

*Improve lives and prevent,
reduce or delay the harmful
impact of caring*



Annual Report

Year ended 31st March 2016

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Welcome

Welcome to a snapshot of our work and impact.

A year with more change, including my becoming Chair. We have grown again, diversified both income and support and strengthened internally and through partnerships.

We recognise that thousands more family and friends will take on increasingly complex caring roles locally, often to their own detriment - financially and in physical and mental health. Yet the wider public and employers remain unaware and so miss chances to be helped and to help themselves and each other. We're ambitious to work with more of you, to help end this. Please make a pledge to do something - we want to hear from you.

Linda Collumbell, Chair of Trustees



Our Year

I'm not prone to hyperbole, but 2015-16 was a spectacular year for us and I'm confident 2016-17 will be too. That reflects no complacency, but the dedication and skills of hundreds of fantastic staff and volunteers that I'm proud to call friends and colleagues.

We are responding to a "prevention" strategy to recognise and help people who care earlier by creating Caring Communities, putting older and younger carers on everyone's radar and doing more to evidence the value and impact of what we do. The alternative is that more people face "catastrophic care costs" and catastrophic lives, with further deep cuts in social care reducing state support and respite. With the support of our main funders (on page 20), we have extended our range of support and mobilised quickly to preserve quality care and carer breaks in Norfolk.

Giving carers and caring a higher public profile and understanding continued with a very successful *Pride in Our Carers Awards* in June 2016.

The evidence that caring is harmful is now overwhelming and we want to raise more grant and public funding to help those most affected. To this end, our new mission is very focussed: we are here to **Improve lives and prevent, reduce or delay the harmful impact of caring.**

Helen Brown, Chief Executive



Help us help more carers! Call 0345 241 0954 to donate

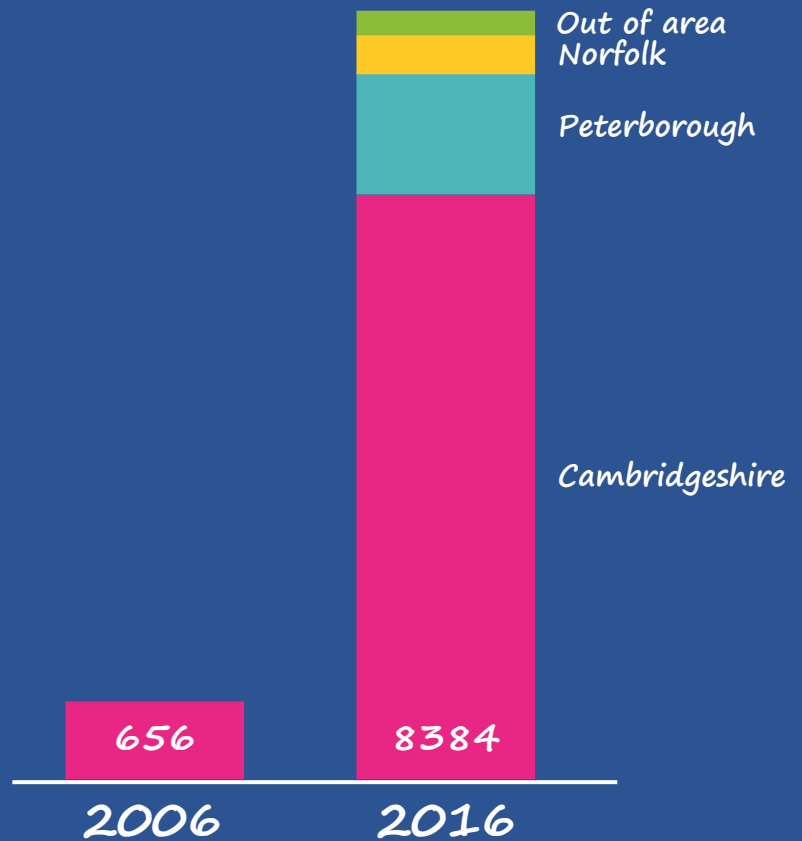
About Us

Although most of our income comes from contracts we still need to raise £200k per annum to deliver all our services.



Number of carers supported

What a difference a decade makes!



238

Carer Support
Workers and Office
Staff

77

Volunteers

100%

of staff are proud to work
for us!

In October 2015, with just 6 weeks notice, we safely transferred the care of 317 carers and maintained employment for 69 people after Crossroads Care East Anglia in Norfolk ceased trading.

Our new Mission

Improve lives *and* prevent, reduce or delay the harmful impact of caring

Key **Adult carers** **83% adults report poorer mental/physical health**

Young carers

1 in 5 carers give up work to care

If it isn't you now, it's likely to be

Employment/
Education

Health

The caring role

1.5 times more likely to have long-term illness

2 times more likely not to be in Work, Education or Training

1 in 8 are under 10 years old

49% struggling financially

54% expect quality of life to worsen

Finances

Impacts of Caring

Managing at home

Average family income lower

Social isolation common

Responsibilities inappropriate for children

How you feel

Time for yourself

1 in 12 care for more than 15 hours pw

Proud
Expert
Loving
Dutiful
Needed
Inspirational
Passionate
Responsible

Scared
Worried
Overwhelmed
Tired
Confused
Angry
Guilty
Isolated

How many unpaid, informal carers in the future?

