trinity school scheme plans to underspend in 2016/17 by £175k due to the scheme completing without requiring budgeted contingencies.

Schools Managed Capital

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

.

CFA Capital Variation.

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

2016/17					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (July) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (July) £000
CFA	-10,282	-3,739	3,739	36.4%	-
Total Spending	-10,282	-3,739	3,739	36.4%	-

6.2 Capital Funding

2016/17				
Original 2016/17 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2016/17 £'000	Forecast Spend – Outturn (July) £'000	Forecast Funding Variance - Outturn (July) £'000
3,781	Basic Need	3,781	3,781	0
4,643	Capital maintenance	4,708	4,708	0
1,114	Devolved Formula Capital	1,926	1,926	0
0	Universal Infant Free School meals	10	10	0
3,717	Adult specific Grants	5,311	5,311	0
24,625	S106 contributions	22,612	22,612	0
0	BSF -PFS only	61	61	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Contributions	700	700	0
54,416	Prudential Borrowing	49,652	49,652	0
4,160	Prudential Borrowing (Repayable)	4,160	4,160	0
97,156	Total Funding	92,921	92,921	0

In July there have been no changes to the overall funding position of the 2016/17 capital programme.

APPENDIX 7 – Performance at end of June 2016

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	18.7%	20.0%	20.0%	Jun-16	↓	G	Performance in re-referrals to children's social care has worsened slightly during June but is still on target
Number of children with a Child Protection Plan per 10,000 population under 18	Childrens Social Care	34.5	30.0	36.7	Jun-16	↓	R	The number of children subject to a CP plan in Cambridgeshire has risen, and at the end of June, was at its highest at 486. Anecdotal conversations with peers around the region would suggest that their CP numbers are also currently rising. In Cambridgeshire, we know that the numbers tend to peak towards the end of the school year, and July has a large number of reviews planned in, which will adjust the numbers somewhat. However, June showed very few delists in comparison with other months, and the highest ever number of conferences completed in the month leading to the increase in numbers.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
The number of looked after children per 10,000 children	Childrens Social Care	48.6	40.0	46.7	Jun-16	↑	R	<p>The number of Looked After Children dropped to 614 in June 2016. This includes 64 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.:</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> • A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs. • A weekly LAC monitoring meeting chaired by the Executive Director of CFA, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives. <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>
No / % of families who have not required statutory services within six months of having a Think Family involvement	Enhanced & Preventative							New measure 2016/17. Target will be set and indicator reported on when 6 months data is available

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
% year 12 in learning	Enhanced & Preventative	94.8%	96.5%	94.5%	Jun 16	↓	A	Our performance in learning tends to drop at this point in the year as young people drop out before completing their programmes in learning. As many will not return until September it is unlikely that we will meet this target until later in the year.
% 16-19 year olds not in Education, Employment or training (NEET)	Enhanced & Preventative	3.3%	3.3%	3.4%	Jun 16	↓	A	NEET has risen slightly this month mainly due to the number of young people dropping out from learning. Locality teams will pick them up quickly and offer support to encourage them to return to learning as soon as possible, however this may not be until September.
% Clients with SEND who are NEET	Enhanced & Preventative	10.1%	9.0%	10.6%	Q1 (Apr to Jun 16)	↓	A	Whilst we are not on target our performance is much better than this time last year when NEET was 12.4%. We continue to prioritise this group for follow up and support.
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Jun-16	→	G	
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	80.7%	82.0%	80.8%	Jun-16	↑	A	156 Primary schools are judged as good or outstanding by Ofsted covering 38458 pupils. 80.8% is our best performance ever.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	49.4%	75.0%	55.5%	Jun-16	↑	R	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has increased again as a school moved from Requires Improvement to Good. 17 out of 32 Secondary schools with Inspection results are now judged as good or outstanding, covering about 17,000 pupils. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	94.8%	100.0%	94.8%	Jun-16	➡	A	8 out of 9 Special schools are judged as Good or outstanding covering 920 (94.8%) pupils.
<i>Proportion of income deprived 2 year olds receiving free childcare</i>	<i>Learning</i>	80.0%	80.0%	79.2%	Spring Term 2016	↓	A	There were 1758 children identified by the DWP as eligible for the Spring Term. 1393 took up a place which equates to 79.2%
<i>FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2</i>	Learning	28	21	28	2015	➡	R	Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
<i>FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE</i>	Learning	31.3	26	37.8	2015	↓	R	All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.
<i>1E - Proportion of adults with learning disabilities in paid employment</i>	Adult Social Care	0.9%	6.0%	1.1%	Jun-16	↑	R	Performance at the end of the first quarter is starting to improve. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams.
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	94.1%	93.0%	94.3%	Jun-16	↑	G	This indicator is subject to a new calculation method for 2015/16 onwards. Performance remains above the target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	51.3%	50.1%	51.9%	Jun-16	↑	G	Performance at this indicator has been improving, this is partly due to ongoing data cleansing relating to the categorisation of planned/unplanned reviews. A focus on completing reviews early where there is the potential to free up capacity/make savings also may be contributing to this increased performance.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	53.3%	57.0%	52.8%	Jun-16	↓	A	<p>The service continues to be the main route for people leaving hospital with simple, as opposed to complex care needs. However, we are experiencing a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We are addressing this issue directly by providing additional support in the form of the Double Up Team who work with staff to reduce long term care needs and also release reablement capacity.</p>
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health		141	72	Jun-16		G	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area is resulting in a fall in the number of admissions.</p> <p>N.B. This is a cumulative figure, and the first time it has been collected this year so there is no comparable previous period.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	529	429	556	May-16	↓	R	<p>The Cambridgeshire health and social care system is experiencing a monthly average of 2,859 bed-day delays, which is 30% above the current BCF target ceiling of 2,206. In May there were 2,997 bed-day delays, up 277 compared to the previous month.</p> <p>We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community.</p> <p>Between June '15 and May '16 there were 29,731 bed-day delays across the whole of the Cambridgeshire system - representing a 14% decrease on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have decreased by 15% from 24,812 (Jun 14 - May 15) to 20,999 (Jun 15 - May 16), while bed-day delays attributed to Adult Social Care have increased from 7,733 in Jun 14 - May 15 and 7,842 in Jun 15 - May 16 an increase of 1%.</p>
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	128	114	124	May-16	↑	A	<p>In May '16 there were 622 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 124 delays per 100,000 of 18+ population. For the same period the national rate was 128 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Comments
<i>1F - Adults in contact with secondary mental health services in employment</i>	Older People & Mental Health	9.9%	12.5%	12.5%	June 16	↑	G	Performance is now back on target after a significant drop in May

APPENDIX 8 – CFA Portfolio at end of June 2016

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives Claire Gibbs	<p>The Transforming Lives project is focusing on the implementation of the new way of working and has been rolled out to Physical and Learning Disability Services with plans underway for Older People's Services. Practice and procedures have been completely refreshed with the introduction of the 'T' model and a new Quality Assurance Framework process has been implemented. Significant changes to the 'Front Door' and the Contact Centre have been made with the introduction of the Adult Early Help Service which has proved to have had a positive impact; further phases of the new service are in the process of being rolled out. The project will now focus on working with partners such as the Voluntary and Community Sector, embedding the change where it has already been rolled out and Older People's service implementation.</p> <p>No key issues.</p>	GREEN
Building Community Resilience Programme: Sarah Ferguson	<p>This programme will respond to the council's focus on strengthening our support to communities and families. The strategy has been approved by the General Purposes Committee. Focus is now on developing and delivering the action plans.</p> <p>No key issues.</p>	GREEN
Community Hubs: Christine May/Lynsey Barron	<p>Programme management support has been allocated to scope and plan the programme. In July 2016 an all Members workshop is planned. From June to November 2016 there will be extensive engagement taking place with partners/members/communities before a draft strategy is taken to Group Leaders in November prior to General Purposes Committee in December 2016. Consultation will then follow from January to March with implementation from April 2017.</p> <p>The interdependencies are complex as we develop community hubs (libraries, children's centres, day service and public health) and where the savings can be made. Immediate focus is on the funding envelope and a process has been agreed by the Programme Board.</p>	AMBER

Programme/Project and Lead Director	Brief description and any key issues	RAG
0-19 Commissioning: Meredith Teasdale/Clare Rose	<p>This project is looking how Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) can work together to integrate child health and wellbeing services. This includes consideration of 0-19 community based health services, including Health Visiting, School Nursing and Family Nurse Partnership; Early Help and Children's Centre services; and Child and Adolescent Mental Health Services across Cambridgeshire and Peterborough.</p> <p>This project is rated amber as it is still at initial concept stage with no detailed project plan in place. A future integrated service offer is being drafted and will be completed by end of the July 2016. Various procurement options are being considered. To give an indication of timescales, LGSS Procurement has mapped an Open Dialogue tender process and this would take us to implementation stage in Jan-March 2018. However, final agreement of the Service Offer and route forward will be undertaken by the Joint Commissioning Unit in July 2016, when a detailed project plan will then be produced.</p> <p>It is intended to take the Service Offer and information on the proposed way forward to the CYP and Health Committees in October 2016.</p>	AMBER
Children's Centres: Sarah Ferguson/Jo Sollars/Clare Rose	<p>Children's Centres are currently being considered within the potential future service offer for 0-19 child health and wellbeing services as outlined above.</p> <p>Key Issue: Discussions are currently on-going around the need to link the 0-19 work more closely with the CCG Transformation. This would significantly lengthen the timescale for the 0-19 project. Consideration would then need to be given on how to move forward with the Children's Centres work as this needs to be completed in the more immediate future, due to the savings that need to be achieved. Confirmation on the potential closer links with the CCG Transformation is expected by the end of July 2016.</p>	AMBER
Mosaic: Meredith Teasdale	<p>The contract for the new Adult Social Care, Early Help and Children's Social Care ICT System (Mosaic) has been awarded to the supplier Servelec Corelogic Ltd. The contract was signed in June 2016. The project governance, management, team and resources have been appointed and detailed planning is now taking place. The project is complex and is anticipated to last approximately two years, estimated completion date April 2018. Mosaic will be implemented in Adult Social Care and will replace the current Adult Social Care financial management system (AFM) by September 2017. The second phase will implement the new system in Early Years and Children's Social Care by April 2018.</p> <p>No key issues.</p>	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
Accelerating Achievement: Keith Grimwade/Tammy Liu	<p>Although the achievement of almost all vulnerable groups of children and young people is improving, the progress is slow and the gap between vulnerable groups and other children and young people is unacceptably wide. The 2014-16 Accelerating Achievement strategy is being revised and will be incorporated into the overall School Improvement Strategy. This revision, and the development of an accompanying 2016-18 action plan, are on track and nearing completion, together with new monitoring arrangements</p> <p>No key issues.</p>	AMBER
LAC Placements Strategy: Meredith Teasdale/Mary-Ann Stevenson	<p>Whilst LAC numbers continue to rise, the composition of these placements is being positively impacted with the majority being met in-house. The In-House Fostering service continues to increase the number of filled beds (currently 170).</p> <p>The LAC Action Plan will be reviewed at an extended meeting in June to confirm future commissioning priorities and review achievement of savings.</p> <p>No key issues.</p>	AMBER

PROGRESS REPORT ON THE ADULT AUTISM STRATEGY

To: **Adults Committee**

Meeting Date: **15 September 2016**

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

Electoral division(s): **All**

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

Purpose: **To report on progress of implementing the Cambridgeshire Adult Autism Strategy**

Recommendation: **The Committee is asked to note the progress made on implementing the Autism Strategy**

<i>Officer contact:</i>	
Name:	Lee McManus
Post:	Service Development Manager
Email:	Lee.mcmanus@cambridgeshire.gov.uk
Tel:	07785 721092

1.0 BACKGROUND

- 1.1 Autism, Autistic Spectrum Disorder (ASD) or Autistic Spectrum Condition (ASC) are general terms used to describe a group of complex disorders of brain development. Autism affects in varying degrees how a person communicates verbally and non-verbally, and relates to, other people. It also affects how people with the condition make sense of the world around them. Some people with autism are able to live relatively independent lives and excel in certain areas but others may have accompanying learning disabilities, mental health and physical health conditions and need long term specialist support.
- 1.2 When the Autism Strategy was approved by the Adults Committee in November 2015 there were two main areas of concern for members. One was the relatively low numbers of people being diagnosed compared with the estimated prevalence of the condition across the county. Another was the availability of services to people with autism who live in Fenland. This report seeks to give an update on these areas of concern as well as a general update on the progress of the strategy and action plan as a whole.

2.0 PROGRESS ON THE AUTISM STRATEGY

- 2.1 With regard to diagnosis it is estimated that there are currently about 6,500 people on the autistic spectrum in Cambridgeshire and about 4,500 of these are of working age. Many of those are able to live relatively independent lives and may not see the need for a diagnosis. Those with accompanying learning or physical disabilities or mental health needs may perceive these as their primary condition. Therefore the numbers of people diagnosed are likely to be well below the numbers estimated to have the condition.
- 2.2 In Cambridgeshire the diagnostic service for adults is commissioned by Cambridgeshire and Peterborough Clinical Commissioning Group (CPCCG) and provided by Cambridgeshire and Peterborough Foundation Trust (CPFT). In 2014/15 there were 72 people diagnosed with an autistic spectrum condition and this equates to a rate of 14.3 people diagnosed per 100,000 adult population. This compares favourably to an average rate of 7 per 100,000 population in the Eastern region and is on a par with the rate of 14.4 in England as a whole. In 2015/16 there were 130 people diagnosed in Cambridgeshire which represents a significant increase in the rate of diagnosis. The waiting time for diagnosis in the period 2015/16 has risen to between 6 and 9 months and may reflect the increase in demand for assessments that is reflected in the growing numbers of diagnostic assessments being carried out.
- 2.3 Accessing diagnostic services can be problematic for young people aged 12-17 years who do not have significant mental health needs. Following concerns expressed by the County Council and others, the waiting list for diagnosis carried out by child psychiatrists employed by CPFT has been reopened but assessments have yet to begin. The Government White Paper entitled 'Education Excellence Everywhere' (2016) consolidates the duties of local authorities to ensure that all schools, whether state funded, academies or free schools, promote and safeguard the education of children and young people with special educational needs and disabilities (SEND), including children with autism. Schools are obliged to appoint a special educational needs coordinator (SENCO) who is a teacher responsible for special educational needs within the school. All schools have a SENCO and work with other teachers and with parents to make sure that pupils

with special educational needs get the right support and help needed at school.

- 2.4 When the Adult Autism Strategy was presented to Adults committee for approval, access to support in Fenland was raised as a specific area of interest for Members. The diagnostic service provided by CPFT is complemented by two part time autism support workers. These workers support people in Fenland and Huntingdonshire by providing advice and information (Tier 1 of Transforming Lives); temporary support in crisis situations (Tier 2) and ongoing one to one support (Tier 3) following diagnosis. The Adults and Autism Team (AAT) carries out assessments and enables access to support in line with Transforming Lives to people on the autistic spectrum who live in Fenland, as well as other areas of the county. Funding has been agreed for two full time support posts within AAT to provide one to one support to people with autism across the county. In addition the Fenland locality team of the Learning Disability Partnership arranges support for people with learning disabilities who are also on the autistic spectrum. Social interaction is particularly difficult for some people with autism and the National Autistic Society provides social evenings and events in Cambridge and these are soon to be trialled in the north of the county. Support for family carers of people on the autistic spectrum is provided by the Carer's Trust and this is available to people in the Fenland area as well as other parts of the county. A comprehensive list of services for people on the autistic spectrum, including those in Fenland, is available online on the County Council website at:
https://www.cambridgeshire.gov.uk/site/custom_scripts/fid_results.aspx?q=Autism

- 2.5 Below are two case studies which demonstrate the kind of support offered and the outcomes achieved.

1. Case Study 1 – Fenland

A has been looking for work in her local area. Her support worker supported her to write and hand out CVs to local shops and charities and to fill out a number of online applications. As a result A was offered a volunteering position at a local social training and enterprise organisation, helping to attend to the garden and supporting people in the arts and crafts department. She will start her new position in the next few weeks.

2. Case Study 2 – South Cambridgeshire

B is a graduate and had been looking for suitable paid employment without any success for many years. His support worker helped him to engage in local social activities and voluntary work. They also helped with job applications and gaining experience in voluntary work on autism awareness. After many unsuccessful applications he was able to secure a work experience placement which then led to full time paid employment.

