

BUDGET & FINANCE SCRUTINY COMMITTEE

Minutes of a meeting of the Budget & Finance Scrutiny Committee held at 6.30pm on Tuesday, 27st January 2014 in Meeting Room 7, Darby House, Telford.

PRESENT: Councillors S. Reynolds (Chair), K. Austin, N. Dugmore, R. Evans, A. Lawrence, G. Reynolds and Co-optee R. Williams.

Also attending: Councillor A. England, Cabinet Member Adult Social Care; Cllrs. V. Fletcher, J. Greenaway and J. Seymour; P. Taylor, Interim Director Care, Health & Wellbeing; Tracey Smart, Finance Manager (Schools & Care Services); F. Bottrill, Scrutiny Group Specialist; S. Jones, Scrutiny Officer (part).

BFSC-33 MINUTES

RESOLVED – that the minutes of the meeting of the Budget & Finance Scrutiny Committee held on 7th January 2014 be confirmed and signed by the Chairman.

BFSC-34 APOLOGIES FOR ABSENCE

Councillors: C. Mollett, K. Guy, Co-optee F. Robinson.

Apologies were also received from Members of the Health & Adult Care Scrutiny Committee invited to attend the meeting: Cllr. D. White, Co-optees Richard Shaw and Jean Gulliver.

BFSC-35 DECLARATIONS OF INTEREST

Cllr. R. Evans declared an interest as an employee of an Adult Learning Disability provider that has 4 contracts out of 70 with Telford & Wrekin Council.

BFSC-36 SERVICE & FINANCIAL PLANNING STRATEGY 2014/15 (DRAFT BUDGET PROPOSALS)

The Chair welcomed everyone to the meeting particularly the members of the Health & Adult Care Scrutiny Committee. She also invited Cllr. Jacqui Seymour to the table. Questions from other Scrutiny Members would be permitted at the Chair's discretion. The Chair reminded everyone attending the meeting that this is a non-political process. She recognised that adult services can be a very emotive issue and everyone would have relevant experience either within their family or as part of their ward work.

The Chair also explained that there had been a power issue earlier in the day that had caused problems with the IT system. Unfortunately the information that the Cabinet

Member and Officers were going to provide at the meeting could not be printed. It was agreed that the information would be circulated to the Committee once the IT systems were working.

The Chair invited the Cabinet Member and officers to present the adult care budget and savings proposals.

The Interim Director Care, Health & Wellbeing suggested that he respond to the questions that had been agreed by the Committee and previously circulated to the Cabinet Member and Officers. The questions had come in different phases so a full written response had been prepared to the first two questions received and while further work had been carried out on the financial details for some of the responses this would be reported verbally to the meeting and the details circulated by e-mail afterwards.

Question 1:

What is the Council's position with regard to the use of zero contracts? The potential use of zero hours contracts is referenced in saving 179.

The Interim Director for Care, Health & Wellbeing explained that the Council has an in-house enablement provider which used to be the old home care service. This provides help for people to do more for themselves. As the service has developed it has become the pattern that people require support at particular times during the day – getting up in the morning, at lunch time and in the evening going to bed. This means that the Council has staff on contracted hours but that care is given at set times in the day so care is only being provided for a proportion of the contracted hours. It has been recognised that this is something the Council needs to look at. Zero contract hours is one extreme but there are other options. A report is being written which will be with the Cabinet Member within the week which will set out that the Council needs to reduce the contracted hours of workers with some guaranteed hours. The Council will need to formally consult, a 45 day consultation due to the number of people involved, with a view to changing contracted hours.

The Chair asked if split shifts had been considered.

The Interim Director for Care, Health & Wellbeing responded that one option would be that staff could work the current number of hours – but over a day – so a split shift could be an example. The current situation is unsustainable and not a good use of public money.

Cllr. England said that the overall figures of £9 million or £10 million savings were well known – but it is important to look at individual services. This situation has developed over a number of years and is untenable. He reported that the Council employs 58,000 hours of care per annum – but because of the pattern of demand was utilising 8,000 hours of the service. He recognised that there is a need for standby time – but this would not account for 80% of the hours.

The Interim Director for Care, Health & Wellbeing added that there is down time e.g. for holiday, sickness and training.

Cllr England emphasised that Service Delivery Managers (SDMs) must manage budget not just services. He said it was his preference not to use zero hour contracts but instead operate a split shift system or alternatively work with the private sector.

