Scrutiny Committee

ADULTS, WELLBEING AND HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Cambridgeshire County Council

9th December 2011 and 11th January 2012

Action

32. DECLARATIONS OF INTEREST

Members declared the following personal interests under paragraph 8 of the Code of Conduct:

- Councillor Austen as a carer of a relative not receiving other care services
- Councillor S Brown as a member of the Mental Health Trust and as an officer of Cambridgeshire Local Involvement Network (LINk)
- Councillor V McGuire by reason of working for caring agencies as a carer
- Councillor F Whelan as a member of the committee of the National Autistic Society for Cambridgeshire, as a member of the Mental Health Trust, as a user of physiotherapy services, and as an associate member of Cambridgeshire Older People's Enterprise (COPE).

33. MINUTES OF LAST MEETING – 15th SEPTEMBER 2011

The minutes of the meeting held on 15th September 2011 were confirmed as a correct record and signed by the Chairman.

34. CLINICAL COMMISSIONING IN CAMBRIDGESHIRE

The Committee received a presentation on developing clinical commissioning in Cambridgeshire from Matthew Smith, Assistant Director, Strategy and Delivery, NHS Cambridgeshire (NHSC). Also present to respond to members' questions and comments were Jessica Bawden, Director of Communications and Engagement (NHSC) and Dr Geraldine Linehan, Chair of CATCH (Cambridgeshire Association to Commission Health Ltd), the Local Commissioning Group (LCG) for Greater Cambridge. [The presentation is attached to these minutes as Appendix 1.]

In the course of discussion, members

- noted that there would be one Clinical Commissioning Group (CCG) for Cambridgeshire and Peterborough, and that all Cambridgeshire and Peterborough GPs had now chosen to be in one of the eight LCGs; all GP practices would be required by law to be part of a clinical commissioning group
- asked whether the fact that some LCGs covered wide areas and had several neighbouring LCGs would affect patients. The Committee was advised that the CCG had overarching responsibility, and that overlapping LCGs in practice worked closely together, e.g. CATCH and Cam Health in the Cambridge area, and Hunts Care Partners and Hunts Health in the Huntingdon area

- noted that flows of patients were very different for the three Fenland CCGs; Wisbech usually referred patients to the Queen Elizabeth Hospital in King's Lynn, March referred to Peterborough, and practices in the Chatteris area, part of the Isle of Ely LCG, referred patients to both Peterborough and Hinchingbrooke. However, patients retained the right to choose which hospital they were referred to and were not bound by their practice's referral habits
- reported that anecdotally, some patients in the north of the county were being told that Addenbrooke's Hospital would not take them as a patient if they lived near Peterborough. Members were advised that if this were to be the case, it would be discussed at CCG level; it would be useful to have evidence to support the anecdotes
- in answer to a question whether the larger LCGs would tend to do more than the smaller ones, noted that all LCGs had a duty to meet the healthcare needs throughout their area, though they would not necessarily all meet these needs in the same way. If one LCG found that something they were doing worked particularly well, then it could be rolled out across a wider area through the CCG. The CCG would enable and support LCGs and hold them to account
- noted that it was too soon to say what percentage of commissioning (or de-commissioning) decisions would be taken at national level because of the specialism or skill involved
- in relation to local commissioning decisions, noted that the local Health and Wellbeing Board and the national NHS Commissioning Board would both be scrutinising the CCG. Ways of working were still being developed, but it was expected that contract negotiations would happen at local level on behalf of the rest of the area (e.g. South Cambridgeshire practices would commission Addenbrooke's on behalf of other LCGs); the CCG would check that the contract covered this
- noted that patients would be consulted if major changes were being proposed by the CCG, but there was no intention to change things that were already working well
- asked what changes patients would notice in the arrangements whereby GPs determined the need for referral for secondary care. The Chair of CATCH said that GPs would be working more closely with secondary care consultants, possibly on occasions getting the consultant's advice without the consultant actually seeing the patient, but no immediate change in arrangements was anticipated
- in answer to a question about the size of the CCG governing body, noted that the membership had not yet been agreed but would be discussed in the next few weeks. The CCG was required to have a Chief Operating Officer, at least two lay members, a hospital doctor, a nurse, a finance director and a number of GPs
- enquired whether there were local arrangements for systematic analysis of the effects of the new arrangements. The Chair of CATCH said that she was involved in a study by CATCH, the PCT and the University of Cambridge on the impact of commissioning on patient care.