- 2.6 Progress in implementing the adult autism strategy has also been made in the following areas:

1. The County Council has created the post of Additional Needs Employment Strategy Coordinator to assist young people with disabilities, including those on the autistic spectrum, into employment. The Council is considering offering internships to young people on the autistic spectrum so they can gain work experience in order to prepare them for employment.
2. The County Council has also provided funding to 'Project Bedazzle,' which

helps young people on the autistic spectrum prepare for work. The Project has already helped six people in Cambridge to identify the skills and experience they need to apply for jobs and is being expanded to commence work in Huntingdon and Fenland.

3. The Richmond Fellowship operates a similar programme, funded by the CPCCG, to work with people for six weeks on Curriculum Vitae development and job search.
4. Red2Green, a Social Training Enterprise funded by the County Council, provides employment support to ten people on the autistic spectrum and operates an Aspirations programme which helps people with autism develop social skills and enhances links with schools and local communities.
5. The National Autistic Society autism support workers, funded by the County Council are currently supporting fifteen people who are seeking employment or are already employed.
6. The countywide advocacy service is being re-tendered and additional resources will be available and accessible to people with autism in order to support their involvement in social care needs assessments and reviews in line with the Care Act.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

The initiatives relating to employment described in 2.6 above will enable more people with autism to access employment and contribute to the local economy.

3.2 Helping people live healthy and independent lives

Greater access to appropriate services and support will enable people with autism to lead more healthy and independent lives.

3.3 Supporting and protecting vulnerable people

The support available for people with autism described in the report offers opportunities to gain employment and develop social skills and the support of an advocate, if needed, to ensure that they are fully involved in assessment and reviews of any social care needs.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Short term investment has been agreed to provide two support workers who will extend the availability of short term, focused intervention to support people with autism to be more independent. If this is successful, longer term investment will be explored.

4.2 Statutory, Legal and Risk Implications

The autism strategy is compliant with the Care Act 2014 and the Adult Autism Strategy: Statutory Guidance 2015.

4.3 Equality and Diversity Implications

The aim of the strategy is to improve the lives of people with autism and is inclusive of all people with autism whether or not they have had a formal diagnosis.

4.4 Engagement and Consultation

There are no significant implications within this category.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health

As this report outlines, ensuring equity of access to diagnostic and support services for those with Autism Spectrum Conditions remains important. As the population within Cambridgeshire increases we expect to see an increase in prevalence of ASC (JSNA Autism, Personality Disorders and Dual Diagnosis 2014 p.39).

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: T Kelly (Adults)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes or No (NO RESPONSE) Name of Legal Officer: Lynne Owen / Kim Fairbrother
Are there any Equality and Diversity implications?	Yes Name of Officer: Claire Bruin
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Name of Officer: Claire Bruin
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Emma DeZoete

Source Documents	Location
Autism Strategy and Action Plan 2015/16 – 2018/19	Available from Lee McManus Lee.mcmanus@cambridgeshire.gov.uk 07785 721092

BETTER CARE FUND 2016/17

To: **Adults Committee**

Meeting Date: **15 September 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 an update on progress against the Better Care Fund (BCF) Plan for 2016/17**

Recommendation: **The Committee is asked to note the update on the BCF.**

<i>Officer contact:</i>	
Name:	Geoff Hinkins
Post:	Senior Integration Manager
Email:	Geoff.hinkins@cambridgeshire.gov.uk
Tel:	01223 699679

1.0 BACKGROUND

- 1.1 The Better Care Fund (BCF) creates a joint budget intended to help health and social care services work more closely together; establishing a BCF is compulsory for each Health and Wellbeing Board area. The first year of operation for the BCF was 2015/16 and in Cambridgeshire the BCF totalled £37.7 million. The BCF was formed through a reorganisation of existing funding already used to provide health, social care and housing services across the county. No new funding was provided to create the BCF.

2.0 MAIN ISSUES

- 2.1 Cambridgeshire's Better Care Fund Plan for 2016/17 was submitted on 4 May 2016. The plan has a wider scope than the 2015/16 plan, and both the Council and Clinical Commissioning Group (CCG) have included additional spending in the overall BCF budget to bring the total up to £48,464k:

	CCG (k)	County Council (k)	Other (k)	TOTAL (k)
Revenue	£41,310	£1,352	£764	£43,426
Capital		£5,038		£5,038
TOTAL	£41,310	£6,390	£764	£48,464

'Other' line relates to project funding carried forward from 2015/16. Figures have been rounded.

- 2.2 On 22 August, the Council received confirmation from NHS England that our Better Care Fund Plan has been 'assured'. This means that the plan has approval from national Government. The Council and CCG are now finalising the partnership agreement to allow the pooled budget to be established. The delay in approval of Cambridgeshire's plan followed discussions at a national level about the proportion of BCF funding that was allocated to social care in each local area's BCF budget.

- 2.3 As the BCF does not contain any new investment, a significant proportion of the fund will continue to support existing services. However, this year we have attempted to bring service budgets into the BCF where a clear benefit could be realised through aligning service budgets in health and social care. This is intended to support joint planning and monitoring of activity and outcomes in key areas across the health and care system. The BCF activity areas are described in Appendix A, together with the amount allocated. Alongside existing service spending, we are also investing in key transformation projects to support the shift that we want to see away from long-term and acute care towards care that is increasingly personalised and provided to people in their homes and communities.

- 2.4 Some of the key transformation projects include:

2.4.1 Intermediate Care Teams (non-bed based provision)

The BCF will make an investment in the intermediate tier of £650k to recruit new Integrated Care Workers (ICW). The aim is that there will be co-ordination, co-location, and co-operation between re-ablement, rehabilitation, neighbourhood teams, the Joint Emergency Team (JET), primary care, housing and the voluntary sector to make best use of the total

resources available. This funding provides for the recruitment of the integrated care workers, who will work alongside intermediate care and reablement teams, providing personal care and supporting people with daily living activities whilst liaising with therapists and clinicians. Some ICWs are now in post in the Greater Cambridge area; discussions are ongoing about the most effective deployment of this resource across the Cambridgeshire area and how to phase the full roll-out of this work. This will form part of a wider piece of work to develop and agree an integrated pathway for the intermediate tier.

2.4.2 Developing Social Prescribing

Funding of £100k will be made available to support the development of a service model for social prescribing. Social prescribing aims to increase the capacity of GPs, community health and Local Authorities by linking patients in primary care with sources of social, therapeutic and practical support in the voluntary and community sector. A Business Case has been commissioned with a pilot to commence in the Autumn.

2.4.3 Healthy Ageing and Prevention

The Healthy Ageing and Prevention Project will establish and implement preventative 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 engagement with the community. Four workstreams have been established, focusing on falls prevention; support for dementia; continence; and approaches to 'wellbeing' with the voluntary sector. Within the programme, £42.5k of BCF funding is being used to support a pilot project in St Ives, to ensure implementation of NICE guidelines for falls and improve joined up working between different community teams. The pilot includes approaches to case identification; multifactorial falls risk assessment; and linking people to appropriate falls prevention provision in the community. Lessons from the pilot will be used to establish approaches that it is intended will reduce the number of falls in the community across Cambridgeshire following evaluation.

2.4.4 Data Sharing

Data Sharing has long been highlighted as a challenge in providing integrated care. The focus of this work in 2016/17 is to support the joint priorities for delivery contained within the BCF Plan. In particular, we will focus on enabling data sharing in 'trailblazer' neighbourhood teams, who are trialling new ways of working across the county - ensuring that professionals can access each other's systems as appropriate. This includes promoting early sharing of information about people whose needs are increasing; and developing an approach to information governance that supports the above priorities. £200k of BCF investment has been agreed to support development of the project in 2016/17.

2.4.5 Older People's Accommodation Review

Our Older People's Accommodation Programme brings together partners from across the system to co-ordinate health, housing and social care agencies so our work supports older people's access to accommodation that

they want to live in, enabling them to remain independent within their community wherever possible. The programme will be supported in order to make use of specialist technical expertise during 2016/17 to inform planning for future accommodation needs. £50k of BCF investment is available to support this work during 2016/17. In particular, this is supporting a review of the countywide approach to Disabled Facilities Grant (DFG) – aiming to provide a better service and release savings by providing support earlier and encouraging people to consider whether the accommodation they are living in will be suitable for them longer term.

2.4.6 Seven Day Services

Seven day services remains a requirement for the BCF and action plans have been developed for both the Addenbrooke's and Hinchingsbrooke catchment areas. There is no explicit budget within the BCF for seven day services; it is anticipated that each organisation will meet its own costs. These action plans had been developed and monitored by 'System Resilience Groups' (SRGs) (groups responsible for planning and delivery of local services in each hospital catchment area). However, a recent national review of SRGs has led to a change of focus; officers are in discussions about the appropriate forum for taking this forward.

2.4.7 Care Home Educators

The BCF has provided resource to recruit Care Home Educators. The roles support medication reviews, improved care quality to reduce incidences of pressure sores, deep vein thrombosis (DVT), urinary tract infection (UTI), and falls. Care homes have a significant part to play in reducing UTIs and ensuring good catheter care for patients at risk of UTIs. The care home educators will support a system wide approach to reduce the number of hospital admissions relating to urinary tract infection (UTI) or blocked catheters from care homes. Investment of £113.5k has been agreed from the BCF transformation fund to support this work.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

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

3.3 Supporting and protecting vulnerable people

BCF budgets encompass a range of social care services and support that are designed to support and protect vulnerable people. Promoting more joined up care for residents across social care and health also presents opportunities to better support residents receiving care from a variety of

different services.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

4.2 Statutory, Risk and Legal Implications

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

4.3 Equality and Diversity Implications

There are no significant implications within this category

4.4 Engagement and Consultation Implications

There are no significant implications within this category.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health Implications

Better coordination of services across the health and adult social care system with focus on prevention, health promotion and empowerment and understanding the needs of local populations, keeping people well and healthy and in the community as long as possible.

SOURCE DOCUMENTS

Source Documents	Location
<i>Cambridgeshire Better Care Fund Plan</i>	2 nd Floor Octagon, Shire Hall

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Cleared by Tom Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Cleared by Suzy Edge
Are there any Equality and Diversity implications?	Cleared by Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Cleared by Simon Cobby
Are there any Localism and Local Member involvement issues?	Cleared by Charlotte Black
Have any Public Health implications been cleared by Public Health	Cleared by Angelique Mavrodaris

BCF BUDGET SERVICE AREAS

SERVICE AREA	AMOUNT*
Promoting independence: A wide range of services that provide support to people to enable them to remain living independently in their own homes. Services include the Integrated Community Equipment Service; Handyperson scheme; Home Improvement Agency; Assistive Technology and provision of the Disabled Facilities Grant	£9,343k
Intermediate Care and Re-ablement (bed and non-bed based): Short term interventions in both health and social care which support people to retain or regain their independence	£12,832k
Neighbourhood Teams: Neighbourhood teams are integrated community-based physical and mental health care teams for over 65-year olds and adults requiring community services. They work closely with GPs, primary care, social care and the third and independent sector to provide joined-up responsive, expert care and treatment	£17,049k
Carers support: Advice, information and direct support for carers	£1,850k
Voluntary sector joint commissioning: A variety of contracts held with the voluntary sector that support our goals	£2,902k
Discharge Planning and Delayed Transfers Of Care (DTOCs): Services that promote effective and timely discharge from hospitals back into the community	£1,900k
Transformation team: Investment in transformation capacity to support the transformation projects contained within the BCF plan	£300k
Transformation projects: Investment in a range of transformation projects that will support our goals	£1,402k

* Figures have been rounded

**PROPOSED CHANGES TO LOCAL HOUSING ALLOWANCE AND POTENTIAL
IMPACT ON EXTRA CARE AND OTHER TYPES OF SUPPORTED HOUSING**

To: **Adults Committee**

Meeting Date: **15 September 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 update Adults Committee on the proposed changes to Local Housing Allowance and the implications for Social Care. To propose the following actions**

- a) Raise awareness within the County Council of the financial and service risks posed by the potential change to Housing Benefit arrangements.**
- b) Identify at risk services and potential mitigating factors.**
- c) Work with other interested parties, including the City and District Councils, to communicate concerns to Department for Communities and Local Government (DCLG) with the aim of mitigating the risks outlined.**

Recommendation: **The Committee is asked to support the proposed actions set out above.**

<i>Officer contact:</i>	
Name:	Richard O'Driscoll
Post:	Head of Service Development
Email:	Richard.O'Driscoll@cambridgeshire.gov.uk
Tel:	01223 729186

1.0 BACKGROUND

- 1.1 In the 2015 Autumn Statement, the Government announced that it intended to limit the Housing Benefit payable for rent and service charges for social housing tenants living in supported housing to the relevant Local Housing Allowance (LHA) rate. The Local Housing Allowance rates are published and are based on a set formula of local market rents for the area. The amount an individual can claim is determined by an assessment of the individual's savings and income.
- 1.2 As well as the rental charge, 'property related service charges' are housing benefit eligible. These service charges typically relate to maintenance of lifts, fire equipment, security, communal furniture and communal heating and lighting charges.
- 1.3 Under the current proposals, the amount of housing benefit which a tenant could claim is proposed to be capped at LHA rates, which are usually lower than the market levels. If tenants cannot fund the full rent and service charges to the landlord, then schemes will quickly become unviable.
- 1.4 For example, a RSL (Registered Social Landlord) or private landlord can let a property to a tenant in an Extra Care (or other care scheme) with the tenant paying a rent which includes the service charge, which is based on the property costs and associated services to make the overall scheme viable. Tenants on lower incomes can claim the whole amount as Housing Benefit.
- 1.5 Therefore, the LHA cap could mean less capacity available in the market and an increased pressure on the Council to fund direct placements. As an example, if extra care schemes became unviable or unaffordable to service users with lower incomes then a greater proportion of service users would be reliant upon Council funded care. A reduction in extra care capacity would leave residential care as the only option for some residents. For placements in residential care, the Council could potentially have to fund the housing as well as the care costs directly.
- 1.6 In March 2016, the Government advised there would be a 12 month deferment of the implementation of the proposed changes. This means that tenancies which start after April 2017 will be impacted by the proposed cap with effect from April 2018. Existing tenancies will not be affected.

2.0 POTENTIAL IMPACT ON AN EXTRA CARE SCHEME

- 2.1 Using information received from some local Registered Social Landlords (RSL- Housing Associations) the potential 'gap' between the costs of provision and the housing benefit likely to be claimable will be approximately £70 per flat per week. Based on an average sized scheme with 50 flats, this would leave a funding gap of £182,000 per annum for just one scheme.
- 2.2 In Cambridgeshire, there are currently 15 extra care housing schemes with a total of 588 flats, therefore the aggregate shortfall across these schemes could be as high as £2.1m per annum. The proposed change affects new tenancies signed after April 2017 and the financial impact will be dependent upon the turnover of tenancies in a scheme. In extra care housing, turnover is on average 25-30% which means that over the course of a year in a

scheme of 50 flats around 12-15 flats may change hands.

3.0 EXTRA CARE SCHEMES UNDER DEVELOPMENT

- 3.1 There are two other extra care housing schemes in Cambridgeshire which received capital grant from the Homes & Communities Agency (HCA). A planning application for a scheme with 60 flats in Whittlesey was due to be submitted in April. However, it is currently on hold as the RSL cannot proceed with the scheme given the potential shortfall is £316,000 per annum and as such it is not financially viable. The second scheme had HCA capital grant funding awarded more recently. This scheme was to be developed in North Ely and is also now on hold pending the outcome of the Local Housing Allowance issue.
- 3.2 The Council has been advised that the National Housing Federation has set up a working group which is liaising with the Department for Communities and Local Government (DCLG) on alternative funding models and is due to report back to DCLG in September. It had been indicated that an announcement on the likely position would be made before the parliamentary recess in July. Unfortunately, the Council has since learnt this has now been delayed until the Autumn. It is not envisaged that the issue will be settled before March 2017.

4.0 POTENTIAL IMPACT FOR THE COUNTY COUNCIL

- 4.1 The draft Older People's Accommodation Strategy acknowledged that suitable accommodation is a crucial factor in preventing and delaying people's need for health and social care services. Whilst the vast majority of older people are owner occupiers and will never move into extra care housing or residential care, it is important for a range of options to be available, particularly where there are capacity problems in the home care and residential care market.

5.0 WIDER IMPACT ON SUPPORTED HOUSING

- 5.1 This paper focuses primarily on extra care housing but the proposed changes will also impact on the viability of other types of supported housing. The Council has contracts with a range of organisations which provide supported housing for people with mental health problems and people with learning disabilities.
- 5.2 There are over 400 units of supported accommodation for people with mental health problems, and the aim of these services is to provide support to develop people's living skills, develop links with the community and gain access to education and employment. The services are generally short term in that service users may live in them for up to two years, although the average stay is around 18 months.
- 5.3 The Council has contacted a range of organisations to ascertain the potential impact of the national policy change. There are around 230 units of accommodation across the county and the financial impact for those units is just under £1.5m per annum. So this is a risk to the future availability and viability of the independent sector.