Cllr. Fletcher asked if a zero contract was used, would staff be paid the same rate regardless of the hours they work e.g. working early mornings or weekends?

The Interim Director for Care, Health & Wellbeing responded that he did not have the detail – this would be in the report. He said in his view he would rather keep the service in-house as there are links with assessment. But if a solution can't be found in-house we will look to external providers.

Cllr. Fletcher asked if there are sufficient providers.

The Interim Director for Care, Health & Wellbeing said this is a good question. The Council's approach is to work with staff to make this a viable service.

Cllr. Dugmore said that he had informed the Committee at the previous meeting that he was open minded regarding the use of zero hour contracts. From his experience at another organisation they had worked well for everyone. He was interested to find out how this situation had evolved. The peaks and troughs in the demand for the service will have been there for some time.

The Interim Director for Care, Health & Wellbeing said that this has been an issue and it should have been spotted.

Cllr. England said that the organisation is now financially driven so these issues are being picked up.

The Interim Director for Care, Health & Wellbeing added that the system of electronic rostering has only been in operation for 2 years.

Cllr. England said that since this issue has been picked up we are addressing it. He agreed that for some people zero hour contracts do suit and he gave an example from his own experience. The flexibility can help people who have retired to use their skills and experience.

Cllr. Dugmore said that he would not count out the use of zero hour contracts.

The Interim Director for Care, Health & Wellbeing said that it is important the people receiving care have consistency so people would not just be asked to work one or two hours a week. He said there is a balance – we do not want to go to zero hour contracts but neither do we want to give a lot of people contracts for just a few hours.

Cllr. Greenaway said that there is a risk that this situation could be exploited by other providers.

The Interim Director for Care, Health & Wellbeing said he had looked into zero hour contracts and where they worked well is when there is a good employer who offers good terms and conditions.

Question 2:

The Cabinet report sets out that one of the principles for reducing spend in Adult Care will be “reducing cost in areas where spend can be seen to be high in comparison to national averages” (p.37). Please provide information on these comparative costs setting out the areas where the Council has low, medium and high cost services.

The Interim Director Care, Health & Wellbeing responded that there has been a lot of bench marking work. This has shown that the domiciliary care hourly rate appears to be above the national average. The total spend on this service is about £10/12 million. There is a range of providers and a range of rates – some are at the national average and some are above. When the Council buys services from these organisation sometimes we buy at the going rate for that organisation – we need to be more sophisticated about how we do this.

Adult learning disability is an area of high spend. There are 2 strands to addressing high costs in this area – firstly to work with providers to agree what is a reasonable rate and then to agree with the client what the care package should include.

The Finance Manager informed the Committee that this information is available on charts but due to the IT issues they are not able to circulate it at the meeting. She provided an overview of the figures:

Domiciliary Care rates per hour

A comparison with other West Midlands Authorities showed Telford & Wrekin is the 3rd highest area

The national average pay for our statistical neighbours was £12 – 13.

The average cost in Telford and Wrekin is £19 – however this includes re-ablement which is a higher cost service.

The national average rate is £15 per hour.

Telford & Wrekin buys 685,000 hours of domiciliary care – if the cost can be reduced by £1.00 per hour this would save £685,000.

The Interim Director Care, Health & Wellbeing said the Council also wants to examine the rates paid for the type of service – currently the Council is paying the same hourly rate for a checking service as personal care or supporting someone with challenging behaviour.

Cllr. Green commented that individual care packages should be based on individual need.

The Interim Director for Care, Health & Wellbeing said that we do believe that some social workers can overprescribe – putting safety first. We really need to examine this is an essential need being met.

Cllr. Fletcher added that there may be some care that could be provided by other community organisations. The Health & Adult Care Scrutiny Committee has carried out a piece of work that had recommended that some low level services can be provided in this way e.g. shopping, collecting prescriptions.

The Interim Director for Care, Health & Wellbeing said that this is about building capacity in the community.

Cllr. Fletcher responded that it is about getting the right money to the right person and providing the right service. She said she was concerned about the reduction of NHS spend on Continuing Healthcare (CHC). She was deeply concerned that the Scrutiny Committee's report has not impacted on CCG. She asked what measures are being taken to address the issue of the reduction in CHC and if the Council is getting enough funding from the CCG for Adult Services?