Number of health and social care employees, volunteers and carers

NOW

1.4m

NHS paid workforce

1.6m

Social care paid workforce

3m

Volunteers

5m

Unpaid carers

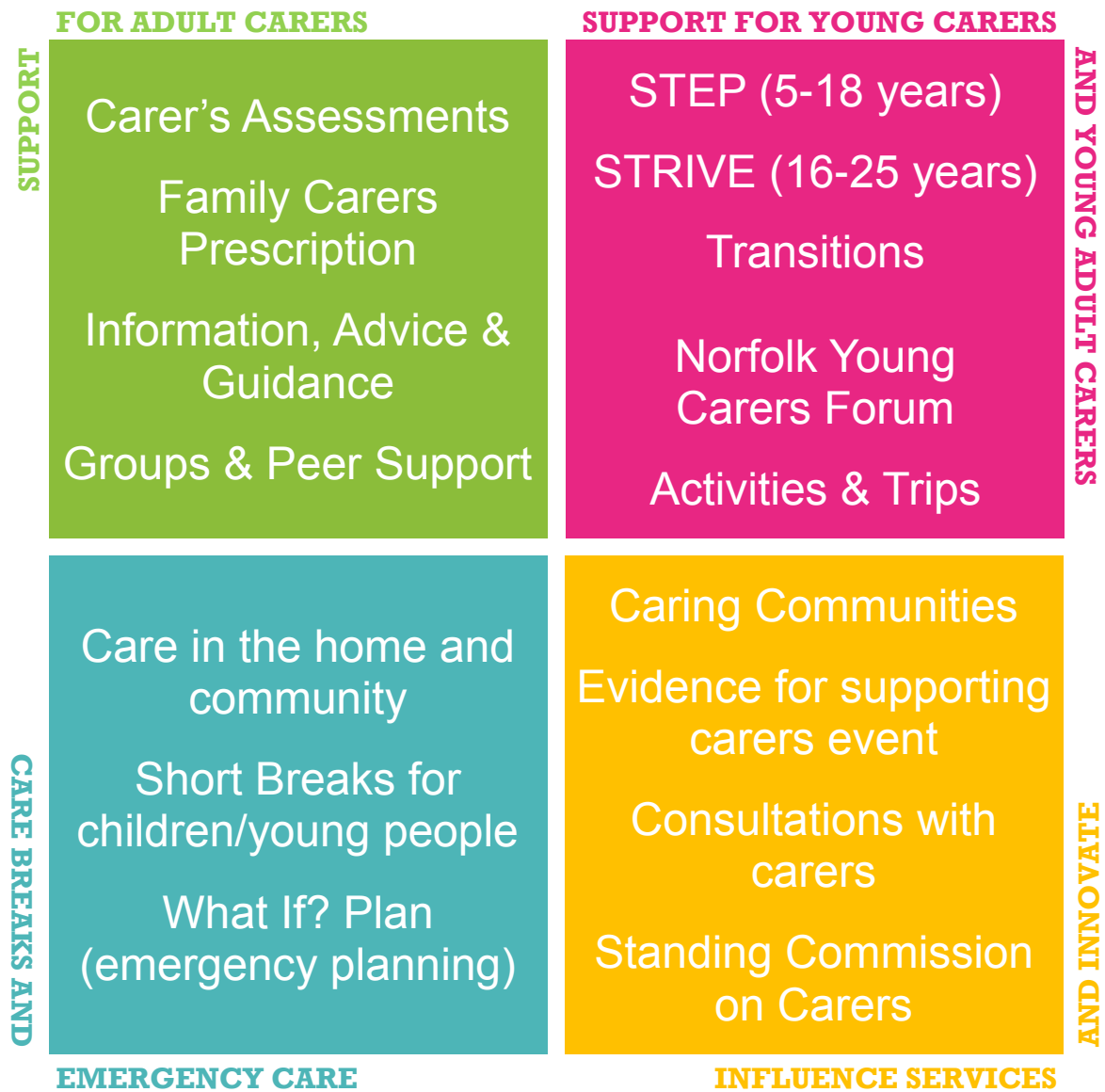
© Kingsfund website

Estimated 9 million carers by 2040

A third of carers are aged 75-84 and this will grow

60% of carers don't live with the person they care for

How we do this



Partnership Working

We are supporting Cambridgeshire and Peterborough Community organisations to play a greater role in health and wellbeing and so help carers and people with care needs through more integrated support.

Health & Wellbeing Network
0300 666 0142

Mission

"To improve Health and Wellbeing across Cambridgeshire through a more integrated Community Sector Network."

Vision

"To improve the quality of life for the people of Peterborough by bringing together the wide diversity and expertise of the voluntary, community and social enterprise sector."



Our display at a symposium in of Health and Cabinet Office for

Harnessing Social Action in Health Symposium



CabinetOffice
Office for Civil Society

THE 3RD SECTOR CARE
AWARDS 2015
WINNER

Creating Caring Communities Together



AIM? To reduce Carer breakdown by improving and increasing Carer identification in Cambridgeshire and Peterborough.

HOW? Raise awareness of Carers and their needs
Create a network of Carers Friends and Champions*
Help link Carers to existing services/support and prevent crisis.



Successful in increasing:*

Carers identified - 1366

Referrals - 675

Carers Friends and Volunteers - 698



Addenbrooke's Hospital

Increased Carer referrals and MDT attendance contributes to better discharge planning.

Cambridgeshire and Peterborough NHS Foundation Trust

Supported the roll out of their Triangle of Care through delivering Carer training using e-learning module.

Care Network Cambridgeshire's Navigator scheme

Increased referrals from 118 to 452 (2014 v 2015).

* To Feb 2016

Case Studies

- ✓ Targeted information and support reached isolated and hard to reach Carers.
- ✓ Carers felt better informed, more in control and remained in employment.
- ✓ Carers who become volunteers reported it improved their confidence, self esteem, wellbeing, reduced isolation and gave them a sense of feeling part of something.
- ✓ A family case study with unrecognised young and young adult carers, from an adult referral.
- ✓ Demonstrated how regular breaks can alleviate isolation and reduce Carer stress and strain.

* We engaged with people warm to social action, through their profession or volunteering elsewhere.

One of the key successes of the project has been to focus on where we are helping to meet other organisations' aims and objectives too.