- 5.4 Other client groups potentially affected would include people with learning disabilities. There are between 350 – 400 units of supported housing across the County. It is estimated that the potential gap will be £50 per unit per week. However, the turnover of tenancies tends to be very low, with only about 25 changes per year, which equates to a turnover of 6-7%. In year one, the impact would be in the region of £65,000 but the impact would increase year on year.

6.0 OPTIONS FOR REGISTERED SOCIAL LANDLORDS

- 6.1 Unless a long term viable option is found, Registered Social Landlords will be forced to review other options for these schemes, which might include:

- Letting properties to more affluent self-funders (possible in some extra care schemes but not all).
- Change the use of the scheme – converting to general needs flats.
- Close the scheme and sell the building.

7.0 IMPLICATIONS

- 7.1 Many of these services provide support to vulnerable people with complex needs and reduce the need for statutory services from health and social care. In financial terms, using the information gained from RSLs to date, the total impact across the system of the proposed change for supported housing for services commissioned by the Council will lead to a cumulative funding gap of more than £4.5m per annum. This funding gap will impact on RSLs, care and support providers, commissioners and individuals.

- 7.2 The following pressure will be registered through the Council's Business Planning process to reflect the potential implications for the County Council:

2017-18	2018-19	2019-20	2020-21	2021-22
--	£375K	£412K	£221K	£199K

- 7.3 This is a cautious estimate based on the rate of turnover of tenancies amongst the different client groups impacted and appraisal of the impact reaching the County Council. Costs could increase for the Council as a result of:

- Withdrawal of lower cost forms of care and accommodation if the schemes referred to become unviable.
- Additional support costs for individuals being directly funded by the Council through increases to support plans.

- 7.4 While potential alternative funding models are being examined, it remains unclear as to whether any formula proposed by DCLG would include provision for new supported housing, including extra care housing schemes.

8.0 RECOMMENDATION

- 8.1 This report highlights the potential financial impact of the proposed intention to limit the housing benefit payable to the Local Housing Allowance rate. Whilst the Council is aware that the National Housing Federation has set up a

working group to examine alternative funding models, no information has been circulated to local authorities.

8.2 In order for the Council to fully assess the impact of the proposed changes, it is proposed that the issue is raised across the Council so that the full financial implications can be calculated. Once at risk services have been identified this will enable an analysis to be carried out and identify mitigating factors.

8.3 Finally, it is recommended that the Council liaises with ADASS (Association of Directors of Adult Social Services), the City and District Councils and DCLG to raise the profile of this issue. Whilst this report has focussed on existing services it is far from clear how this will affect new services, for example extra care schemes being planned.

9.0 ALIGNMENT WITH CORPORATE PRIORITIES

9.1 Developing the local economy for the benefit of all

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

- If planned schemes are not progressed this would have an adverse effect upon construction opportunities.
- If supported housing schemes were no longer financially viable and closed, then this would reduce employment opportunities both within the schemes and for ancillary services.

9.2 Helping people live healthy and independent lives

9.2.1 The following sets out details of implications identified by officers:

- All supported housing schemes including extra care, support people to live independently and to access appropriate services to enable them to live healthily.

9.3 Supporting and protecting vulnerable people

9.3.1 The report above sets out the implications for this priority in paragraphs 4.1 and 5.2.

10.0 SIGNIFICANT IMPLICATIONS

10.1 Resource Implications

10.1.1 The purpose of this report is to set out the risks associated with this policy change and the possible financial implications are set out in detail in paragraphs 7.1, 7.2 and 7.3.

10.2 Statutory, Risk and Legal Implications

10.2.1 There are no significant implications within this category.

10.3 Equality and Diversity Implications

10.3.1 If supported housing schemes were closed then this would limit the options for supported accommodation for older people as well as those with physical

and mental health impairments.

10.4 Engagement and Consultation Implications

10.4.1 There are no significant implications within this category.

10.5 Localism and Local Member Involvement

10.5.1 There are no significant implications within this category.

10.6 Public Health Implications

10.6.1 A reduction in extra care housing will potentially reduce the options for older people who want to live more independently. Supported housing for other client groups, including people with mental health problems is combined with a range of support services to develop living skills, link with the community and gain access to education and employment with the aim to enable people to live independently.

10.6.2 The following sets out details of significant implications identified by officers which will be adversely affected if supported housing becomes financially unviable:

- Priority 2 of the Cambridgeshire Health & Wellbeing Strategy 2012-17 to 'support older people to be independent, safe and well'.
- Priority 4 'Create a safe environment and help to build strong communities, wellbeing and mental health'.
- Priority 6, 'Work together effectively'.

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

Source Documents	Location
Draft Older Peoples Accommodation Strategy. V5. 19.01.05	Cambridgeshire Older People Accommodation Strategy v0 5.docx

TRANSFORMING LIVES

To: **Adults Committee**

Meeting Date: **15 September 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 information on the impact of the Transforming Lives Programme for different groups of service users**

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

<i>Officer contact:</i>	
Name:	Claire Bruin
Post:	Service Director: Adult Social Care
Email:	claire.bruin@cambridgeshire.gov.uk
Tel:	01223 715665

1.0 BACKGROUND

- 1.1 On 17 May 2016, a paper on understanding the impact of Transforming Lives was presented to the Adults Committee¹. The paper presented an analysis of the difference in committed cost between Disability Services and Learning Disability Partnership service users who had a Transforming Lives case note on their record, and those who did not. It also presented an analysis of the outcomes experienced by a sample of service users who had received intensive Transforming Lives support.
- 1.2 The Committee requested that further information about the impact of the Transforming Lives Programme be presented regularly to the Committee and that this should encompass information on all service user groups. In particular the Committee asked for a focus on the outcomes, savings and service user experiences driven specifically the by the Transforming Lives Programmes.

2.0 OUTLINE OF THE REPORT

- 2.1 This report divides the assessment of Transforming Lives progress into several areas, each based on a major area of transformation currently in progress. These are the criteria by which we intend to understand how well Transforming Lives is progressing from this point forwards. This information suite, and subsequent updates to it, should be viewed alongside the regular financial monitoring information provided to committee through the Budgetary Control Report to understand the total impact of the programme.
- 2.2 Section 3 describes the use of Transforming Lives case notes as a way of understanding how much of total practice we can specifically identify as being aligned with the model. This allows us to monitor the roll-out and compare outcomes between those services users supported under the new model and those still being supported under the previous arrangements.
- 2.3 Section 4 provides a set of information regarding transformed activity in Older People Service's and Mental Health (OPMH), driven through the Transforming Lives Programme. It highlights the new Adult Early Help Team and Reablement as key elements of the Transforming Lives approach to responding to need and diverting from traditional 'formal' care services. In addition, it includes reports from Occupational Therapy and the Double Up Team.
- 2.4 Section 5 covers how we have sought to embed the Transforming Lives Programme and outcomes in our commissioning of external provider services – demonstrating how the programme is influencing all care provision, not just that directly provided by Local Authority teams.
- 2.5 Section 6 shows tracking activity in Multi-Agency Safeguarding Hub (MASH) – a key part of transformation at the front door has been to develop the MASH to undertake a triage function and where there are safeguarding concerns to respond, make initial enquiries and undertake some safeguarding investigations, only passing the more complex situations through to locality teams.
- 2.6 Section 7 shows an initial set of outcomes data – comparing the returns to the ASC

¹ Understanding the impact of Transforming Lives in 2016-16 – 17 May 2016 Adults Committee paper: <http://tinyurl.com/graojul>

service user feedback survey of people who have been supported under the Transforming Lives methodology to those who have not – and assessing differences in outcomes and experiences for the two groups. This analysis will be repeated in more depth once a greater proportion of our casework is recorded as being part of the Transforming Lives model.

- 2.7 Section 8 covers data around the provision of information and advice in line with Transforming Lives at Tier One (helping people to help themselves).
- 2.8 Section 9 provides information around the provision of community equipment in order for people to remain safe and well in their own homes and live as independently as possible.

3.0 TRACKING ACTIVITY THROUGH TRANSFORMING LIVES CASE NOTES

- 3.1 One of the key areas for discussion with the Committee has been the extent to which the Transforming Lives approach has been rolled out across service user groups. In Disability Services (DS) and Learning Disability Partnership (LDP), all staff are able to use a specific type of case note to identify when they are recording information about work they have done with a service user which is based on Transforming Lives principles. This information is collected regularly and reported via the Adult Social Care Performance Dashboards. The tables below show the number of Transforming Lives case notes recorded in the LDP and Disability Services respectively since April 2016.
- 3.2 The chart below shows an increasing proportion of cases being highlighted through the case note as having been worked within the Transforming Lives model. In particular, it evidences an increasing number of Tier 1 contacts with people with physical and learning disabilities, where the provision of information and advice are being used to help people meet their own needs. Clearly we have further to go in achieving full roll out and as the proportion of Transforming Lives cases increases, we expect to see greater impacts on outcomes and finances. A larger sample size will also bring greater statistical rigour to our analysis of the impact of the programme.

3.3 Learning Disability Service Users

Case Note Type	Apr	May	Jun	Jul
Non-TL type with TL outcome	12	137	131	46
TI - Tier 1 Conversation	45	164	242	638
TI - Tier 2 Conversation	26	57	76	100
TI - Tier 2 Review Conversation	3	6	12	9
Total	86	364	461	793

3.4 Physical Disability Services Users

Case Note Type	Apr	May	Jun	Jul
Non-TL type with TL outcome	9	7	7	3
TI - Tier 1 Conversation	12	21	22	57
TI - Tier 2 Conversation	22	23	25	18
TI - Tier 2 Review Conversation	1	4	1	
Total	44	55	55	78

- 3.5 In Older People's Services the number of service users is much greater and recording is not yet focussed specifically on capturing and labelling actions as being

undertaken on a Transforming Lives basis. At present recording demonstrates that many actions being undertaken that are aligned with the TL model – for example, capturing the provision of information and advice or the use of assistive technology to enable independence, but does not specifically label them as ‘Transforming Lives’. This does not yet enable us to report management information about the proportion of work which is aligned with the model. The Programme Board will consider how to change recording practice to allow us to capture this impact for Older People’s Services.

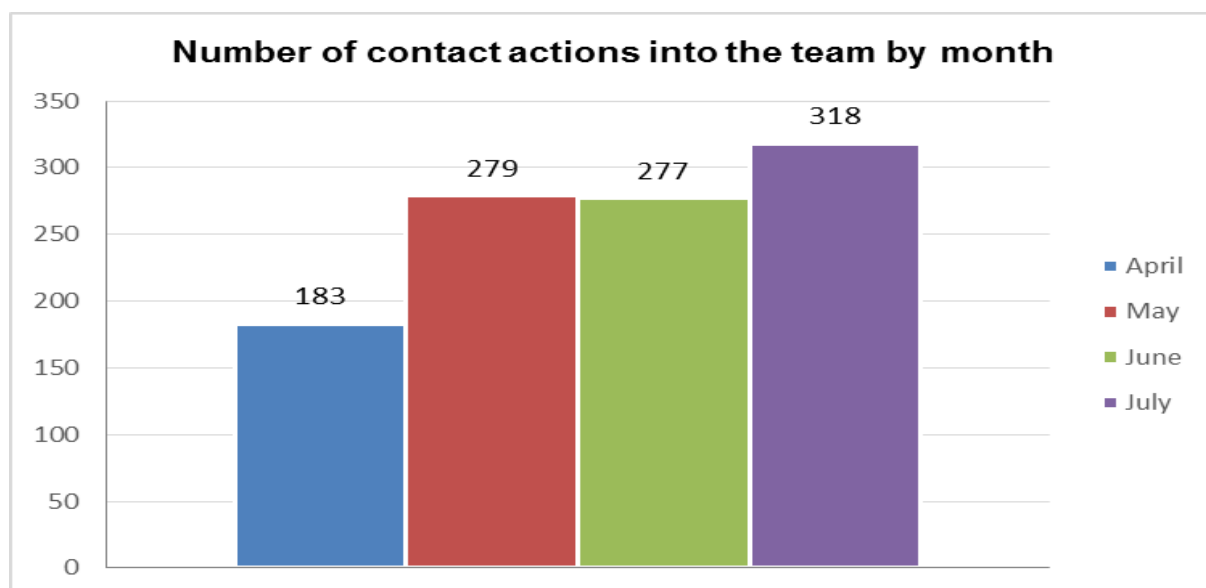
4.0 TRACKING ACTIVITY IN OLDER PEOPLE’S SERVICES

4.1 Adult Early Help

4.1.1 The new Adult Early Help Team is a central element of the Transforming Lives model for Older People’s Services. The intention is to provide enhanced early intervention support which makes best use of natural support, community support and preventative interventions and so reduces the number of people requiring Tier 3 support from the local authority. It is also hoped that establishing a new early help offer will reduce the number of referrals and contacts being handled by the locality teams, thereby freeing them up to dedicate the necessary capacity to the longer term and more complex cases at Tier 3.

4.1.2 The service began operation in April 2016 and has been gradually increasing the number of referrals it takes as the new arrangements have developed. We are still in the early stages of roll-out and at this point, we need to treat the impact we are seeing in the data with some caution and expect further changes in patterns as the service embeds in the coming months. Nevertheless, we have begun to see encouraging signs that Early Help is proving successful within the Transforming Lives model. Appendix 1 shows the most recent performance report for Adult Early Help, key points are below.

4.1.3 We can see an upwards trends in the number of cases Early Help is dealing with each month as the team is becoming established.

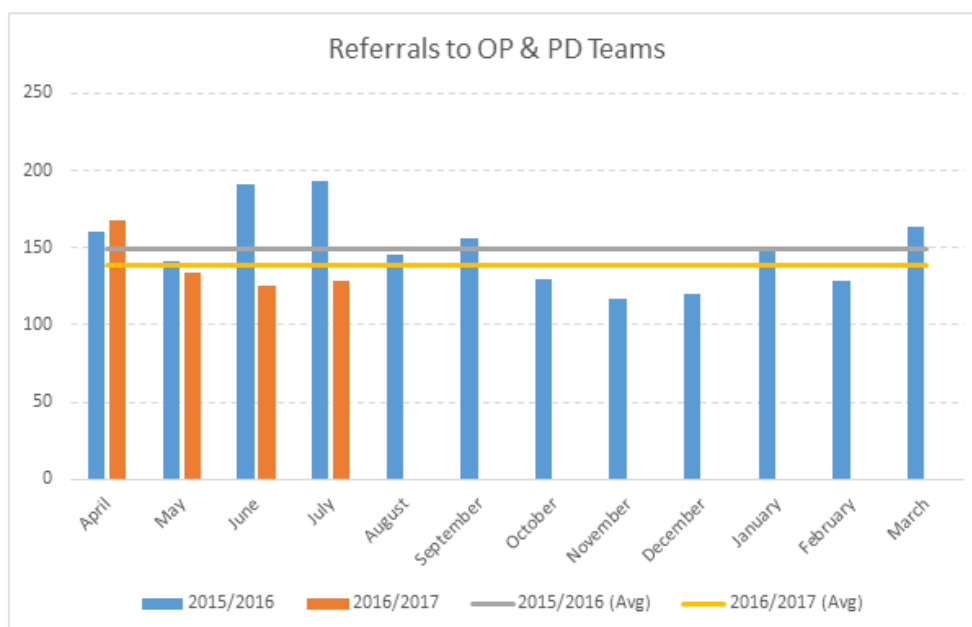


4.1.4 By monitoring the outcome after the Early Help involvement, we can see that a considerable proportion of cases are being diverted away from the locality teams through the use of either a Community Action Plan (around 15%) or the provision

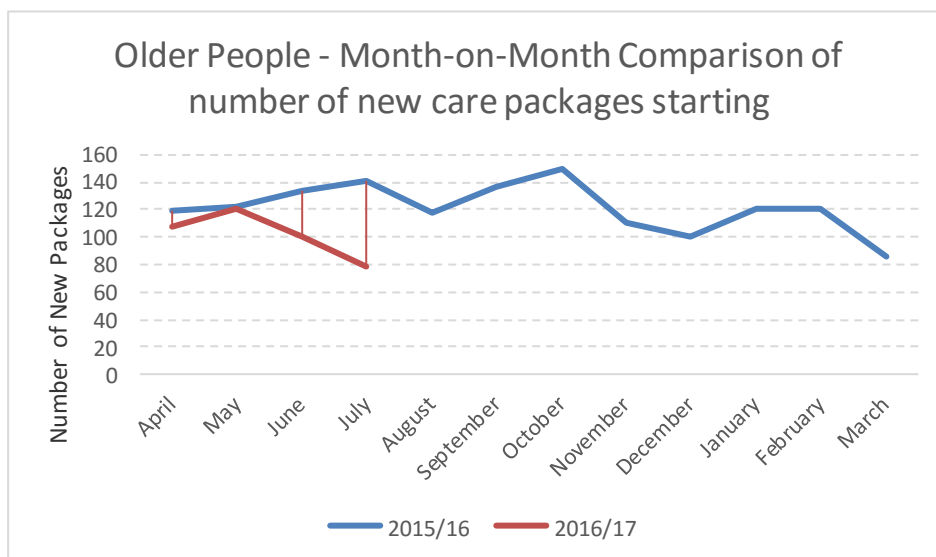
of Tier 1 services (around 50%), with only a comparatively small proportion (23%) being passed through to locality teams for assessment for care. Performance is somewhat less good in July due to some staffing and operational issues, but overall these diversion rates are positive and broadly in line with the impact we hoped to see.