Speaking at the Chairman's invitation, Robert Boorman of COPE suggested that there was a democratic deficit in the Health and Wellbeing Board, and asked what powers the Board would have to question the CCG as the CCG covered two local authority areas. He also asked about the public's ability to influence individual GP practices, given that for example about 40% of the practices in CATCH did not have a patient forum. The Director of Communications and Engagement said that the number of patient forums was growing, though still not as high as it should be; the new arrangements would give an impetus for practices to establish forums where they did not already exist.

The Cabinet Member for Adult Services, Councillor Martin Curtis, said that he had been responsible for setting up the Health and Wellbeing Board. There would be two Boards looking at the CCG, because each of the two local authorities was required to have a Board. In determining the size of the Board, a balance had to be struck between democratic spread and partnership working, and keeping the total Board at a manageable size. Its membership included the Leader of the County Council, the County Council's Cabinet Member for Health and Wellbeing, and a District Council representative.

The Chairman thanked the participants for their contributions to the meeting.

35. ADULT SOCIAL CARE – REVIEWING PROGRESS AGAINST THE 2011/12 INTEGRATED PLAN: BUDGETARY POSITION AND MAINTAINING AND MONITORING QUALITY OF SERVICE

The Committee considered a report on Adult Social Care's progress against the Integrated Plan (IP) objectives for the current financial year. In attendance to present the report and respond to members' questions and comments were

- Councillor Martin Curtis, Cabinet Member for Adult Services
- Adrian Loades, Executive Director: Adult Social Care
- Claire Bruin, Service Director: Strategy & Commissioning, Adult Social Care
- Simon Willson, Head of Regulation, Performance and Business Support.

Introducing the report, the Cabinet Member for Adult Services stated that some progress had been made on reducing the deficit in the current year; spending in 2011-12 was less than that in the previous year, though not as much less as had been hoped. He said that he expected 2012-13 to be another difficult year, but measures could be taken in the medium term to improve matters, and in the short term, the review of day services was expected to result in savings and an improved service.

The Cabinet Member responded to members' questions and observations on the budgetary position, including

- The Committee had expressed serious concerns about unmet budgetary targets in previous years.

  Reply: in his previous post as Cabinet Member for Health and Wellbeing, and part of the Care Partnership, the Cabinet Member had found the inability to meet the budget frustrating, but there were medium- and short-term measures which could be taken to improve matters, including the review of day services.

- The budget should be built from a zero base each year and services should be expected to stay within budget, without additional funding if overspent.

  Reply: the Executive Director: Adult Social Care was working to increase Heads of Services' sense of ownership of their budgets, and confirmed that the Leader of the Council had stated that he had not given permission for overspending. The Cabinet Member reported that he had attended a workshop with partner organisations recently at which participants were working towards a more localised commissioning service for Adult Services; there was a definite recognition of the need for change.

- The number of older people receiving services had been smaller at 31st March 2011 than at 31st March 2010, with a marked drop in numbers in permanent residential care; what was being done to monitor and ensure the wellbeing of people who would in the past have been in residential care but were now in their own homes?

  The Service Director said that the majority of older people who had been diverted from receiving services had gone through reablement. As part of this, they might well have been provided with equipment and information, and would all have been left with clear contact information in case of future need. There was no proactive monitoring of those who did not receive services; there was a statutory requirement to monitor those who did.

- Reablement was a central plank of efforts to save money, but was it delivering results?

  Reply: the reablement saving was about £1.5m a year, but reablement was the right thing to do regardless of the financial saving. The reablement of longer-term recipients of services was included in the next phase of reablement; there might be a case for bringing this work forward as a way to increase savings.

- One explanation given for the previous year's overspend had been the increased demand for expensive types of care for older people; were the same factors contributing to the current year's overspend?

  Reply: work was being done to establish where the costs of care were. It was possible that some of the less deprived parts of the county had more vociferous inhabitants, and it was important to challenge disparities, using knowledge of demography and the financial situation, and to ensure that tendering was being carried out effectively across the county.

  The Service Director said that an increase in levels of need had been observed, with a greater requirement for more expensive residential care and an increase in the unit cost of services per person. If reablement was successful, people with lower levels of need would not require long-term care; there would still be a need for more intensive residential or nursing care packages for some very elderly and frail people.