Cllr. England said that the CHC spend in Telford and Wrekin had previously been from around £13 million – it was recognised that this was high and the funding reduced to £10 million. However, the funding continued to reduce further and is now unacceptable at around £3 million. He reported that he has raised this issue in a number of forums and following a discussion with the Deputy Director of Central and East Region of the Department of Health. He informed the meeting that if the situation was not resolved the matter would be referred to the Minister. The Deputy Director of Central and East Region of the Department of Health who offered to set up mediation with the CCG and the Council.

Cllr. Fletcher added that the Health and Adult Care Scrutiny Committee has the power to refer the matter to the Secretary of State for Health.

The Interim Director for Care, Health & Wellbeing said that the issues for Adult Social Care services were clearly not all relating to CHC. There is now the new Better Care Fund which will result in integrated working with the NHS. However, local politicians have been clear that if the situation with CHC is not resolved the Council will not sign up to the Better Care Fund.

Cllr. Fletcher expressed concern that patients may suffer as a result of this.

The Interim Director for Care, Health & Wellbeing said that this would not happen immediately as initially the Better Care Fund Plan that has to be submitted by 14 February is high level and there is still time to resolve this issue. He reported that there had been discussions regarding the response to the Scrutiny Report on CHC. There will be ongoing discussions with the CCG to agree a way forward regarding the BCF and CHC.

Cllr. England provided information on the funding allocation for Telford and Wrekin CCG which set out the degree of increase in funding for the CCG and compared this to the cuts that local government has experienced. He also commented the David Wright MP has raised the issue of CHC at the House of Commons.

Question 3:

What is the range of the hourly rate the Council pays for the different types of care

services (e.g. nursing care, domiciliary care etc.)

The Interim Director for Care, Health & Wellbeing set out that the hourly rates can be separated by service:

- Domiciliary care
- Day care (day centres)
- Residential care
- Nursing Care

The services provided within the categories are specific to the client group.

The Finance Manager provided information on the average weekly costs:

Older people: Nursing care: £ 436.19
 Residential care: £423.89

78% of clients in nursing care were at the average cost or below.
75% of clients in residential care were at the average cost or below.

The Interim Director for Care, Health & Wellbeing explained that while the figures seem to show that there is not much different between the cost of nursing care and residential care – this does not include the NHS Funded Nursing Contribution which is about £109.00. The NHS has the responsibility of funding the nursing element of care. The requirement is that there is 1 registered nurse on site – the direct care would be provided by carers.

Cllr. Dugmore asked if a place were available at a nursing home but the client's needs were for residential care what rate would the Council pay?

The Interim Director for Care, Health & Wellbeing responded that the NHS would refuse to pay the Funded Nursing Care contribution and the Council would have a contractual duty to pay the full costs. He explained that what happens in practice is that each case is considered on its own merits. Historically negotiations for care have been with the individual social workers – but they are not always the best at negotiating contracts. A number of different tools have been developed to assess the level of care required and a brokerage team has been introduced to negotiate the price for specific care.

Cllr. England informed the Committee of a number of changes in senior staff which means that rather than having senior managers with general skills and duties people with specific skills have been appointed e.g. commissioning which will make the service more efficient.

The Chair asked how Adult Services will learn from the Children and Young People Services who have experienced similar issues in that the demand for the service is increasing and the council has a statutory duty to provide these services.

The Interim Director for Care, Health & Wellbeing responded that Adult Services is more difficult and complex but recognised that there are similarities in that both services have a small number of people who have very high cost needs. He also identified that there is an issue regarding the cost of young people coming out of care – we need to be realistic about the level of support we can provide to adults.

Cllr. England gave an example of a client who had challenging behaviour and previously had had to have two people accompany him when going out. The support now provided addressed the challenging behaviour rather than containing it and the person is living semi independently.

Cllr. Greenway raised a question about unregulated children's homes in the Borough that care for children from other areas. There are a number of these homes in Telford and Wrekin because of the relatively low cost of housing and planning permission is only required for change of use. She raised concern about the cost implications for the local authority adult services as these young people are likely to stay in Telford once they leave care and are no longer funded by the 'home' local authority but they may have significant ongoing care costs.