Adult Early Help Team	Apr	May	Jun	Jul
Number of Contact Actions received by AEH Team	183	279	277	318
Community Action Plans (CAPs) completed	38	37	51	43
Contacts resulting in Tier 1 Services only	88	158	140	140
Contacts referred directly on to long-term care	30	54	65	107

- 4.1.5 If we compare the monthly number of referrals to locality teams since the introduction of Early Help to the rates last year, we can see that there has been a significant decrease.



- 4.1.6 This decrease in referrals is helping the teams mitigate existing workload pressures and, if sustained, will help us address the waiting lists and backlogs for assessment and care. We have already begun to see this impact with the latest waiting list information showing only a handful of waiting cases in the Hunts and Fenland areas and the lowest levels for several years in the East (9 cases) and City and South (42).
- 4.1.7 Ultimately, the key objective of Early Help is to allow more people to be supported without recourse to a formal care package. Looking at the number of new packages being opened in locality teams per month, again we can see that the early data from the first few months of Early Help operation indicates lower levels than in previous years. It is too early to be confident that this trend will be sustained but if it were to continue, this would evidence the impact on outcomes and financial spend that we hoped to achieve as part of the business case for investment in Early Help.



- 4.1.8 These downward trends in new referrals and cases coming into care services appear to be starting to translate into a reduction in the total number of open cases in Older People's Services which is also decreasing despite the annual growth in the number of older people in Cambridgeshire. Again this is the outcome we hoped for under Transforming Lives, with people's need being met without a Tier 3 care provision. As well as the general downward trend, there is a particularly noticeable reduction in the number and proportion of people in residential care provision. This points towards success in the goal of Transforming Lives to help people to remain living independently within their own homes and communities for longer, even where they do require longer term local authority help. We have not yet seen any reduction in the number of people requiring nursing care, which is what we might expect.

Existing Services Users with a Care Package		Apr	May	Jun	Jul
Composition of Care	Community Based	2823	2814	2771	2761
	Residential Care	920	904	888	894
	Nursing Care	461	464	459	465

4.2 Reablement

- 4.2.1 The Reablement Service is another key element of the delivery of Transforming Lives for older people and works to help older people retain and regain their independence after periods of hospital care, or after an initial crisis or escalation of their needs and frailty. Broadly, the intention is to work with all those who have the potential to benefit from the service and then to achieve Independence. The figures below show the service continuing to achieve strong performance in the proportion of people receiving help who are supported to independence (54.6% in July) and reduced care need (a further 8.2%).

Reablement	Apr	May	Jun	Jul
% of people finishing a RBT episode as independent	55.2%	53.3%	52.7%	54.6%
% of people finishing an RBT episode with a reduction	9.4%	9.1%	8.9%	8.2%
Cumulative % of "reablement" hours delivered*	60.2%	59.3%	59.0%	60.2%

Cumulative % of "mainstream" hours delivered*	21.7%	22.9%	23.7%	22.8%
Cumulative % of "end of life" hours delivered*	1.2%	1.3%	1.4%	1.2%
Cumulative % of "supported recovery" hours delivered*	10.5%	10.3%	9.8%	9.8%
Cumulative % of "admission avoidance" hours delivered*.	5.9%	5.7%	5.3%	4.8%
Median length of stay in reablement in weeks	2.4	2.3	2.3	2.0

4.2.2 However, the data also shows us that the service's capacity to reable people continues to be constrained by cases in which people have higher levels of need and are not in a position to be 'reabled'. This is shown in the breakdown of hours below, with the biggest problem being that more than 20% of cases which are recognised as mainstream care - cases where the scope for reablement is now exhausted and the person needs ongoing homecare, but the capacity does not exist in the homecare market meaning that Reablement continues to deliver the home visits. We have recently recommissioned our block homecare contracts to offer a new Home-Based Transition Service with the aim of offering a follow-on homecare service for cases ending Reablement Support. This new service has only recently commenced and we hope to see the proportion of Reablement capacity used on mainstream homecare reducing from this point. There are also elements of Reablement capacity being used to provide for people whose needs are predominantly health related rather than social care – those coded as 'supported recovery, admission avoidance and end of life'. We are working to re-route these referrals through our partnership work with health colleagues. In particular, the investment through the Better Care Fund in new Intermediate Care Workers (ICWs) will provide an alternative which will hopefully release Reablement capacity.

4.2.3 The service continues to have some difficulties in filling all vacant posts which presents a further challenge to offering the Reablement support to everyone we would like to. Those challenges, coupled with the difficulty in freeing capacity described above, means we not yet been able to substantially increase the absolute number of people going through the service and receiving the help they need to be as independent as possible. So far in 2016/17 we have actually 'reabled' slightly fewer people than in the equivalent period the previous year. We believe that if we can address the capacity challenges, there is the potential for the service to work with substantially more people in future. If we could free up capacity we would want to focus this on people with emerging needs in communities and this will make a significant contribution to the Transforming Lives goals around enabling and community based care.

4.3 Occupational Therapy

4.3.1 The integrated Occupational Therapy (OT) Service for Cambridgeshire is provided by CPFT and delivers both health and social care interventions to adults across the County. The primary focus has been on the delivery of interventions that delay or prevent the need for long term care, in line with the aims of Transforming Lives and the requirements of the Care Act.

4.3.2 The OT service operates a duty function which enables them to respond quickly and contribute towards admission avoidance and prevention of escalation. This service also provides an information, advice and signposting function as well as determining the prioritisation of need. Through the work of the Occupational Therapy Task and Finish Group and Neighbourhood Team (NT), the management

of waiting times has been under closer scrutiny. Waiting times are currently reported to be an average of 4.5 weeks across the County (as of 12 July 2016) which is the best performance we have seen since the service was transferred.

4.3.3 A key output from the Task and Finish Group was to gather evidence to support the perceived benefit of OT interventions in terms of outcomes for Social Care. An audit of 46 cases was carried out and showed that 70% of cases did not have a domiciliary care package in place, suggesting that referrals to OT and the resulting OT interventions are delaying and preventing the need for long term care. 30% of the cases did have a care package in place and in some of these cases it was the OT's view that these care packages could be reduced. Closer working with Social Care Teams will ensure that these cases are picked up through initiatives such as joint reviews with CCC's Older People's Locality Teams. In all 46 cases reviewed, the client's agreed outcomes were achieved – further detail, including case studies are available on request.

4.3.4 Building on the evidence of effective early intervention by Occupational Therapy, the Council has also ensured an Occupational Therapy presence in its new Adult Early Help Team. The role is solution focussed, and aimed at avoiding costly care packages.

4.3.5 In addition to the main Occupational Therapy Service, the County Council has a dedicated and directly employed OT Double-Up Team which undertakes reviews of adult service users who have complex moving and handling needs. The team aim to reduce existing double-up packages of care to single-handed care, or prevent single-handed care packages being increased to double-up.

4.3.6 The work of this team has delivered:

- Improved quality of life, dignity and well-being for service users and promotion of as much independence as possible for people who, otherwise, are very dependent on help and have very complex needs.
- 43% of service users report that their pain or discomfort has been reduced as the result of using alternative equipment.
- Existing double-up care packages reduced to single-handed care in 50% of cases - for some, or all, of the care calls.
- Weekly domiciliary care hours saved in 2015/16: 1388 (full year effect).
- Particular success in situations where people have live-in carers, who may have been joined by a second carer for some calls.

4.3.7 The financial outcomes have been;

Year	Domiciliary Care Savings, including avoided costs (actual)	Domiciliary Care Savings, including avoided costs (full year effect)
2014 - 15	£328K	£671K
2015 -16	£464K	£1.1m
2016 -17 to date	£466K	£505K

4.3.8 This represents considerable success, closely aligned with the Transforming Lives agenda. However, it should be noted that the absolute number of service users requiring double-up support is static, suggesting that without the double-up team this would be an increasing pressure and referrals for double-up care are increasing. Future projects for the Double-Up Team will include a focus on

Double-Ups	Apr	May	Jun	Jul
Number of service users with open double up packages	272	272	277	282
% Scheduled visits that are Double-Up	15.7%	15.1%	15.7%	16.1%
% Clients with scheduled visits that are Double-Up	12.5%	12.5%	12.8%	13.1%

5.0 EMBEDDING TRANSFORMING LIVES IN COMMISSIONING

- 5.1 The County Council commissions a wide range of services that support Transforming Lives: Healthy Ageing, Resilient Communities, Early Help and Carers. These services predominantly fit within Tier 1 and 2 (majority within Tier 2) of the Transforming Lives Strategy.
- 5.2 Each contract or grant requires the provider to deliver outcomes in line with the Transforming Live Strategy that support people to remain living independently in their own homes.
- 5.3 Examples of external contracts which have Transforming Lives principles embedded within them include:
- The Community Navigator service contract includes the provision of information and advice to people in a crisis situation – ensuring they receive the immediate support they need. This may be providing a volunteer to do their shopping and collect medication, or linking them with community activities in their own community, like a community car scheme.
 - Disability Services regularly provide the support to people with a new or longstanding condition so, for example, a person who's sight has been significantly impaired will be provided with both practical and emotional support that will enable them to continue living in their own home.
 - A range of Mental Health service contracts work alongside the clinical/therapeutic help from CPFT and the recovery pathway – for example, assisting people back into employment and providing the emotional and practical support needed for each individual living with a mental health illness.
 - The Carers Trust contract provides support for carers to help them to continue to provide care, for example, a support helpline and the coordination of contingency plans in case of an emergency (known as 'what if plans').

6.0 TRACKING ACTIVITY IN MASH

- 6.1 As part of the Transforming Lives Programme, we have made changes to the pathway for safeguarding referrals with the development of the Adult Social Care team within the MASH. The new arrangements offer a co-ordinated, timely and consistent multi-agency response to new safeguarding concerns and an improved 'journey' for the adult at risk, with a greater emphasis on early intervention where harm has or is likely to occur. The MASH went live in April 2016 and under this new arrangement, all safeguarding referrals are now routed through the MASH rather than going straight to the teams.
- 6.2 A dashboard describing activity is below

Cambridgeshire CC Total	Apr-16	May-16	Jun-16	Jul-16	YTD	
TOTAL REFRRALS RECEIVED (MASH Go-live 18/04/2016)						
Total referrals received	467	665	782	729	2,643	
Risk Level (started 01/05/2016)						
0 - Does <u>not</u> meet SG criteria	0	486	583	568	1,637	75.2%
1 - Low level SG concern	0	126	126	91	343	15.8%
2 - Medium level SG concern	0	41	57	45	143	6.6%
3 - High level SG concern	0	11	15	24	50	2.3%
4 - High, organisational/large scale	0	1	1	1	3	0.1%
ACTION TAKEN						
Case management-Ambulance	1	0	1	0	2	0.1%
Case management - Early Help	13	18	22	14	67	2.5%
Case management - Fire	0	0	0	1	1	0.0%
Case management - Health	21	18	17	18	74	2.8%
Case management - MHT	17	37	30	27	111	4.2%
Case management - Other LA	3	1	0	6	10	0.4%
Case management - Police	0	1	7	1	9	0.3%
Case management - Team	144	218	253	226	841	31.8%
Information only	29	40	91	98	258	9.8%
NFA	100	140	110	87	437	16.5%
s42-MASH	52	79	68	32	231	8.7%
s42-Other	1	1	2	4	8	0.3%
s42-Team	24	30	86	86	226	8.6%
Safeguarding advice	21	34	46	62	163	6.2%
Soft concern	13	19	31	60	123	4.7%
Tier 1	25	19	15	6	65	2.5%
Tier 2	3	10	3	1	17	0.6%

- 6.3 The July 2016 data shows 31.8% of cases being referred to locality teams and a further 8.6% of cases going to teams to carry out a Section 42 enquiry. The requirement to carry out safeguarding enquiries is a new duty set out in Section 42 of the Care Act 2014. This activity information shows that nearly 60% of cases are being handled by the MASH, thereby reducing the workload in teams substantially. The capacity released can be reinvested in the social work practice and outcomes we want to see in the Transforming Lives programme.

7.0 OUTCOMES

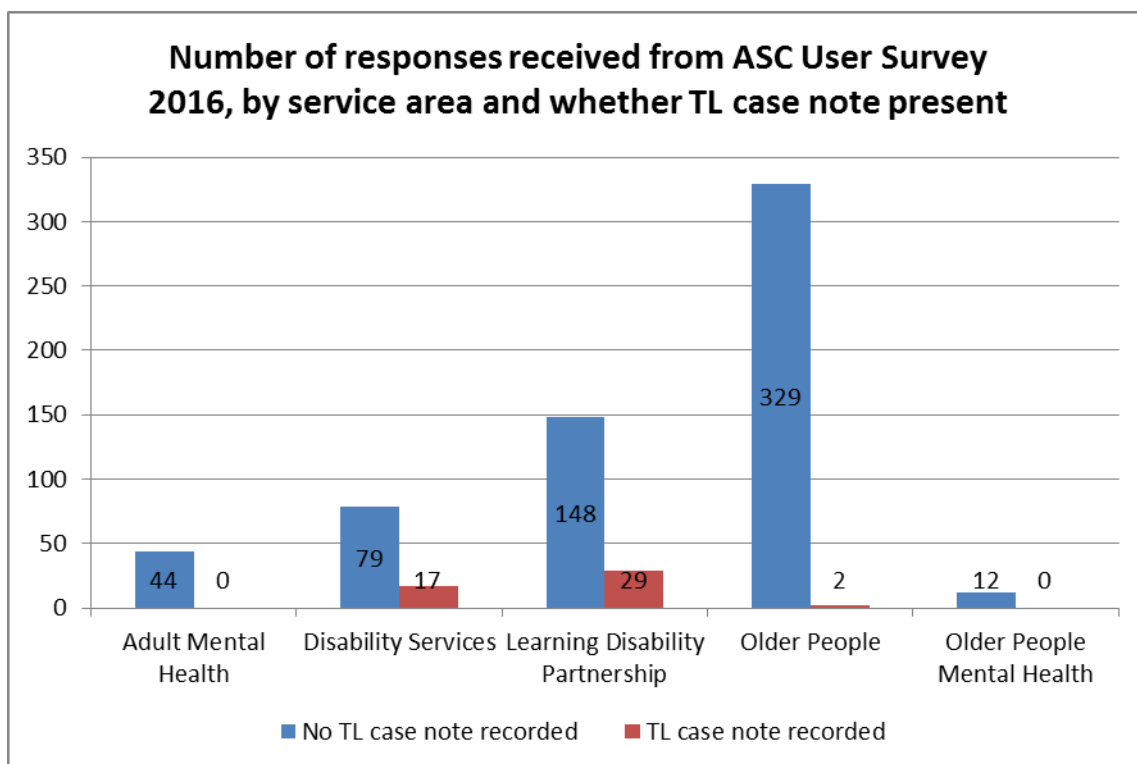
- 7.1 The Adult Social Care Service User Survey is conducted every year. This is a survey designed by the Department of Health which all local authorities with responsibility for adult social care are required to run. The questions included in the survey are helpful because they are standardised and a longer term series of results is now developing. Transforming Lives seeks to promote four outcomes – choice, control, independence and well-being. The questions have been reviewed and the following questions are in these areas specifically:

Area	Questions
Choice	<p>Q.9a Which of the following statements best describes how you spend your time?</p> <p>Statements:</p> <ol style="list-style-type: none"> 1. I'm able to spend my time as I want, doing things I value or enjoy 2. I'm able to do enough of the things I value or enjoy with my time 3. I do some of the things I value or enjoy with my time but not enough 4. I don't do anything I value or enjoy with my time
Control	<p>Q.3a Which of the following statements best describes how much control you have over your daily life?</p> <ol style="list-style-type: none"> 1. I have as much control over my daily life as I want 2. I have adequate control over my daily life 3. I have some control over my daily life but not enough