  The Cabinet Member added that it was important to ensure that the only people who went into residential care were those with a genuine need. There was some evidence of hospitals referring patients to residential care when they did not permanently need it. The Service Director added that although there were cases of this happening, hospitals should always go through the discharge planning team; as part of the planning, a senior

manager from Cambridgeshire Community Services NHS Trust (CCS) would examine any decision to place a person in residential care. Adult Services had carried out a check on this process, which had confirmed that in general the referrals for residential care were appropriate. The Service Director offered to include this information in future reports if required.

Members noted that delayed discharge was a problem nation-wide; locally, the position was currently worse than at the same time last year.

- How were demographic pressures being addressed?

  Reply: predictive modelling made it possible to look beyond the bare figures and see what services would be needed; this could be more focussed.

- The repatriation of Learning Disability service users who had been placed out of county gave rise to the question why they had been placed out of county in the first place.

  Reply: repatriation was being undertaken – with success – because of a rethink about how services were delivered. As far as the Cabinet Member knew, Cambridgeshire had not been placing more people out of county than other authorities had, but other authorities were also repatriating people.

- It was important to understand the underlying reasons for the overspend.

  Reply: work was being undertaken to explore ways of improving the data available to Adult Services. At present, Adult Services' performance management dealt only with numbers and was not focussed on outcomes; the Secretary of State for Health had spoken of the need to change the NHS to an outcome-focussed service.

- Despite the emphasis on doing more with less, some previous attempts to make savings had not been successful; sometimes it was necessary simply to say that it could not be done.

  Reply: there were two issues here, the difficult short-term funding issue and the long-term question of effective preventative work. For example, for an older person, having a good social life and circle of friends added as many years to the lifespan as giving up smoking. One idea emerging from the recent workshop with partner agencies was to have a single named person for an older person to contact about any issue.

- The report paragraph (3.3) describing the current overspend in Adult Social Care was far from clear.

  Reply: there was indeed a difficulty with the maths as set out. The forecast overspend had come down, and the Executive Director was working on long-term spending.

  The Service Director apologised for the obscure paragraph; she would seek clarity from finance colleagues. Other officers explained that the paragraph did not mention the underspend on other parts of the service, and confirmed that the total forecast overspend was indeed £5.6m.

  The Service Director said that when Self Directed Support (SDS) was introduced, there had been a cultural shift in how services were delivered. The target of getting 80% of service users onto SDS had not been met, but the current figure of 52% placed Cambridgeshire in the top 10 of 152

authorities. She did not want to reduce the 80% target, because this would signify a softening of approach to staff; the target was a means of influencing behaviour.

- What were the projects that had been stopped as part of the further £1.1m of savings declared in October 2011, and what had been the impact of abandoning them?

  The Service Director advised that these had been relatively small preventative projects, including some very small pilots. In one of these, a way had been found to continue the project without requiring funding; for some projects in Adult Social Care, there had been no clear case that the preventative expenditure was justified.

- What was being done to monitor the effect of budgetary constraints on Independent Sector Providers (ISPs) and to help them address difficulties with recruiting and retaining staff? The number of ISPs under contract to provide services was very large.

  Reply: there were 37 domiciliary care providers under contract throughout the county, which was too many to allow for proper monitoring of the care they provided. However, the position was complex and introducing any changes would require time and care. Where there were doubts about the quality of care provided by an ISP, no further placements were made with that ISP, though it was necessary to ensure that they were still held to account.

  The Service Director advised that meetings were being held with the domiciliary care sector about how to move forward, what support the authority could give them, how to improve recruitment and retention, and what sort of contractual arrangements might work in the future.

- How far was quality of care affected by the level of pay for domiciliary care workers, which was often at or near the minimum wage?

  Reply: Some agencies provided good care on low wages. He had given a written reply to a question at Council on 7th December 2011 about rates paid to staff by care agencies. Possible measures being explored included multi-skilling care workers, which should reduce the number of people visiting a service user, and reducing travelling time between visits, which should improve pay for the many care workers who were not paid for travelling time.

One member suggested that it would be helpful if a way could be found of presenting financial information in a simpler form; another pointed out that members often wanted greater detail. The Executive Director reminded members that it would help officers to provide what was required if the Committee could frame its requests for information in very precise terms.