The Interim Director for Care, Health & Wellbeing responded that this question has been raised by another Councillor and he had looked into whether Telford and Wrekin is a 'net importer' of adults who have left the care system. The data showed that this is not the case. He added that the significant cost for the transition from children's services to adult services is for people with learning difficulties. Telford is seen as a disabled friendly town and people do move here and become the responsibility of the local authority.

Cllr. England added that he had worked with children with challenging behaviours. His view was that we need to work with them from a young age to promote independence so as a adult they can live an independent life. He also commented that as a new town people moved to Telford 30 or 40 years ago and as their parent get older some will move to Telford to be nearer family.

Question 4:

What is the relative cost of care packages to the Council? The Committee want to find out what is the proportion of high cost care packages and low cost care packages. Can you provide a break down of the weekly costs of care packages by cost? Members are interested to know, for example, are there a large number of low cost care packages that cumulatively result in a high spend or are there a relatively small number of care packages that are very expensive and account for a large proportion of the budget?

The Finance Manager provided information on the costs for Adult Learning Disability Services:

Residential cost per week: £1393.00

There are 62 clients 37% of whose residential care costs over £1,500 per week.

The Interim Director for Care, Health & Wellbeing added that previously some of the more expensive clients would have been funded by the NHS through CHC

There was some discussion regarding the average measure that had been used – it was confirmed it was the mean.

Cllr. England said it would be helpful to have the cost information broken down by decile.

The Interim Director for Care, Health & Wellbeing said that the costs will be looked by provider and then by service. It will be assessed if the service is addressing challenging behaviour or maintaining it.

The Finance Manager added that there may be some clients who are being funded for residential care 24/7 and who are also receiving local authority funded day care.

Question 5:

What proportion of the adult care budget is spent on local providers and what proportion is spent on providers outside the borough?

The Interim Director for Care, Health & Wellbeing responded that there are a range of providers some small local providers and some national organisation but these still employ local people. Most people prefer residential care closer to their home in Telford or the surrounding area. But older people and their family have the right to move nearer to their family and can look for a placement anywhere in the country at a reasonable rate. We usually pay our local rate – but there is a national agreement that a funding authority should pay the going rate in the area where the person is receiving care. There are also people who require specialist care that is not available in Telford who have care placements elsewhere. The report following the abuse at Winterbourne View means that authorities are now reviewing out of area placements as the risk to vulnerable people is increased if they are far from family and organisations responsible for commissioning the services. It was confirmed that Winterbourne View was a private NHS funded hospital. However there has been criticism as this has resulted in some people being moved from their 'home' and from the relationships they have developed. The Committee were informed that Telford does not consider Shropshire to be out of area.

The Finance Manager said she would email the Market Position Statement following the meeting.

Questions 6, 7 and 8

6. What advice has been given regarding the level of consultation required with Adult Care service users prior to implementing the changes required to achieve the savings? What are the timescales for the consultation? Will this impact on the ability to achieve the savings in year? How is the Council mitigating the risk of legal challenge to the savings proposals?
7. Saving of £1.957M: What is the estimated cost of legal advice required to mitigate the risk of legal challenge to these cuts?
8. Saving of £1M from Personalised saving model: What is the justification for this figure given the novel nature of this approach?

The Interim Director for Care, Health & Wellbeing explained that the savings referred to in questions 7 and 8 do not exist. These savings have been broken down in more detail and in the spreadsheet have been 'netted off' in the line below. He said he can provide information regarding the legal advice, mitigating risk and challenge but not in relation to these specific savings.

Question 9

Saving 138: (This links to questions 3 and 4 above about the high cost care packages). What is it that we expect providers to be doing differently to achieve the planned savings? Can we infer from this that we were previously paying too much – and if so why? Or that we are looking at a reduction in the standards of service provision – and if so how are we going to ensure that this is not detrimental to the service users?

The Interim Director for Care, Health & Wellbeing explained that the budget does set out that providers will be paid less – but not at a lower standard of care. There is a balance. If we drive the price down too low it will impact on care. We need to look at individual need.

Cllr. England added that it would be helpful to explain the systems of block and spot contracts and ensuring that these are managed in an efficient way.

The Interim Director for Care, Health & Wellbeing said that by far the greatest purchase was through spot contracts. Telford & Wrekin Council inherited some block contracts from Shropshire Council so these beds are purchased by the council up front. Other block contracts have developed to stimulate the market e.g. for care for elderly mentally ill people. If we have a block contract we need to maximise it but we must also meet individual needs. We do believe that we can deliver some block contracts at reduced rates. If we cannot get value for money we will need to re-commission.