	4. I have no control over my daily life
Independence	<p>Q. 15 1 I can do this easily by myself / 2 I have difficulty doing this myself / 3 I can't do this by myself</p> <ul style="list-style-type: none"> Do you usually manage to get around indoors (except steps) by yourself? Do you usually deal with finances and paperwork - for example, paying bills, writing letters - by yourself? <p>Q.18 Thinking about getting around outside of your home, which of the following statements best describes your present situation?</p> <p>Statements:</p> <ol style="list-style-type: none"> I can get to all places in my local area that I want At times I find it difficult to get to all the places in my local area that I want I am unable to get to all the places in my local area that I want I do not leave my home
Wellbeing	<p>Q.2a Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?</p> <ol style="list-style-type: none"> So good, it could not be better Very good Good Alright Bad Very bad So bad, it could not be worse <p>Q.8a. Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?</p> <ol style="list-style-type: none"> I have as much social contact as I want with people I like I have adequate social contact with people I have some social contact with people, but not enough I have little social contact with people and feel socially isolated

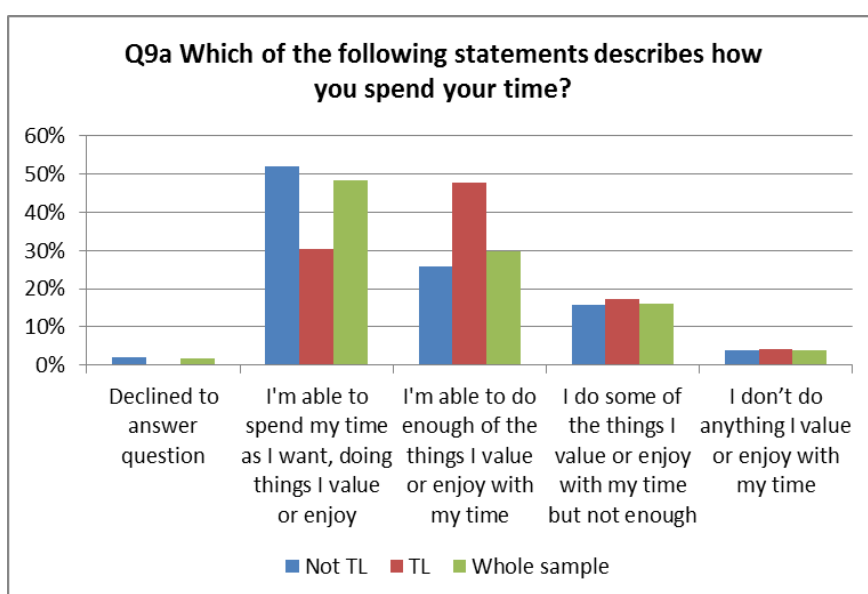
7.2 By using a Transforming Lives case note on someone's record, respondents to the questionnaire can be divided into a group of people who have been supported in a Transforming Lives way, and a group who have not. This methodology follows the way a 'treatment' and a 'control' group were defined in the previous paper on Transforming Lives evaluation.

7.3 In the sample of responses received, there are many more people who have a Transforming Lives case note in the Disability Services and Learning Disability Partnership service areas. Furthermore, there are many more responses from within the Older People's Service area (reflecting the relative differences in the number of service users). Therefore, the analysis below focuses on the Disability Services and Learning Disability Partnership in order to avoid introducing bias into the results.

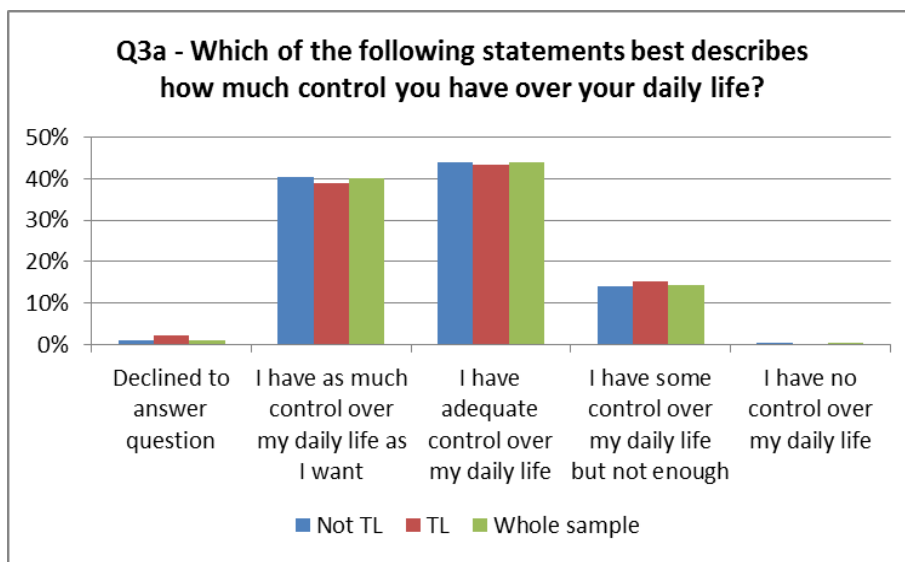


7.4 The charts below show the initial comparisons of responses from the Transforming Lives and non-Transforming Lives samples. At this stage the sample size of service users specifically recorded as being supported under transforming lives is comparatively small and we should therefore be cautious about drawing firm conclusions from the data. As the sample increases we will be able to monitor these identified differences between the feedback from people receiving the new approach and those supported under the previous approach – and test whether clear patterns and trends are emerging. This can be provided in future reports to the Committee

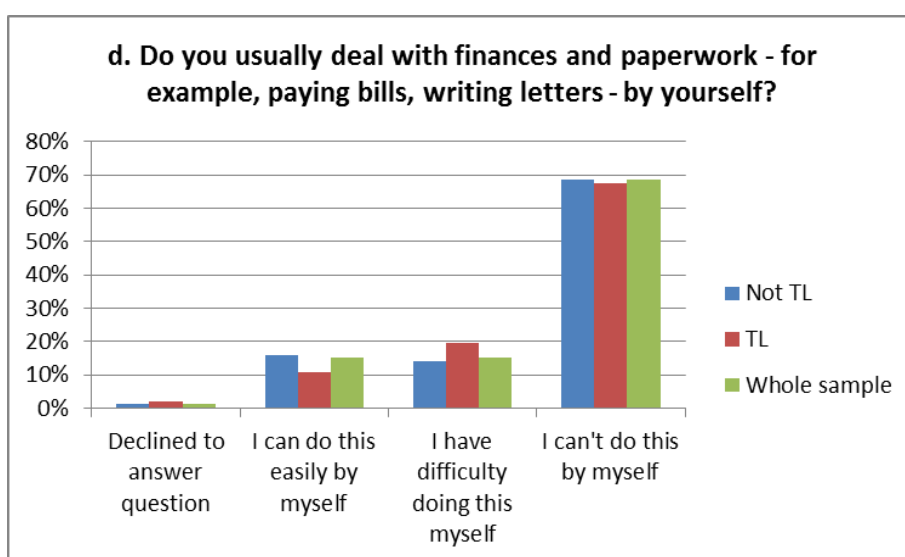
7.5 Choice

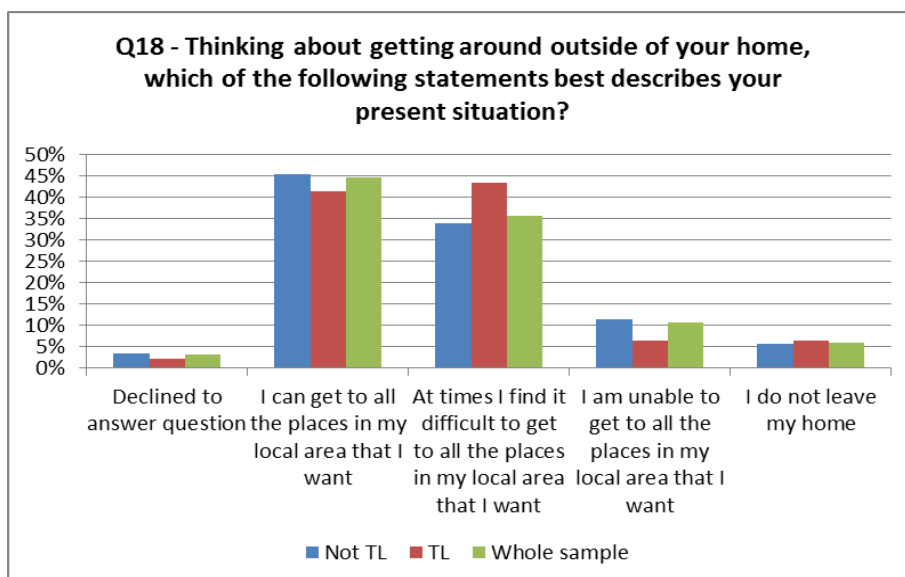


7.6 Control

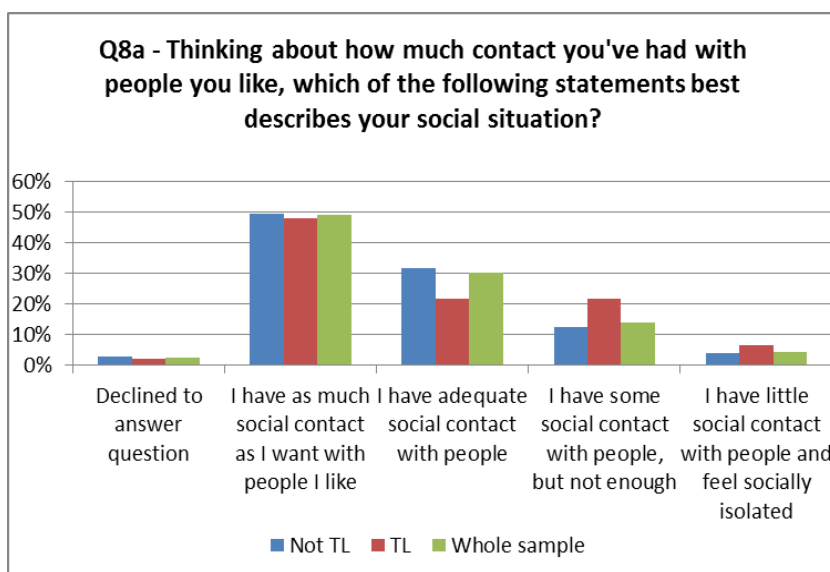
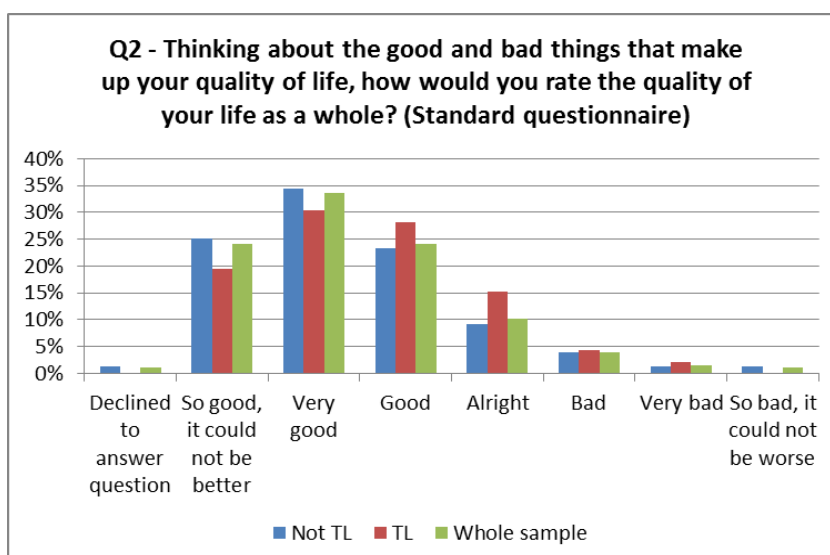


7.7 Independence





7.8 Wellbeing



7.9 Overall, the outcomes experienced by the TL group do not differ substantially from the non TL cohort – they tend to be the same pattern of results, with roughly the

same proportions of people answering similarly across the different cohorts. The results are often more polarised for the TL group – where a high proportion of people tend to agree with a statement, it is a larger proportion of people in the TL cohort, vice versa for lower proportions.

- 7.10 There are some outcome areas where there are notable differences. For the questions around 'choice' a smaller proportion of people agreed with the statement 'I am able to spend my time as I want, doing things I value and enjoy' than the average of the non-TL cohort. Whereas in 'wellbeing', a larger proportion of people supported under TL agreed with the statement that their quality of life was 'so good, it could not be better'.
- 7.11 Building on this initial analysis of questionnaire returns, a specific outcomes assessment tool will be developed that is based on these questions but also includes information from quality assurance audits and feedback from service users. The outcomes assessment tool will also include collection of data about the costs of each package in the sample. A systematic programme of these tests will allow a structured and consistent way of reporting outcomes.

8.0 HELPING PEOPLE TO FIND INFORMATION AND ADVICE

- 8.1 Tier 1 of Transforming Lives is about 'help to help yourself – information, guidance and signposting'. For the period April – July 2016, the Adults and Older People's section of the Cambridgeshire County Council (CCC) website had 58,974 page views. This includes use made by the public as well as our staff and those in partner agencies. Most hits were to the 'care and support' section (this includes content on the support available for carers), followed by the 'working together' section. This section provides content on areas such as policies, procedures, strategies and is aimed at staff and partners. The next highest number of page views were to the 'living at home' section and 'getting out and about'.
- 8.2 The data is also showing that more people are finding their way directly to the information they need as there are fewer page views of the general landing pages and more hits on the content pages. This reflects that search engines like Google are now more intuitive to our site and help people find things more directly as well as the impact of CCC's social media campaigns (e.g. around Reach Out, worried about trips and falls).
- 8.3 For some people, hard copy materials are necessary for them to access information. A small range of hard copy materials are printed each year. The Care and Support Services Guide 2016 is available in January each year and is our comprehensive offline guide. This year demand has increased and around 10,000 copies are already in use.

9.0 COMMUNITY EQUIPMENT INTERVENTIONS

- 8.1 In line with the Transforming Lives Strategy, we want people to remain safe, well and live independently for as long as possible. The provision of equipment is one way in which we can help people to do this. NRS Safe & Well (www.safeandwell.co.uk/cambridgeshire) is the means by which we help people to choose daily living aids, or guide people to other local services which may help to make their life easier at home.
- 9.2 Information and advice is provided by NRS's Occupational Therapist. For the six months (1 February 2016 – 31 July 2016) the OT completed 82 telephone

contacts and 12 home assessments for people who wished to purchase their own equipment. The telephone contacts are a mixture of full telephone assessments, taking people through all activities of daily living and highlighting where they have problems and what equipment/technology might help, through to brief calls about specific functional difficulties and offering advice as to suitable equipment that might help. The home visits have involved the OT assessing a range of needs including equipment provision but also assessment for housing adaptations (ramps, stair lifts, etc).

9.3 The OT has built links with local retailers so that he can direct people to their nearest or most appropriate shop/website to purchase equipment. The OT identifies when someone might be vulnerable and eligible for statutory services and makes the necessary onward referrals. The OT offers to send out leaflets and puts people in touch with voluntary sector organisations such as Age UK, Handyperson Service for example.

9.4 Some of the headlines from the Integrated Community Equipment Service (ICES) provided by NRS include:

- The ICES provides a service to an average of 5,000 adult service users per month
- On-time delivery performance remains on target
- The ICES pooled budget is due to achieve a balanced position at year end
- The recycling rate (by value of equipment) has increased from 83% to 89% demonstrating that a lot of equipment is returned and recycled

10.0 ALIGNMENT WITH CORPORATE PRIORITIES

10.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

10.2 Helping people live healthy and independent lives

Helping people to live health and independent lives is central to the Transforming Lives programme's aims and objectives and the paper provides an overview of the impact we are having on supporting these goals for adult service users. In particular, Section 6 describes how we have and will monitor these outcomes.

10.3 Supporting and protecting vulnerable people

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

11.0 SIGNIFICANT IMPLICATIONS

11.1 Resource Implications

The implementation of the Transforming Lives approach is likely to 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.

11.2 **Statutory, Legal and Risk Implications**

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

11.3 **Equality and Diversity Implications**

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.

11.4 **Engagement and Communications Implications**

There are no significant implications within this category.

11.5 **Localism and Member Involvement Implications**

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.