The Committee turned to the question of maintaining and monitoring the quality of service. The Cabinet Member and Service Director responded to members' questions and comments; members noted that

- it was not easy to know whether the increase in the number of complaints reflected an increase in dissatisfaction; although older service users were of a generation that tended not to complain, their families did complain

- the Performance Indicators were positive and although there was scope for improvement, information from the service user survey placed Cambridgeshire mostly at a level above the national average
- consideration would have to be given to how the participation groups (partnership boards) would fit in to the new Health and Wellbeing Board.

As there was a substantial amount of business outstanding, the meeting adjourned to the reserve scrutiny date, 10am on 11th January 2012.

36. ADULT SOCIAL CARE – INTEGRATED PLAN 2012/13

The Committee considered emerging issues arising from the development of the Adult Social Care proposals within the integrated plan for the next financial year. In attendance to respond to members' questions and comments on the developing proposals were

- Councillor Martin Curtis, Cabinet Member for Adult Services
- Adrian Loades, Executive Director: Adult Social Care
- Claire Bruin, Service Director: Strategy & Commissioning, Adult Social Care.

The Executive Director explained that since the report had been published in December 2011, work to develop the IP continued. There had been no change in strategic direction and the IP had not yet been through the formal decision-making process. In Adult Social Care, officers were looking at 2012-13 in the context of the experience of 2011-12; an overspend was being projected for the current year, so projections of savings in the following year were being reduced.

The Executive Director went on to say that savings would be made through reablement, the Resource Allocation System (RAS), inflation management with the independent sector, reducing the cost of higher-cost packages, particularly in Learning Disability (LD) and the review of day services. The overall process was also being examined to provide a strong foundation to deliver savings and accountability for savings; there would be a name against each saving and progress and actions would be measured throughout the year. A further range of longer term measures would also be taken, including seeking to build an infrastructure around prevention, in discussion with Cambridgeshire Community Services NHS Trust; the long-term nature of this work meant that savings from it would be difficult to quantify.

In answer to their questions and comments, members noted that

- reablement, RAS and reducing the cost of high-cost placements had all delivered savings, but it had taken longer to deliver some of these savings than had initially been anticipated; for reablement, for example, the metrics were in place to pinpoint savings and whether the programme was on track. Members commented that budgets in recent years had relied on measures such as these to deliver savings, but had met with limited success; zero base budgeting was needed, rather than repeating previous methods of budget building
- the performance management data was not necessarily in place to provide coherent information on prevention and saving; savings due to reablement were estimated at £1.5m, but there was no precise underlying data to quantify the savings

- a change attributable to reablement was that fewer people were receiving services, but those who did so had more complex needs; more work was being done to support Adult Services' understanding of this
- the IP for 2012-13 had been updated to take account of the experience of 2011-12; for the current year, the location of the overspends in each service area and each budget were known
- it was not necessarily the case that private providers could not deliver services at lower cost without cutting the level of service; care providers working together – as was already beginning to happen – could lead to e.g. shorter travelling times between appointments
- payment to independent sector providers was made on the basis of individual care packages; through negotiation, the independent sector was being asked to absorb inflation savings
- changes in demography and demand could lead to increased costs through more care packages being required than had been anticipated; work was being undertaken with health colleagues to establish what was likely to happen to drive demand. In recent years, the Joint Strategic Needs Assessment had been taken as the starting point for predictions based on anticipated numbers of e.g. frail elderly and people with dementia
- despite current pressures on the budget, it was essential to carve out the resources needed to fund preventative measures in order to reduce future spending and get out of the current position of overspending; prevention should enable people to live independent, health lives for longer, delaying the point at which they would need to receive social care services
- the whole structure of how Adult Social Care worked was being revisited, for example by reducing the number of people who went through a service user's door, and by working with Roddons Housing Association in Wisbech to improve older people's social interactions and so reduce their loneliness
- Cambridgeshire was not alone in overspending on Adult Social Care; nationally, local authorities were talking to each other but none had found a solution to the problem of meeting the demand for care services
- the Isle of Wight judgement, in which the High Court had found against the Isle of Wight Council's policy of raising the eligibility criteria for adult social care, was a serious precedent but Cambridgeshire was not considering changing its eligibility threshold. It was however important that care managers had a consistent understanding of what critical and substantial needs were, and applied the criteria consistently
- the Department of Health grant of £1.5m recently awarded to Cambridgeshire was a one-off payment towards efforts to reduce delayed transfers of care from hospitals in the county. Ways of using this money were already being explored, such as using very short-term (e.g. 48 or 72 hours) live-in carers to ease the transition from hospital to home, or using short-term beds in non-hospital settings while a service user's needs were being fully assessed. Although this funding would not benefit future years, the use to which it was put in the current year would provide an opportunity to test models of care for future use

- in response to a question about how the authority was making sure that the service it was providing was safe despite the savings, members noted that, though it was never possible to provide absolute guarantees on safeguarding, the Care Quality Commission now proactively alerted the authority where it had concerns about a service provider.