Cllr. Fletcher asked if we do not use all the beds in a block contract can we sell these to other authorities?

The Interim Director for Care, Health & Wellbeing answered that if we are not using them we should decommission.

Cllr. Fletcher referred to the work of the Joint Health Overview and Scrutiny Committee in relation to mental health services. At a visit to the Redwood Centre it became apparent that Telford were paying for more beds than are being used at the Redwood Centre and then the Trust also closed Castle Lodge.

The Interim Director for Care, Health & Wellbeing said that we need to monitor block contracts and use the space – if we are paying a spot contract as well we are paying twice.

Mr. Roy Williams asked what happens in a situation where a person says they want to go to a particular care or nursing home but there is a block purchased bed

available elsewhere?

The Interim Director for Care, Health & Wellbeing responded that if it was for respite care then they would have to use the block purchased bed. We would take circumstance into account in some cases e.g. if the care home is near to family.

Cllr. Greenways asked if there is a way of managing the increase in number of older people requiring care and the care placements that will be provided. She compared this to the process of managing school places.

The Interim Director for Care, Health & Wellbeing said that the local authority does not meet the demand as a service provider. But we have started to think can we deliver care at a cost effective rate? This is not a quick solution as with planning it would take up to 2 years. Currently the market seems to fill this quite well. There is increasing demand e.g. for dementia care. Our commissioners talk to providers and we develop a Market Position Statement.

Cllr. England said that we need to look at alternative means of care e.g. assistive technology. We are 2 years behind the game.

The Interim Director for Care, Health & Wellbeing said that the Council has invested in Extra Care Schemes where older people and people with Adult Learning Difficulties live under 1 roof but with individual tenancies.

Cllr. England gave an example from his experience that people living independently can be very isolated. When people are living together they can socialise and provide support.

Question 10

Saving 110: What is the current contribution to the Senior Citizens' Forum and how much will it be next year?

The Interim Director for Care, Health & Wellbeing explained that £48,000 saving is a target for a number of Service Level Agreements (SLAs) with voluntary organisation that provide support e.g. Age UK and Red Cross. The Senior Citizens' Forum does not provide direct support in this way. He set it up 10 years ago when it was recognised that older people needed a collective voice.

Cllr. Fletcher said that some Members of the Forum come from outside the borough and are on the Committee and voted on the budget.

The Interim Director for Care, Health & Wellbeing said that the Senior Citizens' Forum was individual membership and it was the original plan that it would become self funding. Commissioners have been in negotiations with the Forum.

Mr. Roy Williams said that the Forum did not have a membership fee and provided food at meetings.

The Interim Director for Care, Health & Wellbeing said that this was useful feedback and he will get more feedback from commissioners on what has been

negotiated.

Cllr. Seymour said that the Forum must generate income as they have advertisements in their newsletter.

Question 10

Saving 142: Is this proposing the possible development of “care homes” for adults with a learning disability. If so what assurances do we have that these will take account of the recommendations of the Winterbourne report?

The Interim Director for Care, Health & Wellbeing said the Council does not provide most care we use independent providers. Amounting to £40 million net and £60 million gross (including individual contributions and NHS contributions) Of this £5 million care services are provided directly by 2 residential homes, Carwood and Downing House, Community Living Support Services, Day Opportunities and Shared Lives.

The proposed change is the use of the 2 residential care homes to use some of the in house provision more efficiently. This service is now under the Assistant Director for Customers and People. These services have to be on a proper business footing and must be cost effective. If not, down the road we may not provide them.

Cllr. England said he is keen to extend Shared Lives and would like to same focus on this service as there has been on fostering for young people.

The Interim Director for Care, Health & Wellbeing said that there have been some very good examples where care now costs £ 250 per week rather than high cost residential care.

Cllr. Fletcher said it is important the services still improve people’s lives but asked if the Council has the contingency available if the savings are not achieved within the timescales?

The Interim Director for Care, Health & Wellbeing responded that the Council does not have the level of funding to underwrite all the savings that have to be made.

Cllr. Fletcher said that the Council still has a statutory duty to provide services to adults and older people.

The Interim Director for Care, Health & Wellbeing responded that as an officer he has a duty to provide the required level of care but he also has a duty to make good use of public funds. The National Association of Directors of Adult Services has been lobbying for more funding.