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Whitehall by the Department Civil Society and Innovation

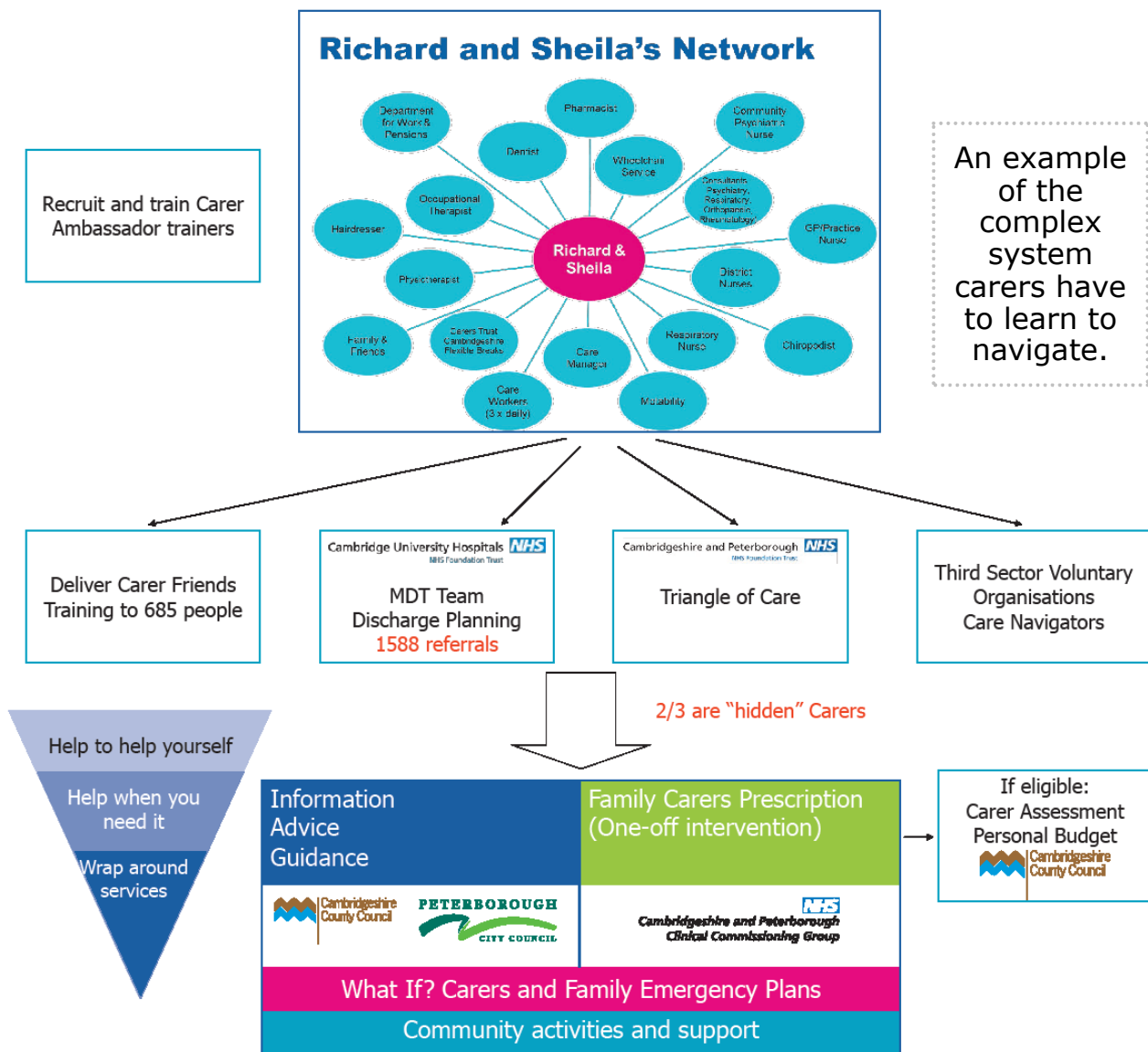
Harnessing Social Action in Health Symposium



CabinetOffice
Office for Civil Society

THE 3RD SECTOR CARE
AWARDS 2015
WINNER

Creating Caring Communities Together



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NICE Guidance Case Study

It took a long time for Colin to realise the responsibility he was taking on caring for his wife. He was never told he was a Carer. He now volunteers as an Ambassador to improve identification and support for other Carers.

Care Act Case Study

Emma had a Carers Assessment to free up time to spend with her children.

"Carers Trust Cambridgeshire HAVE SAVED my marriage and my sanity!!!"

Employment Case Study

Philip, caring for his mother with dementia, has benefitted from a range of support which has enabled him to be better informed, more in control and remain in employment.



Customer Relations Team

“It has given me peace of mind just to be recognised as a carer... it is good to feel valued and supported.”

All carers are recognised, valued, informed and involved

The best part of being in the Customer Relations Team is helping so many different people.

We can talk to someone who has never heard of us before, to someone who is a regular client who wishes to change their appointment, or to a professional from health or social care who requires advice or would like to make a referral.

74 enquiries per day,
lasting from
**5 to 50
minutes***

Being a family carer can be an emotional rollercoaster and we deal with many people who are at crisis point.

It can be a very emotional experience, and we can leave at the end of the day totally drained, but knowing that we have helped people keeps everything in perspective.

Everyone
is offered a choice of
telephone, online or
face-to-face help

68%

of calls are dealt with by
providing the carer with
information and guidance*

94%

would recommend us to a
friend or family member

* Relates to just Cambridgeshire & Peterborough

91%

of carers feel valued as a carer by us

2,333

carers were new to us

791

young carers and young adult carers supported

6,051

carers returned for information or support



"I am writing to say thank you for the help and encouragement I have received from your organisation. My husband and I have been dealt a life changing experience; I broke my hip in a fall and recently my husband was diagnosed with terminal cancer.

A very dear friend told me about your organisation. I have been kept informed and given guidance on things I would not have known about. One never expects things like this to happen.

A lady called Nicola rang to see if there was any further help you could give and put us on to the Acorn group in Ramsey, who are so welcoming and friendly, and we have just had a day out with them, the first of many we hope. She also talked me through the 'What If?' Plan,

and we are now registered. The books she sent have been most helpful, with Attendance Allowance and much more.

I have had a follow up call from Carol and Nicola, and told Carol how happy we are with all of you in your organisation. I just wish there was more help where I live.

"Of course we are just one of many who need help, but feel that we are lucky to have found you."

Please convey our thanks to all your team and may you continue in your good work."

*Pauline Price,
who cares for her husband Bernard*



Enable carers to remain physically and mentally well and to fulfil their potential through education, employment and volunteering

When a loved one is admitted to hospital, family carers have to put their trust in medical professionals.