11.6 **Public Health Implications**

The Transforming Lives approach seeks 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.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes T Kelly
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Are there any Equality and Diversity implications?	Yes Name of Officer: Claire Bruin
Have any engagement and communication implications been cleared by Communications?	Yes Simon Cobby
Are there any Localism and Local Member involvement issues?	No
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer: Tess Campbell

Source Documents	Location
None	

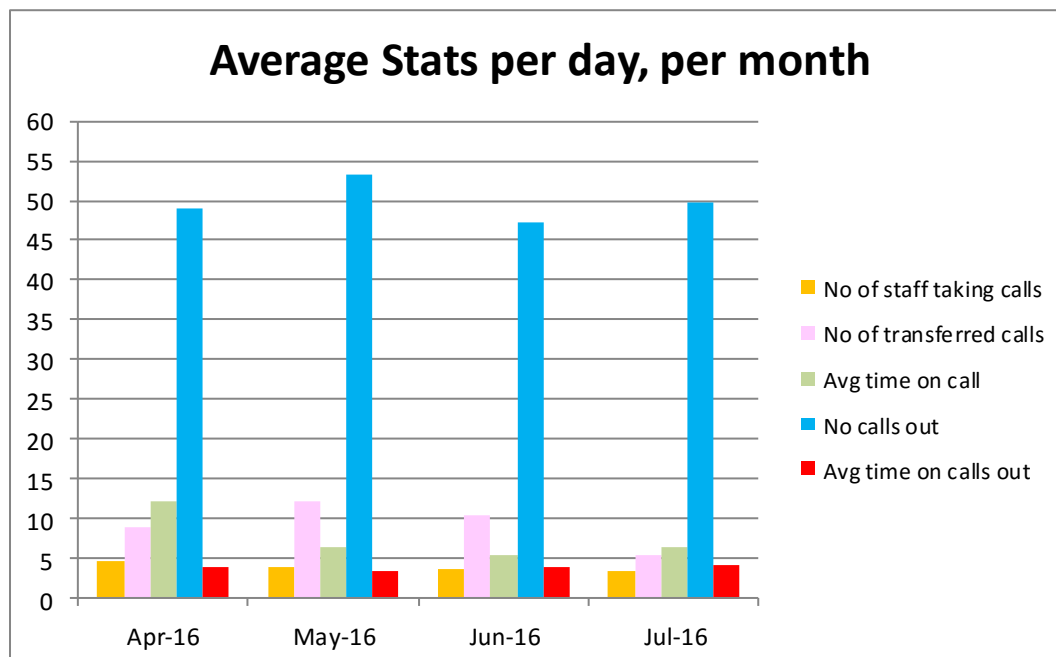
APPENDIX 1 – ADULT EARLY HELP PERFORMANCE REPORT – JULY 2016

1.0 PURPOSE

- 1.1 The purpose of this report is to provide an update with the latest performance data for the Adult Early Help (AEH) and the impact current resourcing has had on the teams output. Also to describe current work to verify data reported directly from AIS.

2.0 DATA FROM THE TELEPHONY SYSTEM

- 2.1 The telephony system in operation at the Contact Centre provides management information regarding a number of key areas. The following sections of this report compares data from April (11 April onwards), May, June and July 2016.
- 2.2 The data below looks at the following areas:
- How many staff were available to take live calls
 - Number of live call transfers
 - Average time on the call
 - Number of abandoned calls
 - Number of calls out
 - Average time on calls out
- 2.3 It should be noted that the pressures caused by a long term sickness absence within the team reported to the June board continued throughout July and was compounded by the start of the holiday season by forward planned leave. This affected the availability of staff to take live calls. In order to support this we began using the Occupational Therapists (OT's) seconded to the team to assist in some non-OT cases.
- 2.4 The graph and table below shows the average numbers per day, per month.:



Month	No of staff taking calls	No of transferred calls	Avg time on call	No calls out	Avg time on calls out
Apr-16	4.60	8.80	12.27	49.10	3.95
May-16	3.88	12.24	6.34	53.29	3.39
Jun-16	3.77	10.41	5.53	47.18	3.90
Jul-16	3.40	5.33	6.48	49.67	4.14

2.4.1 As in previous months the average call length correlates with the lower number of Community Action Plans (CAPs) being completed compared to the number of case notes being completed (see section 3.4.1). A combination of a review of our process maps and a system of quality audits, spot checks and reviews of calls is being implemented and tested and full auditing will commence from September in order to ensure quality and correct use of the CAP in all relevant cases.

2.5 The number of live call transfers into the team dropped significantly from the emerging average of 10-12 calls per day to an average of 5.33 in July. This is a direct consequence of the staffing issues described in 2.3. We have found it extremely difficult to maintain a live presence available to take calls whilst keeping on top of waiting tasks and our overriding priority has been to ensure we contact everyone within 48 hours of their initial contact.

3.0 DATA FROM THE ADULTS INTEGRATED SYSTEM (AIS)

3.1 We are currently able to obtain the following information from reports that have been developed to extract data from AIS:

- Number of contact actions that the team receive
- Number of CAPs completed by the team
- Number of CAP follow-ups planned
- Number of CAPs sent to other teams (using AIS workflow)
- Number of CAPs sent to other teams (outside of AIS)
- Number of contacts forwarded directly to a long-term care team without receiving a CAP
- Number of contacts receiving T1 services and no further action

3.2 A meeting was held on July 5th between AEH and Danny Lee, Neil Cook and James Wilson to review the data reported from AIS and address the issues raised in the June AEH board report. Work progressed throughout July to attempt to further develop the quality and nature of reporting.

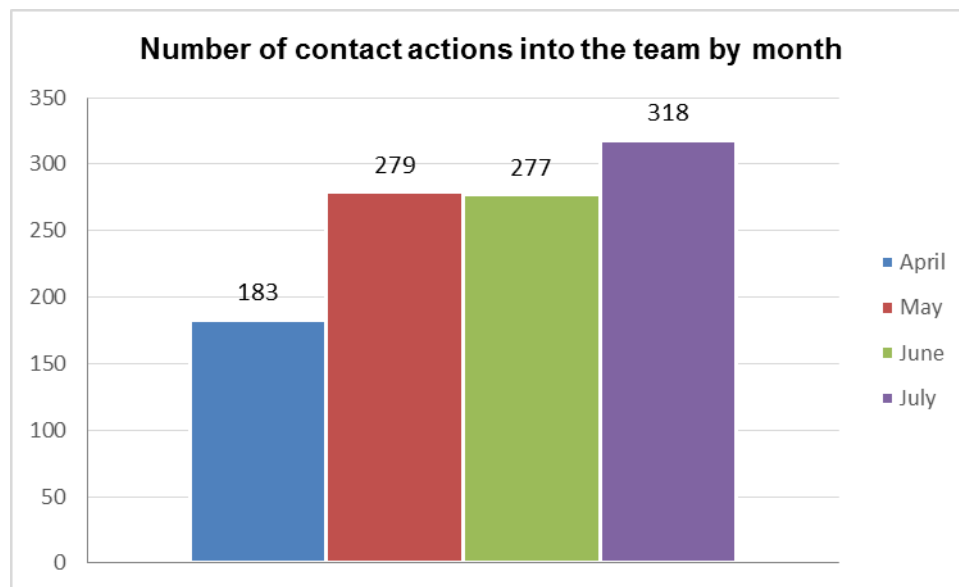
3.2.1 It should be noted that there remain some apparent discrepancies between the data reported directly from AIS and local data captured manually on a daily basis. This is notable in the number of referrals into and out of AEH. Our local count for example shows that in June there were 381 and July 418 compared to the 277 and 318 reported from AIS.

3.2.2 We commenced a detailed manual data collection on August 8th and will then use this to verify the data reported directly from AIS. Following this further work may be required to develop the AIS reports. A verbal update will be given to the board on progress.

3.2.3 It is also important to note that we have structured this report to show data by calendar month to give consistency with other reports. This is a change to previous reports which have shown data in whole working week periods. The data will therefore differ from previous reports but be consistent moving forwards.

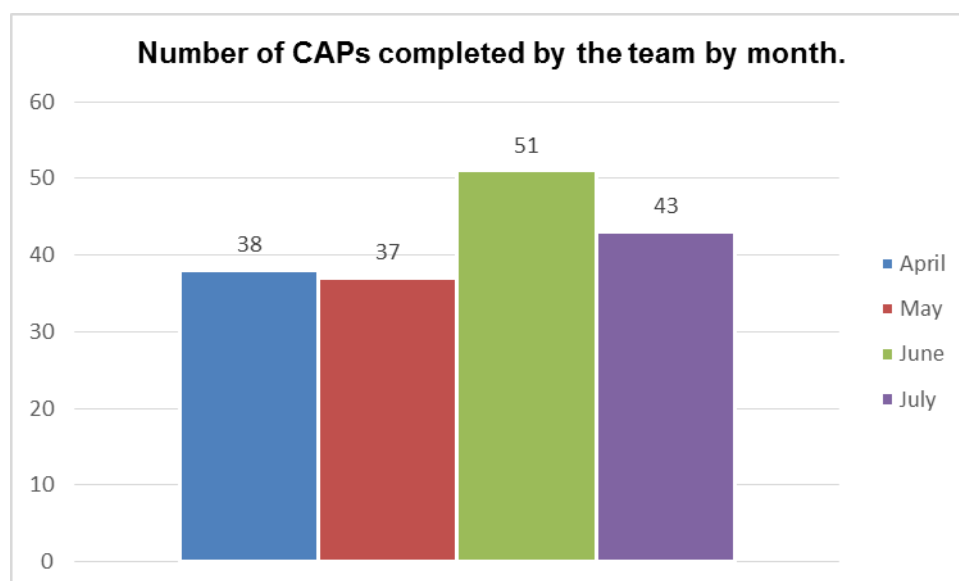
3.3 Contact actions into the AEH Team

- 3.3.1 The following graph outlines the number of contacts received into the AEH Team from 17 April 2016 to July 31st 2016. Whilst the majority of contacts are passed to the team from the Customer Service Advisers (CSAs) some have come directly from the Multi-Agency Safeguarding Hub and there are an increasing number of direct professional contacts to the team. The graph indicates that there were a similar number of referrals to the team in May and June but then there was a significant rise in July:



3.4 CAPs completed by the AEH Team

- 3.4.1 The graph below shows the number of CAPs completed per month as reported from AIS, this is being verified, see 3.2.1, as our local count suggests the number of completed CAPs to be higher (68 in June and 51 in July). The % comparison of case note completion to CAP completion remains disproportionately high and a review of our business processes currently underway will seek to address this.

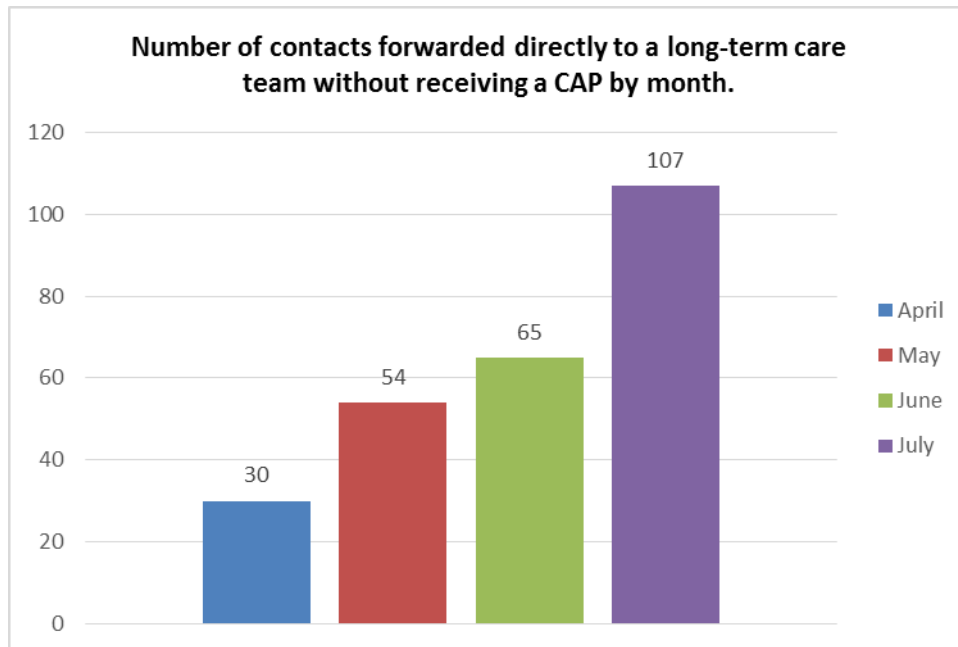


This shows that the number of CAPs completed in proportion to contacts received is:

- April – 20%
- May – 13%
- June – 18%
- July – 13%

3.5 Contacts forwarded directly to a long-term care team without receiving a CAP

3.5.1 The graph below shows the number of contacts forwarded directly to a social care team without a CAP from 17 April to July 2016.



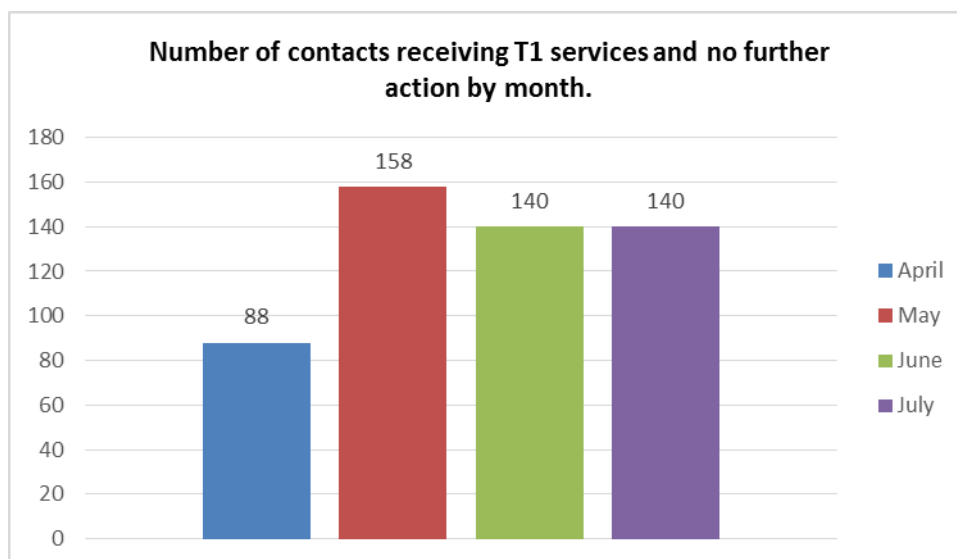
3.5.2 This shows that the number of referrals to long term care completed in proportion to contacts received is:

- April –16%
- May –19%
- June –23%
- July – 33%

3.5.3 The rise in the number of referrals in July is a concern as it is counter to the aims of the AEH service. The limited team resources throughout July and increased number of contacts are likely to correlate to this rise. There are a number of other potential reasons for the rise and a review of all 107 cases is underway to identify any common themes that can be addressed with the team. A verbal update on this review will be given to the board.

3.6 Contacts receiving T1 services and no further action

3.6.1 The following graph shows those contacts that the AEH team have been able to resolve by giving information and advice and then closed. Following on from the recommendation at the last board that we look at the nature of information provided to improve our online services the AEH met with Michael Soper to support the LIP project's review of customer insight and objective of improving information availability between partner organisations systems.



3.6.3 This shows that the number of contacts receiving T1 services completed in proportion to contacts received is

- April –48%
- May –56%
- June –50%
- July – 44%

3.7 Referrals to other teams providing Tier 1 and Tier 2 services

3.7.1 The below table shows the number of referrals sent to other teams from 17 April 2016 to July 2016.

Tier one/two referrals

	April	May	June	July
Assistive Technology	18	7	3	4
Carers Trust				2
Locality OT	4	6	5	10
Mash		1		
Sensory Services				2
Welfare Benefits	12	14	13	18
Community Health Service	10	4	2	2
Reablement	32	33	44	31
Voluntary Organisation	22	14	22	15
Totals	98	79	89	84

3.7.3 The review of data set out in 3.2.2 will verify the number of referrals made by the team to ensure all referrals are being captured.