In the course of discussion, members also

- expressed ongoing concern about transport, on the grounds that services (apart from home care) were only of use to people if they could access them; community transport schemes in some areas were facing difficulties, as many of their drivers were over 70 or even 80 years old and no new drivers were coming forward. The Cabinet Member acknowledged that the transport issue was very complex. The Chairman said that the Committee's concerns about transport and access to services had already been reported to the rural transport review
- expressed concern at the high proportion of the current year's overspend that had arisen from the cost of providing domiciliary care
- observed that difficulties sometimes arose because staff did not always understand what was expected of them and suggested that a greater investment in staff training would increase their understanding and result in better performance. The Cabinet Member noted the training issue
- touching on issues identified by the member-led review of home care services, commented that the number of agencies contracted to provide home care services was too large, and that rates of pay for many carers in the south of the county, while not below the minimum wage, did not represent a living wage. The Cabinet Member replied that a strategy was in place to reduce the number of domiciliary care agencies, and that if Adult Social Care was itself being expected to operate more efficiently it was right to make that same challenge to provider agencies too. The Service Director acknowledged that better-paid jobs than caring were available in the south of the county. She said that in the context of contracting with care agencies, it might become necessary to take a pricing differential approach, as was already used (based on property prices) for residential care in parts of the county. The Executive Director advised that there would be a more differentiated approach to inflation uplift in the 2012-13 budget, but this would not address all the issues in relation to domiciliary care
- pointed out that if a family carer became unable to carry on caring, the authority had to step into the gap and put short- or long-term care in place, sometimes when the carer and their situation had not previously been known to the authority. The Service Director said that when the Carers' Strategy was being developed, it had become apparent that some people were not being recognised as carers; she would ask her teams to remind GPs of the existence of the emergency register for carers. Carers were of great importance and value, and needed to have their own needs assessed
- pointed out that there was a large number of people funding their own care and asked what investment there would be in the Integrated Plan to give information to self funders and enable them to get good value in the care they funded. Members were advised that there was nothing specific in the IP, but work was being undertaken to develop information available to self-funders, including signposting to agencies that could help them find their

way round the care system; sometimes informal groups were better suited to their needs than the formal care agencies

- expressed a sense of frustration at the difficulty of getting a clear picture of budgetary issues and advocated the use of zero base budgeting as a means of ensuring that a workable budget was set. The Cabinet Member assured members that the intention was indeed to get the budget right first time; it was important to have a culture of consistency from top to bottom of the council and its partner organisations. The Executive Director pointed out that, while budget-setting was led by the need to present a balanced budget, some zero base budgeting was already being undertaken, with predictive modelling being used to establish what the need was. It was important that budget-setting should not be solely a top-down process but should involve staff; some of the ideas which had been incorporated in the budget had been generated by staff.

Asked by the Chairman whether it was realistic to set a budget for 2012-13 which required savings of £17.8m for Adult Social Care, the Cabinet Member said that he believed that a budget would be set for next year that could be met. The Chairman thanked the Cabinet Member officers for their attendance at the meeting and their candid answers to members' questions.

37. REVIEW OF HOME CARE SERVICES: EMERGING FINDINGS

The Committee considered a report on the findings emerging from the Committee's adult social care working group review of home care services. Members noted that the working group was due to meet for the last time in the following week. In attendance to respond to members' questions and comments on the findings were

- Ken Fairbairn, Head of Procurement/Supporting People, Adult Social Care
- Jenny Brennan, Contracts Manager, Community and Adult Services.

The Head of Procurement/Supporting People reported that he was meeting on 11th January with the Workforce Development Team, Skills for Care and the Apprentice Development Scheme. He stressed the need to secure the involvement of the care agencies, as care staff were not employed directly by the Council, and gave the example of using care agencies to staff recruitment fairs on council premises. The Joint Integrated Work Strategy required Health, Adult Social Care and the independent sector to work together, and required funding. The Head of Procurement/Supporting People described call monitoring, which was being introduced to stop call-crowding: an electronic signal was sent by phone to a black box at the beginning and end of each visit, so that short calls could be indentified and challenged.