Our staff at One Place in Addenbrooke's Hospital aim to help reduce any stress and anxiety this may cause.

Family carers may have to deal with life changing situations. Their whole world may be turned upside down by a diagnosis. Equipping carers, family and friends with information about support and services available through us and other organisations, can make a difference.

1,026

Family Carers Prescriptions issued by GP surgeries in 2015-16

498

statutory Carer's Assessments and Support Plans completed

82%

of carers supported realised that their own mental health and wellbeing was a priority

599

carers directly referred (to receive additional support from others)

698

professionals and volunteers
participated in
Carers Friends training

42

transition plans completed
to help young people under
the age of 18

48%

of Family Carers
Prescriptions avoided
hospital admission

72

adults and young adult
carers were supported to
remain in employment



Chloe supports her mum, who has mental health and other issues. She had not seen her dad for 18 months. He had been involved in a car accident six years ago and required full time care in a residential home in Leeds. This had resulted in Chloe being very isolated as she was supporting her mum. She had no other connection with her family and no way of getting to see her dad – she was really anxious about this as she didn't know how he was progressing or if anyone was looking after him properly.

Danielle Cousins of the Young Carers Team at Carers Trust Peterborough suggested Chloe complete a Family Carers Prescription (FCP) and during half-term, so to avoid disrupting schooling, Danielle took Chloe to visit her dad.

Chloe also saw her grandmother who gave her some birthday money for the following week and also offered to send her some money for a train ticket.

It was an emotional day and many tears were shed, not just by Chloe. The FCP service allowed Chloe some peace of mind as well as the chance to spend some time with her father whom she missed desperately.

“Thank you for making this day possible, I didn't think I would get to see my dad again.”

Family Carers Prescriptions are offered to adult carers, young carers and young adult carers throughout Cambridgeshire and Peterborough.



Saturday Club for children with autistic spectrum conditions

“Mum was very impressed and cannot believe the detail in her care plan.”

Provide personalised support, both for carers and people with care needs, enabling them to have a family and community life

A ‘one size fits all’ approach does not necessarily work for everyone.

Not everybody requires someone to care for their family member or friend, they might need something very different.

Carers Support Officers engage with the carer and the person they care for.

We look at the carer as an individual and the impact of caring, to ensure they get the support they require; and we signpost to other agencies and organisations.

By treating everyone as individuals and not comparing them to others they get the support they need. This approach makes carers feel listened to and supported.

53,611

carers breaks in
Cambridgeshire, Peterborough
and Norfolk (since October)

82%

of carers enjoyed a life
alongside their caring role as a
result of our support

5,000

hours of care provided
to children with Special
Educational Needs

222

events for young carers and
young adult carers

85%

of carers felt more confident as a result of our support

57

young carers received 1:1 support outside groups

102

emergencies responded to

317

carers in Norfolk joined us in October when their provider ceased trading



We received a referral for a carer who was under extreme stress and was struggling to cope with her husband's behaviour changes, relating to his condition.

The carer had not had any time to herself at all and was becoming increasingly isolated and was under a great deal of stress.

We visited the carer to provide advice, support and guidance. A Carer's Assessment was completed and her direct payment was used to pay for a break. We also recommended the carer sought a Family Carers Prescription. They refused this at first, but the Carers Support Officer worked with them to build a trusting relationship and to find a common interest.

The husband agreed to go to Duxford, supported by a Care Worker which he thoroughly enjoyed. His wife was given regular updates throughout the day and she had a well-earned break from her caring responsibilities for a whole day.

"I feel so much better as things have calmed down at home and the support has been brilliant."

We subsequently referred the couple to the Alzheimer's Society for ongoing support and the Older People's Community Health Team. The family have also gone on to privately purchase care from us. We are accomplished at being the first external help people use.



Elizabeth Truss MP at Swaffham office opening



Be the best we can be: participate, innovate and communicate

Norfolk Young Carers Forum held a Young Carers Question Time at UEA.

Young carers posed questions to various VIPs including an MP, a GP, the deputy dean of students at UEA and the Chair of the Children's Committee at Norfolk County Council.

Young carers also shared stories of how they struggled with mental health issues, how they found it difficult to get to school when they did not have sufficient money for bus fares and how difficult it was to get professionals to understand and engage - especially when young carers and young adult carers can lack confidence to speak up.

94%

of staff believe what they do makes a difference

1,594

carers were signposted to 122 other organisations

8,000

Carers Magazines distributed every quarter in Cambridgeshire

"Do we look like we care?"
Young Carers worked with NHS England to produce a film to inform health professionals
<http://bit.ly/2be2as9>

NHS
England

“Helen was really motivated with the right leadership approach to get things done in the right way, and the role she plays at Carers Trust Cambridgeshire is integral and is crucial to its many achievements”

THE 3RD SECTOR CARE AWARDS 2015 WINNER

“People were treated by kind and respectful staff who they liked.

People were supported to reduce the risk of social isolation. They were helped to go shopping or take part in recreational activities that were important to them.”

Inspected and rated

Good

CareQuality Commission

In Cambridgeshire and Peterborough

“I also spoke to the carers after the site visit and was so impressed with the way the organisation has involved them in the decision making and consultation.”

centre of excellence

Carers Trust Award



Carers Information Day

In May 2015, we held a countywide **Carers Information Day**. We invited carers of adults, parent carers, young adult carers and Third Sector representatives. We discussed what impact The Care Act (which had just been introduced) would have on them, their lives and their finances. We also discussed what barriers carers faced, what improvements carers felt could be made and also what would make life easier for them.

All of these were reported back to the relevant authorities with the aim of including them in Cambridgeshire County Council's Carers Strategy, to inform our Strategy for the next four years and to also inform government policy. The feedback formed the basis of the Evidence for Supporting Carers event and our plans for carers support.

Evidence for Supporting Carers

In September 2015, we held the **Evidence for Supporting Carers** event where we presented the evidence on the importance of supporting carers with the type of support they need, rather than the type of support others think they want. We also informed carers of the type of support and advice which is already available to help them as well as the services which would be created as a result of the consultations.