We think that we can save £3million by re-negotiating with providers and this will not directly impact on people, £2.4 million savings from getting more out of enablement and we will continue to lobby the NHS to fund £2million in addition to the £2.4 million already being transferred or increase the number of CHC

assessments as eligible.

We think that £1.5 million of the savings will impact on people directly. People would have had something but now have less.

Cllr. England set out his approach. He said he expected Service Delivery Managers to manage budgets – they have focussed on managing services and there must be a change of culture within senior management. He said he did not want to have the discussion with officer about not achieving the savings – we need to be positive. But if this time next year there is an overspend of £2 million of savings that have not been achieved I will talk to my cabinet colleagues and I would hope they would support the use of reserves. We do need to lobby Government to get adequate funding.

The Chair referred to the Peer Review Challenge feedback regarding the Peer percentage of people with direct payments in Telford and Wrekin is 8.1% with the Family Comparator Group at 14.4%. Saving proposal 111 sets out that this will be increased to 30% which will achieve £100,000 saving in 2014/15 and £425,000 in 2015/16. Is it realistic to set the target at 30% and how will this result in the savings set out?

The Interim Director for Care, Health & Wellbeing replied that we need to invest to drive this forward. It is national policy to increase direct payments, but the national figures show that only 30% of service users will use this in its pure form where they are the employer. This does not work for everyone but the cost of care can reduce where the person uses a direct payment. We have set a target of 30% - other local authorities have achieved this.

Cllr. Seymour asked said that it is essential that the right steps are taken to ensure that where someone will have a change to their care package that this is explained to them and that no-one is just informed that it is happening without understanding why.

The Interim Director for Care, Health & Wellbeing said that there has been a consultation carried out on the New Options for the Adult Learning Disability services. No one should be in the situation where a service is just cut. There is a requirement for reviews to ascertain the level of need and if this has altered. Can we provide the support in a more cost effective way? If there is a substantial change in service we have to build in a transition period. If there is a significant reduction in the service we would have to give due notice and depending on the size make the change in stages. We must do this properly – if not there could be legal challenge or judicial review.

The Chair asked if the consultation on the budget proposals had provided any feedback on Adult Care Services e.g. from the Senior Citizens' Forum.

Cllr. England replied that he had attended the Senior Citizens' Forum on the 13th January and they had been unusually quiet. The Cabinet Member for Finance and Enterprise had provided all the information on the budget proposals.

Cllr. Evans asked if Shropshire Partners in Care had responded to the consultation.

The Interim Director for Care, Health & Wellbeing said that Council officers had met with Shropshire Partners in Care. There is some understanding that some providers will need to look at service costs – but SPIC does represent providers. We have had a ‘working together’ session with SPIC on the budget and integration agenda. There is a recognition that the Council cannot pay more – but there may be some opportunities for providers where the NHS is currently paying £1500 per week for someone to be in hospital when they don’t need that level of care.

Cllr. Greenaway said it is wise to consider the feedback from the peer review which identified further work is needed on the strategic vision and the Resource allocation system (RAS)

The Interim Director for Care, Health & Wellbeing said that he will be providing an update to the peer challenge 6 months on. We must make a step change with personalisation and with the RAS we are nearly there. With every assessment the RAS will be built into it. This will allocate the funding so if £100 is allocated – we will work with the service user to see how to use it best. The traditional system looked at needs, then care then cost at market. Now we will look with the individual how to make the money work for them. We can also analyse how different social workers assess needs and monitor if the similar level of need is given a similar level of resource. We will be introducing the RAS to those entering the system but will also need to introduce it to people in the system so, for example someone currently receiving £200 the RAS may allocate £100. We will need to deal with this.

Cllr. Fletcher asked for clarification regarding savings 105, 136 and 176. It was confirmed that these have been netted out.

The Chair thanked the Cabinet Member and officers for attending the meeting.

The Chair moved on to the second part of the agenda item to consider ant matters arising since the previous meeting and agree items for the next meeting.

It was confirmed that Assistant Directors Clive Jones and Karen Perry will attend the meeting on the 4th February to give an update on the cost improvement programme. At this meeting the Committee will also be asked to agree the comments on the budget proposals to go forward to Cabinet on the 20th February.

The meeting ended at 8.20pm.

Chair:.....

Date:.....