In reply to members' comments on specific aspects of the review's findings, the Head of Procurement/Supporting People advised that

- in response to the Equalities and Human Rights Commission's report 'Close to Home, an inquiry into older people and human rights In home care', work was being undertaken with the Safeguarding Board, and to ensure that the requirements of the Human Rights Act were embedded in contracts; officers were mindful of the recommendations of the Care Quality Commission, the Local Government Association, and the Department of Health

- with regard to the issue of carers not being paid for travelling time, the aim was to restructure the market by introducing a new contract which would limit the area within which an agency worked, though this presupposed that the right people were available with the right skills. Contracts staff were being asked to look at what agencies were paying, but care was needed when carrying out the procurement work. At the contract review stage, questions would be asked to establish whether an agency had adhered to the requirements of the contract
- the problem of a carer arriving late but leaving at the original time would be addressed by call monitoring, which would reveal when calls started late or were missed entirely. Some conscientious carers would put extra time into one call, making them late for the next. Whatever the cause, call monitoring would make it possible to ask the agency what had been happening. Ensuring service users' wellbeing, safety and dignity through call monitoring was more important than any consequent financial savings
- to address the theoretical risk of a carer reporting a false call time, for example by reporting that they were leaving after they had already left, various measures were being explored such as requiring the carer to use the householder's telephone or making use of GPS information on a mobile phone. However, there was no wish to make the need to report call times prevent a carer from responding promptly to an emergency situation
- agencies would be given more flexibility to determine the length of a call, in that the contract would be for the service user to receive care for e.g. five hours a week rather than one hour a day; this would make it possible to allocate time to tasks across the week and adjust call times to fit the tasks
- with regard to the overall cost-effectiveness of call monitoring, most authorities using it had realised savings of 5% – 6%. Their experience was that although some agencies call-crowded, the majority of agencies welcomed call monitoring and some were using it already.

The Chairman thanked all participants for their attendance.

38. FORWARD WORK PROGRAMME

The Committee considered its forward programme, and agreed that the majority of items originally scheduled for 8th February be transferred to the following meeting on 21st March in the short term, leaving for 8th February:

- Scrutiny of integrated plan 2012/13
- Scrutiny review of home care final report
- Mental Health Service Changes: report from Joint OSC.

Members identified further agenda items for future meetings:

- delayed discharge from hospital
- care agencies and care homes at risk of closure

Seminars were proposed on:

- recent legal judgements in relation to adult social care and their implications, for the Council, e.g. the judgement against Isle of Wight Council
- progress with the Cambridgeshire Future Transport project
- (jointly with Audit and Accounts Committee) base budgeting.

It was agreed that the next two meetings would be preceded by seminars:

- legal issues affecting Adult Social Care (8th February)
- transport developments and implications for Health and Adult Social Care (21st March)

39. CALLED IN DECISIONS

There were no called in decisions.

40. DATE OF NEXT MEETING

It was noted that the next meeting of the Committee would be held at 2.30pm on Wednesday 8th February 2012.

Members of the Committee in attendance – 9th December 2011:
County Councillors K Reynolds (Chairman), N Guyatt, G Kenney, V McGuire, P Read (substituting for Cllr Hutton), P Sales, S Sedgwick-Jell, C Shepherd, F Whelan and F Yeulett; District Councillors S Brown (Cambridge City), M Cornwell (Fenland) and D Reynolds (Huntingdonshire, substituting for Cllr West)

Apologies - 9th December 2011:
County Councillors Austen, Hutton and King; District Councillors T Cornell (East Cambridgeshire), R West (Huntingdonshire) and R Hall (South Cambridgeshire)

Members of the Committee in attendance – 11th January 2012:
County Councillors K Reynolds (Chairman), S Austen, N Guyatt, V McGuire, P Read (substituting for Cllr Hutton), P Sales, S Sedgwick-Jell, C Shepherd, F Whelan and F Yeulett; District Councillor M Cornwell (Fenland)

Further apologies – 11th January 2012:
District Councillors S Brown (Cambridge City) and D Reynolds (Huntingdonshire)

Time, 9th December 2011: 2.30pm – 4.45pm
Time, 11th January 2012: 10.05am – 12.15pm
Place, both dates: Shire Hall, Cambridge

Chairman