Jen Kenward, Patient Experience Lead from NHS England and Amy Baldwin, Carer Lead at the Department of Health (DH) came to listen and talk about the NHS and DH commitment to carers.

Our guest speaker that day was Dr Jane Hawking who spoke about her experiences of caring for her former husband, Dr Stephen Hawking.



A family who we support in the home and at young carers groups

“I am in desperate need to learn to drive and I cannot express how grateful I am to you for allowing me the opportunity to begin my lessons.”

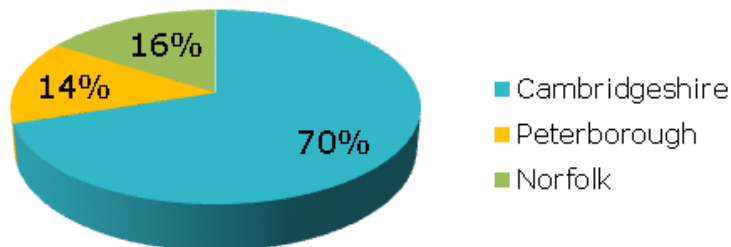
Thank you to all our supporters

We couldn't do what we do without the funds donated by our supporters.

We are grateful to all the individuals and organisations that support us.

As part of our ongoing commitment to Data Protection, Information Governance and in light of recent stories in the press about Charity governance, we no longer publish individual's names. Every donor is thanked when we receive their donation.

Total Income split by Area



97p

of every pound donated is spent on charitable activities

£2,000 supported 26 families

through the Family Fun Day Fund

Zero

“chuggers” employed by us

We don't pay third parties to fundraise from the public for us

£37,000

from donations and legacies

What your donation goes towards

£15 gives a young carer a few carefree hours by giving them the opportunity to take part in a range of activities from arts and crafts to sport.

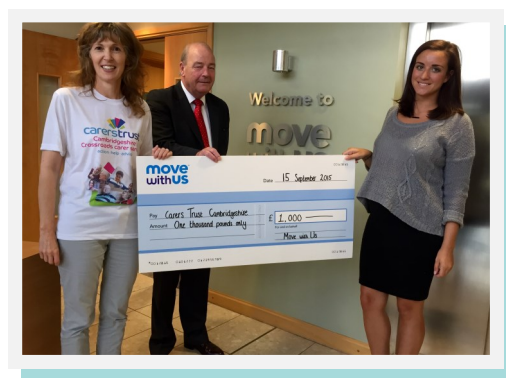
£25 allows our specialist care workers to provide an hour of palliative care and help the whole family interact as normally as possible in a difficult situation - often social services will not be able to respond quickly enough in these situations.

£50 gives a family carer who cares for someone with Dementia, a vital break from caring for an afternoon and a chance to just be themselves.

£100 pays for a family to have a fun day out (see page 18).

£2,000 supports a group of Young Adult Carers through education or into employment for one year.

However much you choose to donate you can be assured it makes a difference to the lives of carers and people with care needs living in Cambridgeshire, Peterborough and Norfolk.

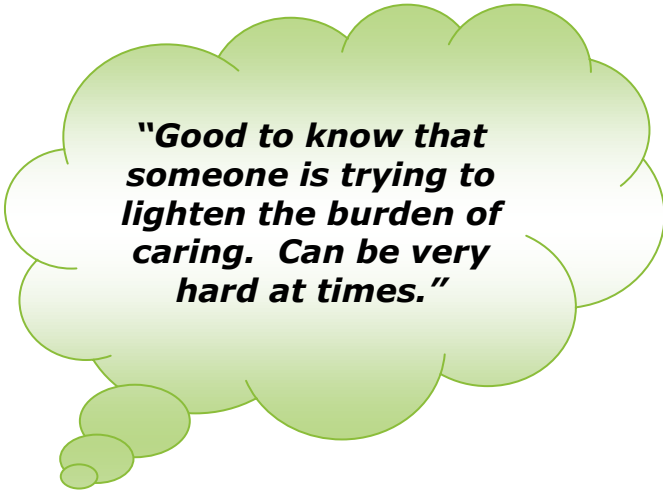


Financial Statements


Reserves are needed to cover unplanned changes in funding and other expenditure. The levels of reserves are in line with our Reserves Policy and are reviewed annually.

	Mar-13	Mar-14	Mar-15	Mar-16 *
Income	£ 2,233,971	£ 2,463,128	£ 2,812,602	£ 3,733,639
Expenses	£ 2,323,298	£ 2,450,396	£ 2,789,767	£ 3,637,530
Net movement in funds	-£ 89,327	£ 12,732	£ 22,835	£ 96,109
Unrestricted funds	£ 570,501	£ 587,209	£ 573,539	£ 692,256
Restricted funds	£ 24,058	£ 20,083	£ 56,588	£ 33,979
Total charity funds	£ 594,559	£ 607,292	£ 630,127	£ 726,236

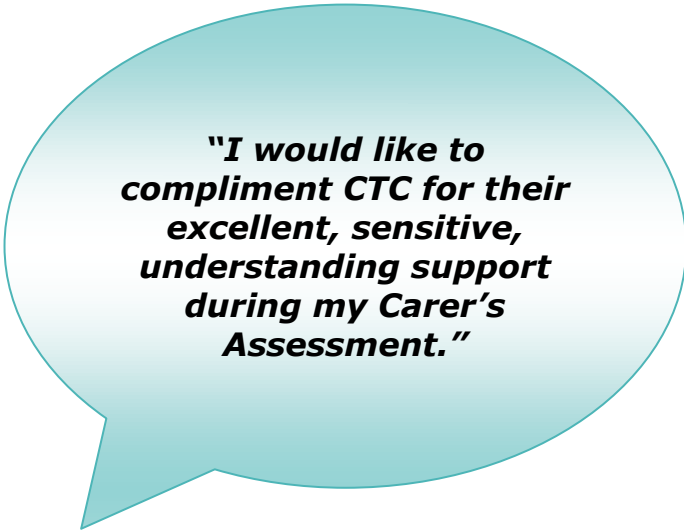
* includes half-year of Norfolk operations after Crossroads Care East Anglia ceased trading