3.9 Home Visits

3.9.1 Home visits began in May following set criteria based on need for OT assessment and or concerns over capacity or ability to participate in assessment over the telephone. A summary of the home visits is as follows:

Numbers of home visits completed – total 37

- May = 14
- June = 13

- July = 10

Who has completed visits

- OT = 11
- Social care = 25
- Joint OT & social care = 1

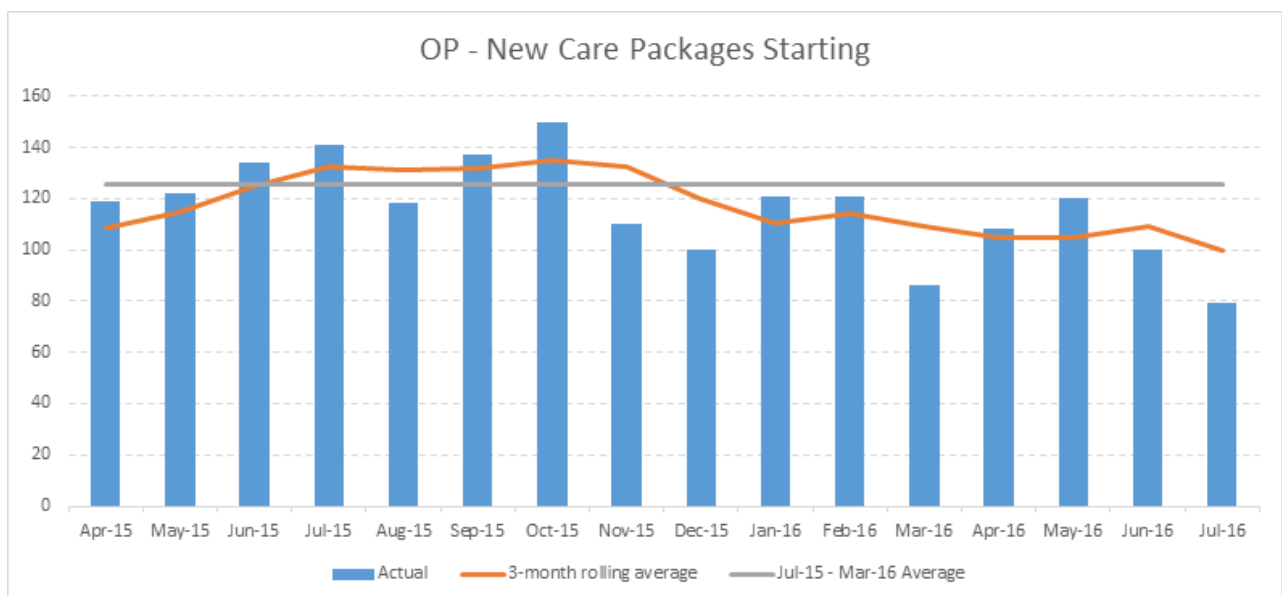
Outcomes of visits

- Hospitalised – 2
- Long term care needed – 4
- Long term care avoided -6
- Declined services – 3
- Equipment provided successfully – 7
- Equipment not suitable – 3
- Equipment not arrived - 1
- Assessed for property adaptations - 1
- Supported self-management / advice given – 4
- MDT meeting – 1
- Referral for tier 1 and 2 support - 5

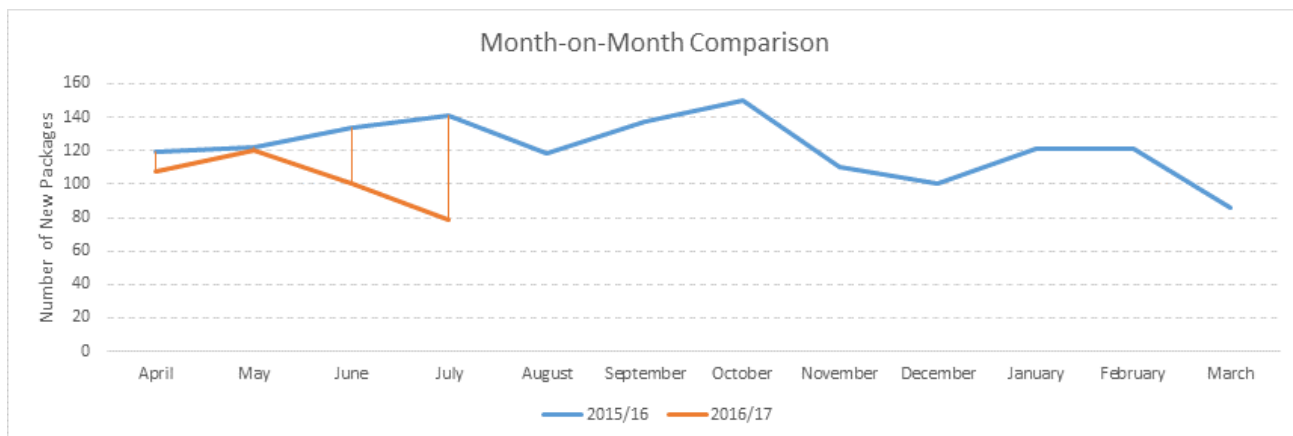
3.9.2 The reduced availability of staff throughout July is likely to have limited the number of home visits and resulted in some cases being referred directly to long term services for assessment where a home visit would have been required by the AEH team to gather information for assessment. This may have had the consequence of cases where there were concerns over a service user's capacity and consent being sent on to long term services for assessment (See 3.5.3).

4.0 Long term care packages

4.1 The following graph shows the number of new care packages starting within older peoples teams from April 2015 to July 2016:



4.2. This suggests a fall in the number of new care packages starting in June and July and may correlate to the impact of AEH. This is very early data and must be treated with caution as there could be a number of factors leading to this reduction. The difference is shown below comparing like to like months in 2015 and 2016.



- 4.3 We will continue to review this data and look for any emerging trends that indicate the impact of the AEH team's interventions. The initial suggestion is that there could be a clear and positive impact in reducing and/or delaying the progression of our service users' needs towards long term care.

5.0 NEXT STEPS

- 5.1 Following the outcome of the data verification exercise and any subsequent updates to the reports for the Adult Early Help team these need to be added to Business Objects so that AEH can run reports at any time to assist with the development of the service.
- 5.2 Presuming the review of local data and comparison to AIS data set out in 3.2.2 results in the need to review AIS data reports this will require further investigation and implementation.
- 5.3 The investigation of cases referred directly to long term teams set out in 3.5.3 is likely to result in various outcomes that will be addressed and reported back to at a future board meeting. This may involve establishing new processes within the AEH team.

CAMBRIDGESHIRE LOCAL ASSISTANCE SCHEME (CLAS)

To: **Adults Committee**

Meeting Date: **15 September 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 purpose of this report is:

To provide an update on the future arrangements for
CLAS and the research carried out.**

Recommendation: **The Committee is recommended to:**

- a) Agree the procurement of the proposed scheme in accordance with the outline service specification that is detailed in Section 5.**
- b) Agree the procurement of a 3 year contract with the option to extend for a further 2 years.**

<i>Officer contact:</i>	
Name:	Jane Hargrave
Post:	Information Development Manager
Email:	jane.hargrave@cambridgeshire.gov.uk
Tel:	01480 373 752

1.0 BACKGROUND

- 1.1 Adults Committee on 17 May 2016 resolved to support further research into an alternative approach for the Cambridgeshire Local Assistance Scheme (CLAS), focused on the provision of information and advice as well as recycled goods and household items. It was the intention to design and launch a tender in early autumn with a new approach implemented from April 2017.

2.0 DRIVERS FOR CHANGE

- 2.1 Our research and proposals for the revised scheme are based around the following drivers for change:
- The budget for the scheme has reduced. Contingency budget allocated to this area has not been needed and a set budget of up to £316k is available in future. The budget going forward is anticipated to be a maximum of £300k.
 - Cambridgeshire County Council Business Plan 2016-2017¹ and three strategic priorities:
 1. Developing the local economy for the benefit of all
 2. Helping people to live independent and healthy lives
 3. Supporting and protecting vulnerable people
 - Think Family² principles; improving outcomes for children, young people, adults and families by considering and understanding the needs of all family members
 - Transforming Lives³ principles; a proactive, preventative and personalised approach that aims to enable the people of Cambridgeshire to exert choice and control and ultimately to live healthy, fulfilled, socially engaged and independent lives.
- 2.2 Consideration has also been given to the Care Act which states:
“Information and advice helps to promote people’s wellbeing by increasing their ability to exercise choice and control, it is also a vital component of preventing or delaying people’s need for care and support.”

3.0 THE NEW APPROACH

- 3.1 From the research detailed in section 4, the new approach to CLAS was developed to deliver a proportionate response to client needs that prioritises prevention. This includes the provision of information and advice, offering joined up solutions with other support services. The scheme will facilitate access to a range of low cost furniture and white goods, making use of reliable, refurbished and reused items as part of an effective, linked intervention. This will be different to the current scheme which is primarily about the provision of new white goods, beds, and vouchers for food, clothing and utilities.⁴

4.0 RESEARCH UNDERTAKEN TO DEVELOP THE NEW APPROACH TO CLAS

- 4.1 Work was undertaken across agencies to research, design and test out the proposal for the new approach as discussed with Committee in May.

¹ <http://goo.gl/SVSOs9>

² <http://www.cambridgeshire.gov.uk/thinkfamily>

³ <http://www.cambridgeshire.gov.uk/careact>

⁴ <http://www.cambridgeshire.gov.uk/clas>

4.2 **Surveys and consultation**

The CLAS Task & Finish Group has representatives from housing, district/city councils, advice providers and VCS. Working with the group, surveys were created to gather views from the Authorised Agents currently registered to apply for CLAS, their clients and the public.

4.3 From the results of the surveys, overall the proposed approach was supported. There was some concern that the scheme was seeking to duplicate information and advice provision, however we are aware from other pieces of research see paragraphs 4.25-4.28 that although there are some Agents with a good range of knowledge, this is not consistent and very much dependent on the client already being engaged with the right professional. There is a need for a more joined up approach and this will form part of the service specification. Appendix 1 provides more detail on the findings from the surveys.

4.4 The need to continue to provide access to goods was seen as important, with the majority favouring the use of reused items. A few people were worried that recycled/refurbished goods would be unreliable and unclean; however, our research into this provision indicates that this is not necessarily the case if the goods are from a reputable source. See paragraphs 4.17-4.24.

4.5 **Schemes in other areas**

We looked at how other local authorities operate their schemes. We chose Peterborough, Gloucestershire and Hampshire as they all operate their schemes differently.

4.6 We found that schemes meet their own local needs and acknowledge that these may be different to Cambridgeshire's.

4.7 The emphasis of the Peterborough and Hampshire schemes is predominantly around information and advice. Gloucestershire's scheme makes use of recycled furniture and appears to have more stringent controls on eligibility. The following table sets out a comparison between these schemes and CLAS

	Current CLAS	<i>Future CLAS</i>	Peterborough Community Assistance Scheme	Gloucestershire Welfare Support Scheme	Hampshire Welfare Assistance Scheme
Focus on information & advice	x	✓	✓	x	✓
Brand new goods provided	✓ Beds, fridges, freezers, cookers	x	x	✓ White goods	x
Recycled goods provided	x	✓ <i>A range of household items and white goods</i>	✓ A range of household items and white goods	✓ Furniture	x
Other	✓ Food, new clothing, utility vouchers	✓ <i>Clothing, food banks, utility vouchers</i>	✓ Clothing, food banks, utility payments	✓ Food parcels, carpets & rugs, rent arrears, utility vouchers	x Referrals made to other agencies

- 4.8 The Peterborough model benefits from its geography and relationship with CareZone and WEEE Reuse. We recognise that the approach for Cambridgeshire could not completely replicate this model but we can align our scheme to it and develop the use of recycled goods across the county.
- 4.9 Peterborough City Council is undertaking a procurement exercise through an Innovation Partnership and looking to agree a ten year contract with a provider(s). Part of the focus of the contract will be looking at how a provider(s) can do more around early intervention/prevention to reduce the number of people entering crisis. Details of the current Peterborough Community Assistance Scheme (PCAS) can be viewed on their website: <https://goo.gl/9BLh3Y>
- 4.10 Gloucestershire County Council's scheme is very similar to the current CLAS scheme. The administration of Gloucestershire's scheme has recently been procured at a cost of £70k. Clients must have checked that they cannot be support by other means, e.g. budgeting loans.
- 4.11 The scheme provides recycled furniture via local charity shops and brand new white goods which are sourced by the administrator. The scheme requires all applications to submit proof of benefits, bank statements and other verification of their situation, such as letters from health professionals if citing a health issue as the reason for applying.
- 4.12 Background about the scheme is available on their website: <http://www.gloucestershire.gov.uk/extra/welfarereformfund>
- 4.13 Hampshire County Council's scheme funds two dedicated Local Welfare Assistance (LWA) staff to run a telephone helpline from Basingstoke Citizens Advice Bureau at a cost of £55k/year, providing support to all Hampshire residents.
- 4.14 Clients who contact the phone line have an in depth conversation to help understand the caller's situation. The approach focuses on what the caller can do for themselves, identifying existing local support and services and informing future commissioning based upon need, utilising the remaining LWA budget. If further support is identified, an appointment is made for the client to visit their local CAB.
- 4.15 Clients are directed to local providers for new and second hand household items and white goods which may offer discounts to people on benefits or low income. Hampshire CC does not fund the provision of these goods.
- 4.16 Hampshire County Council is currently working with its Environment and Waste Management service and Hampshire Furniture Reuse Network to provide a co-ordinated approach and a central 'warehouse' as, like Cambridgeshire, storage is limited at recycling centres. Clients would be referred to buy reduced cost goods or receive 'free' items depending on their level of need. Working with local businesses to enable access to Corporate and Social Responsibility funding and resource. They are piloting fuel poverty payments in the coming months, aligning this work to their Supporting Troubled Families Programme. <https://connectsupport.hants.gov.uk/financesupport>

- 4.17 **Further research into recycled furniture and goods**
To understand how we could maximise our budget and make use of reused and refurbished goods, we visited CareZone and WEEE Reuse who currently provide recycled items to PCAS.
- 4.18 **CareZone**
The charity provides free furniture and household items to people who have been referred by Peterborough's Community Assistance Scheme (PCAS). Goods are donated by the public and they have an arrangement with Ikea whereby returned, but otherwise new, flatpack furniture is built in their workshop and then provided free to clients in need. Their workshop is for service users to learn skills such as basic woodwork, furniture repair and upcycling with a view to helping them into work. Some become volunteers at the centre.
- 4.19 They provide, volunteer-led, holistic support to clients, including help with job seeking, improving skills and signposting to other support. CareZone also takes referrals from other agencies registered with them who have received their training.
- 4.20 **WEEE Reuse**
This facility is run by Amey Cespa. They rebuild and reuse white goods (mainly fridges and washing machines). Some goods are manufacturer 'seconds' which may be dented but otherwise brand new.
- 4.21 They are open to the public to purchase items at prices that are far lower than retail. They provide fridges and washing machines free of charge to PCAS clients who present a voucher which will have been provided to them by the CAB. Payment for goods is settled by PCAS.
- 4.22 A lot of the goods are A+ rated for energy efficiency and all have a 3 month warranty. WEEE Reuse stated that there have not been any more issues or causes to claim on the warranty with these products than they would expect from a brand new item.
- 4.23 From the research with WEEE Reuse and Carezone, it would appear that there are opportunities to develop these approaches into Cambridgeshire. As part of the specification, it is expected that the new provider(s) would support work to develop these approaches and support making the most of reusing/recycling opportunities.
- 4.24 The Council's Waste Management team is interested in supporting these proposals. Discussions have taken place and the next step is to engage with Amey's WEEE Reuse manager regarding the service specification.
- 4.25 **Financial capability forum workshop**
The forum includes representatives from housing, district councils, Citizens Advice Bureau, DWP, local charities and others working with vulnerable families and individuals. It shares information about anything that may impact on local people's financial wellbeing.
- 4.26 Discussion with the CLAS Task and Finish Group had revealed that there was an assumption that all CLAS Authorised Agents could provide the same level of information and advice. There was a need to understand what advice Authorised Agents (AA) who aren't money 'experts' can/do provide.

4.27 Testing this out through a workshop event confirmed that:

- There is a wide range of information and advice available.
- The ability of individual workers to identify and join up with wider or specialist support is variable.
- Professional support is sometimes dependent on the geographical funding, their knowledge, training and area of expertise.
- Individuals who are not yet at the point of needing a support worker can slip through the net.
- Practical interventions are still required.

4.28 These findings have been built into the new approach and will be addressed in the service specification.

4.29 **Other findings**

It is expected that providing more information and advice will reduce the need to access goods. Using reused/recycled goods will also help to continue to operate the scheme on a reduced budget. This is supported by research carried by Citizens Advice Rural Cambridgeshire (CARC) as part of the 2015/16 CLAS investment funding which was detailed in the CLAS paper to Adults Committee on 17 May 2016.

4.30 CARC used the £23.5K investment to fund their contact centre, covering all calls to Citizens Advice in Cambridgeshire. CARC matched part of the funding with £7K from local donations.

4.31 During the period 1 October 2015 to 31 March 2016, of the 3197 calls answered only 7 applications were made to CLAS, there were 11 applications made to other sources and of those 3197 calls, 81 were recorded in the case notes as needing household items but the advice process confirmed for all of these 81 clients the presenting need of needing household items was never the primary issue. This underlined that the provision of sound information and advice should reduce the CLAS spend on goods.

4.32 This is reinforced by the figures provided by Peterborough City Council for 2015/16. 3081 clients visited Citizens Advice under their PCAS scheme and 192 reused/refurbished white goods were issued. Advice given enabled clients to maximise their financial outcomes to a value of approximately £1.9m (for example, increased benefits and allowances).

4.33 Taking everything into account, the research concluded that the requirements of the scheme should include:

- A scheme that suits Cambridgeshire and recognises the good information and advice provision within the county and how this should feed into the new approach
- A proportionate response that includes information and advice plus access to reliable, reused and refurbished goods
- Joined up solutions; not a standalone intervention
- A scheme that is accessible to all who are eligible; not just for those already in receipt of support from services.

5.0 DEVELOPING THE SERVICE SPECIFICATION

- 5.1 A service specification will be drawn up to meet the procurement deadline of 26 September. The specification is being drafted in collaboration with partners who work directly with vulnerable people and will set out the key outcomes that we require and ask potential providers how they would work in partnership to deliver these.
- 5.2 The focus of the specification will be a person-centred, preventative approach. This will include a judgement of need that hastens a proportionate response. We expect that the provider will ensure that any intervention is not in isolation of other support. The service specification will ask potential providers to show how they would do this.
- 5.3 We will expect that the provider to assess the needs of vulnerable individuals and provide information and advice that helps people to help themselves, maximising their financial capability and building their skills.
- 5.4 The specification will expect the provider will make use of reliable, refurbished and reused items as part of an effective, linked intervention. It will cover the following topics:
- Encourages providers to submit a competitive price for delivery of the scheme within the maximum envelope available
 - Facilitates access to support such as food banks and utility vouchers
 - Seeks creative solutions that make use of a range of resources
 - Supports key messages such as Transforming Lives, Public Health, Think Family
 - Demonstrates a robust performance measurement system
 - Supports other agencies and shares/exchanges information to ensure a joined up approach to support

6.0 PROCUREMENT TIMETABLE

- 6.1 To enable the contract to be awarded and go live on 1 April 2017, a timetable has been set up by LGSS (Local Government Shared Services) Procurement. The timetable requires the tender documents to be finalised mid-September with a view to publish the tender on 26 September 2016. To meet the timetable, a Service Specification document is being drafted in August.
- 6.2 An event is arranged for 12 September 2016 to provide an initial briefing for interested providers. The final specification will also be informed by the discussion at the Committee meeting.
- 6.3 LGSS Procurement's advice is that the contract is no less than 3 years. On the basis of this, we would like to procure a contract for 3 years with the option to extend for a further 2 years.

7.0 A NEW NAME FOR THE SCHEME

- 7.1 Adult Spokes highlighted that CLAS should be renamed as the scheme will have a more of a preventative focus which would educate vulnerable people regarding finances etc. This will be discussed with partners.

8.0 ALIGNMENT WITH CORPORATE PRIORITIES

8.1 Developing the local economy for the benefit of all

- 8.1.1 The new contract will ensure that having the right information and advice to prevent further financial problems will help people to manage their money and become or remain settled in their local community.

8.2 Helping people live healthy and independent lives

- 8.2.1 The new contract will ensure that the provision of information and advice, in addition to access to further support and goods will help to ensure that people are able to live more settled healthy, independent lives.

8.3 Supporting and protecting vulnerable people

- 8.3.1 The new contract will ensure that providing information and advice and access to appropriate resources and intervention to prevent problems escalating or returning will support this.

9.0 SIGNIFICANT IMPLICATIONS

9.1 Resource Implications

- 9.1.1 The proposed scheme aims to provide a lower cost and more sustainable approach for the Council to fund, and a service which seeks to support people to become more resilient, and enabling the most vulnerable to get financial support if this is imperative.
- 9.1.2 We expect that the provider will identify any efficiency savings and mitigate any increases in demand throughout the life of the contract. To ensure value for money is achieved over the lifetime of the service this contract, Open Book Accounting shall be the mechanism applied to reviewing revenues and costs of different volumes of demand on the service.
- 9.1.3 The shift in the specification to understand people's needs and provide the right information and advice as a key part of the solution and focuses on prevention as well as using recycled goods should help the budget to go further.
- 9.1.4 The performance of this contract will be monitored through contract management arrangements and performance measures that are set out in the service specification.

9.2 Statutory, Risk and Legal Implications

- 9.2.1 Statutory: The provision of a local welfare assistance scheme is not a statutory obligation.
- 9.2.2 Risk: The proposed scheme aims to provide information and advice, along with access to goods and services, to mitigate the risk of a problem or situation escalating or reoccurring
- 9.2.3 Legal: There are no significant legal implications within this category.

9.3 Equality and Diversity Implications

- 9.3.1 A Community Impact Assessment (CIA) is not required. Changes to the scheme would not impact on people because of equality or diversity. No changes are being made to the eligibility criteria and the same population can apply. A 'relevance test' was carried out and previous CIAs have been considered.

9.4 Engagement and Consultation Implications

- 9.4.1 The report above sets out the implications for this priority in paragraph. See section 4.

9.5 Localism and Local Member Involvement

- 9.5.1 Providing information and advice, as well as access to appropriate resources, will help people to help themselves, as well as supporting people to settle and remain in their communities.
- 9.5.2 We expect that the provider of the scheme will engage with local partners to work towards a joined up, preventative solution.

9.6 Public Health Implications

- 9.6.1 The provision of information and advice can signpost people to organisations and support groups to help them to manage their health and wellbeing.
- 9.6.2 We expect that the provider will engage with relevant Public Health messages.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Tom Kelly (Adults)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Jamie Carr
Are there any Equality and Diversity implications?	No implications Name of Officer: Janet Maulder
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	No implications Name of Officer: Simon Cobby
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Tess Campbell/Eleanor Priestnall

Source Documents	Location
Cambridgeshire Local Assistance Scheme paper to Adults Committee 17 May 2016	https://goo.gl/joFNhU

Appendix 1

Cambridgeshire Local Assistance Scheme (CLAS) Surveys and consultation responses

The CLAS Task and Finish Group indicated that there was an assumption that all Authorised Agents could provide the same level of information and advice.

Authorised Agents' survey

To evaluate the current CLAS scheme a survey was sent out to 639 CLAS Authorised Agents asking them about the impact CLAS has had on their work and their views of the alternative approach to provide information and advice and recycled goods and household items.

We received 58 responses, which although is low in comparison to the total number of Agents, it is proportionate with the number of Agents who regularly use the scheme.

Of the 58 responses received to date, 24 were from Agents working in the housing sector, primarily social landlords / housing associations, 15 from the County Council staff working directly with families, and the remainder were from VCS, charity organisations and specialist services.

We asked Agents what they think the purpose of CLAS is.

77% think CLAS is helping people contain financial pressures

75% think CLAS is helping to create a secure base

38% think CLAS is helping people look ahead

40% think CLAS is helping build resilience

Other comments include: meeting basic needs; making life easier to cope with; providing practical support.

Agents told us how CLAS has supported their work with their clients.

Comments include:

“CLAS is extremely important for our clients who have experienced homelessness and need support to set up a new home with little or no funds. It supports families to meet basic needs.”

“It has enabled us to help those clients who have been long term homeless secure furniture for normally their first independent accommodation.”

“Being able to offer financial support for essential household items strengthens a working relationship.”

“This scheme has supported with providing resources for families who are experiencing challenging circumstances. CLAS has helped to ease some pressure for parents so they can focus attention on other pertinent issues such as pre-school attendance and budgeting. In my opinion the scheme has helped to reduce stress and improve wellbeing for adults and children. It has also ensured that children's basic needs -such as a bed have been provided; this has helped the child to experience a sense of belonging and security.”

“Dealing with debt and money problems is our biggest area of work and inevitably we

have clients that need help to get them back on their feet. Before applying to CLAS we will have looked at all aspects of a client's financial circumstances and maximised what we can. So, applying to CLAS (and any other charities that may be able to help) will be necessary because we will have exhausted all other avenues on behalf of the client"

We asked Agents how CLAS could be improved - the most popular suggestions were to:

- increase the variety/range of goods
- using recycled goods/charity shops
- making the application process faster
- allow offline applications

Comments include:

"I feel it should be more flexible to each individual situation."

"Look at including other services - money advice, carers assessments etc."

"Explore recycle / refurbishment / repairs scheme specifically in respect of white goods"

"Being able to do the form in paper format and scan it across so that you can do the paperwork at family's house"

"Simpler and quicker process to apply for goods."

To help us to understand the broad range of information provided to clients, we asked Agents to tick the topics that they provide advice on, and those they would refer or signpost to.

The majority of Agents said they provided some level of debt, budgeting, benefits and housing advice. Other topics such as health, energy schemes, social care, counselling and charities tended to be referred or signposted to.

33 out of 58 agreed that the scheme should provide access to information and advice as well as access to goods. 14 out of 58 disagreed. The remainder did not express a preference.

Comments include:

"Families often lack this [information and advice] and such support would be beneficial. This would also reduce strain in statutory services."

"With less resources available for service users, the more avenues for delivering constant messages about available support the better, to reduce the likelihood of users falling between the cracks."

"More information available for families can only be a good thing and will open up more opportunities and avenues of support."

"Not sure if this is the role of CLAS? Perhaps could provide some signposting advice to other agencies who can then give support and advice."

"Any additional information is good."

"There is a lot of financial hardship out within the community and it would be useful to have an agency who can signpost to support whilst offering goods or vouchers."

"I totally agree I would never do an application for a family who are not trying to make changes so the more support for the family the better."

51 out of 58 agree to the provision of recycled goods and household items.

Comments include:

"Clients are not necessarily looking for, or even need, brand new goods."

"I totally agree with this and am a big advocate of using second hand furniture, reuse facilities and charity shops."

"Whilst brand new goods are great, I think that many people would prefer to have say 3 second hand items than one new item and this would be more impactful."

"The age of austerity we currently endure promotes the idea of recycling goods to be used again. Some of my ex clients get stuff from Freecycle to put in their flats. The 'make do & mend' culture has returned! I believe many disadvantaged clients would readily accept recycled / donated goods in the current economic climate."

"Any idea to recycle has to be a good idea."

"I think it's a really good idea. I also help my clients to get items from gumtree or ebay, or local shops. People are happy to get things cheaper if it saves them money."

"If several good quality and much needed second hand items are available, rather than one brand new item, this would spread the help and make the CLAS money go further. It would enable other items of furniture to be available to clients that are not on offer at present. The delivery aspect is important though. Many very vulnerable people do not have the means to go and collect items themselves."

"Why would you not want to help more people? It is much more common practice to recycle goods nowadays, there is no longer a stigma attached, also if people require these goods I am sure they would be satisfied with anything in good working order, new or recycled."

"Totally agree I have had conversations with applicants who were very surprised to be receiving new white goods and had expected reconditioned goods."

"This is ridiculous. What you are not saying is that the 'Warranty' would only be for 3 months! That is no warranty at all! People deserve to be awarded an item that will last a decent length of time."

Clients' survey

Agents were asked to forward the survey to their clients and some agents had offered to interview their clients. The survey was available in a hard copy, Easy Read version.

There were just 20 responses, and over half of these were from clients supported by one agency.

The results were informative as although 15 clients disagreed that CLAS should provide information and advice, it was clear from their comments that they were or had received information and advice from their Agent as part of the overall CLAS package, which is what the scheme had intended to provide initially.

14 of clients disagreed with the provision of recycled/rebuilt furniture and white goods over new.

Comments include:

"I am able to go to my advisor at [*housing provider*] for ongoing support."

"My advisor does this for me."

"Not necessary, I get this help already."

"I already get this support from [*housing provider*]."

"Not enough help or information available."

"Recipients of CLAS need the support and information to go alongside the items they receive such as budgeting support"

"From experience they don't last and are not that reliable in the long run."

"Because it was my first tenancy and I wanted the cooker to be clean and new as I took pride in the flat."

"Not sure whether it would work as well."

"I have already said that I am very wary about second hand stuff. I don't think it lasts very long and I am worried about bringing in bed bugs on mattresses. It is not for me."

"I do not trust used items, especially after issues with my old second hand cooker."

"It's only possible if enough funding is allocated."

Public consultation survey

A public consultation survey was circulated via parish councils, village newsletters, the Council's website, Twitter and Facebook. The consultation was also available in a hard copy, Easy Read version.

The public were asked to comment on their proclivity towards information and advice and recycled/refurbished goods.

53/58 agree with the provision of information and advice alongside access to goods.

Comments include:

"To help people break out of poverty, they need advice and support."

"It makes sense to signpost to other services and ensure people have all the relevant information. It seems this is an important part of ensuring people receive the support they need to break cycles of problems. While providing goods and vouchers is crucial, only doing this could lead to increased dependency from clients, so it is important they are receiving other assistance to change their situations."

"We need to look at the problems holistically and not simply apply a "sticking plaster" by supplying goods and vouchers. Individuals need wider support to get back to normal."

"I have never heard of this scheme. I suffer with chronic ill health and am carer to my disabled child living in difficult circumstances financially. We have very little support. None of our healthcare workers who are fully aware of our situation have told me that this help is available."

"There is not enough information out there for those who are struggling. But if there is the information they are in aware of where to find it."

"Getting one off items without looking at the person's wider situation means that there will be missed chances to support the person to make changes. it might be applying for extra income, applying for help from a charity or drawing up a new budget."

"People need a one stop shop to get help and advice. Not only for white goods but housing problems rent payments etc."

53/58 agree with the provision of recycled goods and household items

Comments include:

"Recycled second hand items are just as good as buying new. I myself have a second hand fridge bought for the fraction of the price of a new one. Still works as well & would recommend second hand goods to others."

"Several reasons: Better use of resources means more people can be supported. People need help to solve a problem, and second hand goods will do that just as well. Recycling means less white goods going to landfill, better for the planet. I don't really agree with the message that we can fix people's problems by throwing money at them and buying brand new things, the message should really be that we will support you to overcome an immediate issue in the most cost-effective way but that you also have to help yourself. I have lots of second-hand goods, clothes, electrical items etc, they meet my needs!"

"I approve of recycling but only if these items are genuinely good standard and people are not being given dodgy items we wouldn't accept in our homes."

"Everyone deserves a good home containing the basics to live in a dignified way. Luxury is not required, but furniture & equipment should be sound, clean & suitable. - If individuals or families are struggling with shortage of money, family difficulties, health or mental problems, their home needs to be a sanctuary."

"This would make better use of the funds available. However other household goods not just white goods and beds should be considered. Second hand items such as table and chairs, sofas etc. Even a low cost way of getting delivery of such items from other sources would be helpful."

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st September 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
15/09/16	Progress report on the Adults Autism Strategy	L McManus	Not applicable	04/08/16	05/09/16	07/09/16
	Better Care Fund Update	G Hinkins	Not applicable			
	Proposed changes to local housing allowance and potential impact on supported housing	L O'Brien	Not applicable			
	Business Planning	A Loades	Not applicable			
	Service Committee Review of the Draft 2017-18 Capital Programme	A Loades	Not applicable			
	Transforming Lives - Includes Early Help	C Bruin	Not applicable			
	CLAS Project Update	J Hargrave	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Finance and Performance Report	T Kelly	Not applicable.			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
13/10/16	Business Planning	A Loades	Not applicable	01/09/16		05/10/16
	Drug and alcohol service update		Not applicable			
	Accommodation Strategy	R O'Driscoll	Not applicable			
03/11/16	Finance and Performance Report	T Kelly	Not applicable.	27/10/16		26/10/16
	Commissioning for better outcomes peer challenge July 2016	A Loades	Not applicable			
	Business Planning	A Loades	Not applicable			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Recruitment & Retention Update	Charlotte Black	Not applicable			
	Total Transport	Toby Parsons	Not applicable			
	Ditchburn Place	Kim Fairbairn	Not applicable			
	Continuing Health Care	Richard O'Driscoll	Not applicable.			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
08/12/16	Business Planning	A Loades	Not applicable	27/10/16		30/11/16
	Homecare Sufficiency	R O'Driscoll	Not applicable			
	Care Home Development Plan Business Case	R O'Driscoll	Not applicable			
19/01/17	Finance and Performance Report	T Kelly	Not applicable.			11/01/17
	Business Planning	A Loades	Not applicable			
	Risk Register	A Loades	Not applicable.			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[09/02/17] Provisional Meeting</i>						01/02/17
09/03/17	Finance and Performance Report	T Kelly	Not applicable			01/03/17
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
<i>[06/04/17] Provisional Meeting</i>						29/03/17
01/06/17	Finance and Performance Report	T Kelly	Not applicable			24/05/17

	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			

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

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

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

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

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

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

For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk