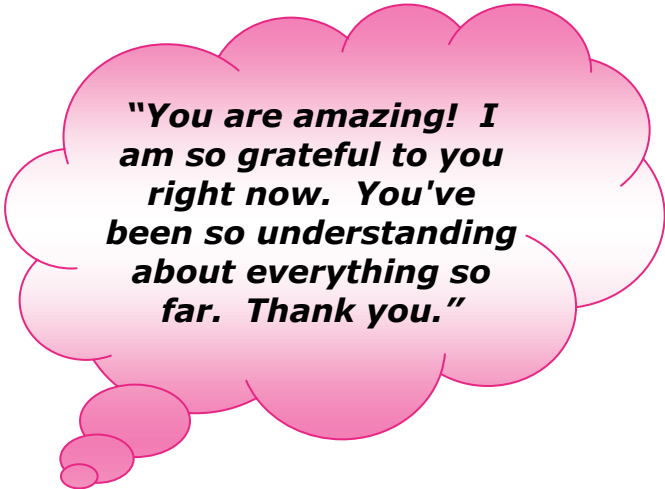
"Good to know that someone is trying to lighten the burden of caring. Can be very hard at times."



"Blended very well with the family and made us feel as though she was part of the family."



"I would like to compliment CTC for their excellent, sensitive, understanding support during my Carer's Assessment."



"You are amazing! I am so grateful to you right now. You've been so understanding about everything so far. Thank you."

We received funding from Carers Trust which enabled us to establish the **Family Fun Day Fund** which gave families up to £100 to spend a day together which they often don't get a chance to do.

On average families asked for £80 each. They went to the beach, out to theme parks or even just out for a meal which for one family was a rare occurrence that they were able to eat together.

"We went for a meal as a family and ate together - we don't have a table so this is very rare."

The Young Carers team were touched by hearing this and bought them a table so the family could often eat together.

Your donations will help us to continue with this Fund, helping more families.

A chance comment about hating Christmas prompted an outpouring of generosity from staff, trustees and local retailers. One of the young carers we support had not received any presents the year before, we heard. We made a call out to staff and volunteers for donations of items for hampers. Overall we delivered 20 hampers. It was overwhelming to deliver so many amazing baskets of goodies to our well-deserved families and young people.

"The highlight of our Christmas was receiving a hamper from Carers Trust Cambridgeshire, the first ever! My son and daughter had little things included just for them. It was so thoughtful."

Thank you to the organisations who have donated to us!

Almary Green
Bluntisham Baptist Church
N W Brown Insurance Brokers Ltd
Buckden and District Churches Together
Buckles Solicitors LLP
Cambridge Evening News
Cambridge Students' RAG Appeal
Castletowns Womens Guild
Cawston Lunch Club
Carers Trust Cambridgeshire YC team
City & University Of Cambridge Masonic Charitable Trust
Clayburn Court Care Home
T.L. Cobbold Funeral Directors
Cornelius Group
Cromwell Community College
Earl Fitzwilliam Charitable Trust
Fireworks In Hemingford
Great Shelford Day Club
Haddenham Steam Rally
Howden Joinery Ltd
Huntingdon & District Round Table 410
Harris + Hoole, Huntingdon
Huntingdon Town Council
LDH House, La Doria
Maxine Lester
John Lewis

Luminus Group Limited
Move with Us
North Norfolk Beach Runners
Norwich and Peterborough Building Society
Oddfellows Society
Passport Office Peterborough
Pinpoint
Pye Foundation
Ramsey Methodist Church
Rotary Club of Huntingdon
Rotary Club of Peterborough Ortons
Rotary Club of Ramsey
Rotary Club of St Neots St Mary's
Sainsbury's - March
Salvation Army - Peterborough
St Ives Rotary Club
St Neots Rotary Club
Stapleford Womens Institute
Stone Cross Lodge of Freemasons
The Ardwick Trust
The Mary Strand Trust
The Much Loved Charitable Trust
The Penfold Trust
Trinity College
Waitrose
Wisbech & Walsoken Sick Poor Charity

How you can support us

If you would like to support our work in Cambridgeshire, Peterborough and Norfolk you can help in various ways.

- Go to our website to make a **single** or **regular donation** www.carerstrustcambridgeshire.org/help-us-help-others/donate
- **Leave a legacy** or gift in your Will
- **Collection tins** are available for individuals or businesses who would like to collect for us
- **Donate raffle prizes** that we can use at events or for our Annual Online Auction
- Participate in a **sponsored event** in aid of us
- **Organise a fundraising event** for us, e.g. Race Night, Film Night, Come Dine with Me, etc.
- Could your employer adopt us as their **Charity of the Year**? You could organise fun events with colleagues for great team-building.

Call us for more information - 01480 499090.

Our Trustees and Key Skills



Back row left to right: Matthew Lester, Christina Wells, Rhiannon Sarginson, Roger Rhodes and Wayne Weedon. Front row left to right: Anne Davis, Alison Griffiths, Beverley Howard and Linda Collumbell. The Board also includes Ann Braithwaite who is pictured bottom right.

Linda Collumbell (Chair) has local knowledge; understanding of carers' issues; staff supervision; recruitment and personnel management and group work skills.

Anne Davis (Treasurer) has financial/management experience, strategy & operational, project management and process improvement.

Ann Braithwaite has management, education (including young people), computing and IT experience.

Roger Rhodes has financial management and investment, business management, local charitable networking skills.

Wayne Weedon (Company Secretary) is a Chartered Global Management Accountant. He has Business, Financial Management & Control, IT & Strategic Change Management, with the ability to shape the direction of organisations.

Alison Griffiths, who brings vast financial and professional expertise spanning 30 years to the board.

Beverley Howard has worked in the voluntary sector for 12 years and was formerly CEO of Rural Cambs Citizens Advice Bureau. We hope that Beverley will be joining us soon.

Matthew Lester is a Director of Maxine Lester Residential Lettings and spent 10 years as Operations Director for the disability charity Papworth Trust.

Rhiannon Sarginson has vast commercial, business development and charity sector experience, having worked in charity project management and transformation.

Trustees' Annual Report

Year ended
31 March 2016

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Trustees' Annual Report for the Year Ended 31 March 2016

Trustees' Annual Report

for the year ending 31 March 2016

The trustees are pleased to present their annual directors' report together with the financial statements of the charity for the year ending 31 March 2016 which are also prepared to meet the requirements for a directors' report and accounts for Companies Act purposes.

The financial statements comply with the Charities Act 2011, the Companies Act 2006, the Memorandum and Articles of Association, and Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015).

Our purposes and activities

Our objects in our governing documents are to relieve the stresses experienced by carers, and both children and adults who have caring needs, as a result of disability, illness or age by offering a respite service through the provision of community based support workers, within Cambridgeshire, Peterborough and Norfolk plus the surrounding area.

Our vision is of a world where the role and contribution of unpaid carers and young carers is recognised and they have access to the quality support and services they need to live their own lives.

Our Mission, to help us achieve our Vision, is to: *Provide services that respond to the needs of family carers, young carers and the people they support, offering them peace of mind and understanding and work with them and other stakeholders to influence service innovation and growth.*

We have changed our mission for 2016-20 which is explained on page 31.

Why do Carers need support?

Unpaid carers perform a unique role in our society and increasingly, most of us are likely to assume responsibility for helping to care or support someone close to us at some point in our lives. We become carers when our caring responsibilities exceed normal expectations for a relationship due to the illness or chronic condition of someone close to us.

Young carers carry out, often on a regular basis, significant or substantial caring tasks, taking on a level of responsibility that is inappropriate to their age or development.

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Trustees' Annual Report for the Year Ended 31 March 2016

Many people enjoy or derive great satisfaction from their carer role and may acquire new skills and friendships, but carers often unknowingly place their own physical, mental and financial wellbeing at risk of harm without appropriate support.

Many experience conflicting emotions, such as loving the cared-for person while resenting the burden of care; being proud of what they do as carers while resisting the restrictions made on their lives. However, without unpaid carers, Health and Social Care could not cope with demand for care, so there may be an assumption by professionals of a duty or obligation put on family and friends to provide care. This can lead to carers feeling guilty or confused and further isolated from friends, family and support.

The Census 2011, British Household survey 2009 and GP Patient Surveys have consistently shown high levels of carers reporting poor health outcomes. The Census found carers across English regions are between 2 and 3 times more likely to be in bad health if they are providing 50 hours or more unpaid care per week than if they provide no unpaid care.

Poverty is an issue that disproportionately affects carers and their families. Carers are less likely to be in full time employment, more likely to have left work or retired to care and suffered the consequences in terms of reduced income and pension rights.

Young carers are more likely to suffer from long term illness, achieve significantly lower exam grades and have poorer life chances, including higher likelihood of no or low paid employment compared to young non carers. In addition, their families may not be receiving all of the help they should.

1 in 10 adults, including young adult carers, will have a caring role and many have poorer mental and physical health, as a result of caring without receiving timely information and help:

- 83% report a negative impact on mental and physical health
- 61% have faced depression
- 49% are struggling financially
- one in five carers give up work to care

These numbers are all projected to increase, as the population ages and more people live longer with ill health. The reliance and demand on carers and carers' time in the future is only set to increase with changing government legislation, overburdened health services and the increase in life expectancy. The proportion living with dementia, in particular, is projected to double between 2015-2025. In recognition of this, new legislation came into effect in April 2015 which gives increased rights to adult, parent and young carers and places duties on councils and partners in relation to recognition and support (Care Act 2014, Children and Families Act 2014). However, the legislation was introduced at a time of austerity and cuts to council budgets.

Providing practical support and raising awareness of caring and carers, to help people and families understand the impact of caring, are key issues we aim to address so that they can access information and support to help them. In this way, we aim to improve lives and prevent, reduce or delay the harmful impact of caring (our new Mission from 2016) and meet

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our charitable objects.

The strategies employed to achieve the charity's vision, mission and objectives are:

- All carers are recognised, valued, informed and involved.
- Enable carers to remain physically and mentally well and to fulfil their potential through education, employment and volunteering.
- Provide personalised support, both for carers and people with care needs, enabling them to have a family and community life.
- Be the best we can be: participate, innovate and communicate. Demonstrate outcomes and added value.

To put these strategies into actions we have four major areas of activity, which are:

1. direct support of adult carers
2. direct support of young carers and young adult carers
3. provide care breaks and emergency breaks to give carers respite whilst supporting adults and children with care needs to remain independent.
4. working with carers and other stakeholders to influence service innovation and growth of support.

1. Direct Support of adult carers

A broad range of support and services are provided in Cambridgeshire and Peterborough, which were expanded in 2015 through a contract with Cambridgeshire County Council for carers services, in response to their duties under the Care Act 2014.

- Information, advice and guidance, including Cambridgeshire Carers Magazine
- A Carers Assessment, Support Plan and access to a personal budget if eligible
- Help with Emergency Planning and support via a What If? Contingency Plan
- Flexible breaks for family carers
- Award winning Family Carers Prescription via GP surgeries
- Carers groups, drop-in events and training, including dementia support
- Engagement events to enable Carers to have a voice and influence
- Opportunities to volunteer or be involved
- Additional community based support, though working with other organisations and employers to enable them to be more carer aware and to offer solutions.

2. Direct Support of young carers and young adult carers (<26 yrs)

Our projects enable young carers and young adult carers in Cambridgeshire, Peterborough and Norfolk to meet other young people in similar caring roles and have fun away from their responsibilities. Activities and support includes:

- Term-time community based and school based groups

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- 1 to1 support
- Support into education or training, linking with colleges, universities and employers
- Transition planning, Health and wellbeing plans and Carers Outcome Star completion
- Day trips, residential trips and activities
- A voice for young and young adult carers and a chance to make contact with others
- Opportunities to get involved in [National projects](#) (such as with NHS England or Carers Trust in 2015-16), for personal growth. Young people were involved in film production and trained in assessing grant applications, with key transferrable skills. The products of their involvement raise awareness of support for young carers.

3. Care breaks and emergency care – adults and children

We enable carers to have time for themselves, to remain in employment or education or have peace of mind that they are supported in emergencies. Our care services for adults are regulated by the Care Quality Commission and our clubs for children with disabilities are inspected by Ofsted. We aim to treat everyone with dignity and respect and provide person centred support tailored to them. Fully trained professional staff support:

- Unpaid family carers to take a short break from and with the person with care needs
- Adults and older people with almost any condition or disability, including being elderly and frail or having dementia, cancer or a palliative illness.
- Day Groups for people with care needs providing respite for the carer.
- People needing palliative care, enabling choice to live their last days at home
- Clubs, activities and individual support for children and young people with disabilities
- Supporting families to register contingency plans and responding to emergencies when essential, with a response time of 2 hours.

4. Working with carers and other stakeholders to influence service innovation and growth of support.

We want to help effect change for and with carers, representing carers' interests and working with them to have a voice and to help develop support they want.

- Participation in a range of multiagency Boards, projects and workshops in Cambridgeshire, Peterborough and Norfolk.
- Supporting Carers Trust to effect change nationally and through regional networks.
- Holding events, seeking grants and funding to support carers to participate in influencing and shaping support for carers.
- Developing our Caring Communities concept through training Carers Champions and Carers Friends (Cabinet Office for Civil Society Carers Social Action Support Fund).
- Creating carers awareness training and e-learning with carers
- Supporting our CEO as a member of the Standing Commission on Carers and national Carers Strategy reference group.

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Achievements and performance

We use a range of measures to assess success, including financial (profit, stability), governance (accreditation, inspection and internal audit outcomes, risk and compliance), quantitative (operational - numbers of beneficiaries, using which service, number of services and events) and qualitative (outcomes, stories, feedback from beneficiaries, staff, volunteers).

2015-16 was a notable year for the charity. Income and reserves have grown, numbers of customers (carers and people with care needs), staff and volunteers increased, new services were successfully introduced and we expanded our area of working into Norfolk. In addition, we became The 3rd Sector Care Awards winners – Creative and Innovative ways to achieve Excellence.

1. All carers are recognised, valued, informed and involved.

- ☺ We supported 8,384 carers – an increase of 2,666 (47%) over last year. Although our annual target was higher, there were significant delays as a result of the difficulty in importing carer data from Cambridgeshire County Council.
- ☺ 2,333 carers were new to us and 6,051 carers returned for information or support. We are able to track this through introducing a specialist database in 2014, Charitylog.
- ☺ We established a “first point of contact” Customer Relations Team and undertook 9,761 pieces of work, 3,143 for new clients and 6,618 for carers known to us.
- ☺ Through this, we were able to support 95% of carers' needs outside of statutory services, increasing referrals to and use of, community Third Sector support.
- ☺ 623 young carers and 168 young adult carers received support of which 258 young carers and 69 young adults were new referrals to us this year.
- ☺ Our annual and project customer satisfaction feedback was extremely good.

2. Enable carers to remain physically and mentally well and to fulfil their potential through education, employment and volunteering.

- ☺ Social prescribing gives GPs a non-medical referral option to link patients to support within the community alongside existing treatments to improve health and well-being. In Cambridgeshire and Peterborough, social prescribing by GPs for carers supported 1,026 prescriptions (above target), with 48% avoiding admissions to hospital. All carers received information, 793 received breaks too and around 300 were referred for additional support from other community organisations: better outcomes for carers, people needing care and acute NHS services.
- ☺ The Care Act 2014 introduced a national eligibility threshold with 3 criteria for carers to have a right to support. We completed 498 statutory Carers Assessments (target 400), plus support plans and personal budgets.

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- ☹ We undertook 44 transition plans to help young people under the age of 18. We only partially met our targets for transition plans and adult reviews, reflecting the transfer /complexity of new processes, with agreement from Cambridgeshire County Council.
- ☺ We supported 70 adult and 2 young adult carers to remain in employment, through information and advice, one to one help and practical support such as caring for the person they usually care for.
- ☹ We were unsuccessful in a tender for statutory funding to provide support for young carers in Cambridgeshire to remain physically and mentally well, increasing our reliance on charitable funding. We continue to support young carers in Huntingdonshire (and Peterborough and Norfolk), but ceased support for young carers in Fenland in December 2015.
- ☺ We increased both the number of volunteers from 37 to 77 and developed a range of volunteering options within the organisation, funded largely through the Cabinet Office Caring Communities project, which also enabled us provide carer awareness training to volunteers and staff of partner organisations. We embedded some of this approach in the carers contract.

3. Provide personalised support, both for carers and people with care needs, enabling them to have a family and community life.

- ☺ We provided 53,611 breaks for carers – an increase of 9,111 (20%) over last year. This was provided as 99,338 hours of care against a target of 71,000 hours. However, care in Cambridgeshire fell, with the removal of Adult Short breaks funding replaced by smaller personal budgets. Additional hours were provided in Norfolk.
- ☺ We mobilised quickly to transfer contracts from the closure of Crossroads Care East Anglia and become the preferred provider in Norfolk. This was not in our budget or plans, but we reviewed risk and opportunity for growth and preserved seamless care and support for hundreds of carers in Norfolk and ensured employment for 100 staff.
- ☹ Carers said that support in emergencies was valuable to them. Throughout the year, we responded to 102 emergencies and supported an average of 3,606 carers with emergency plans. However, this reduced to 1,156 carers supported through What If? Contingency plans from 01.04.16. Reviews for those registered for the ICER service were not completed by Cambridgeshire County Council as agreed, so referrals to the What If? Contingency Plan were well below expected levels. Instead, carers were supplied with a letter to opt in, with no automatic transfer to the What If? Contingency Plan, which requires family support.
- ☺ We supported 57 young carers with 1-1 support outside of groups and helped 42 young adult carers make transition plans to help them achieve what they want as an adult. Overall, we ran 222 events for YC/YAC in the year, some involving families.
- ☹ We provided 5,000 hours of care to children with Special Educational Needs, but privately purchased care was below target. However, the range of activities and

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residential trips for them and their siblings funded through Children in Need (CiN) produced excellent outcomes and we met CiN monitoring requirements.

- 😊 We have continued to support the development of two Voluntary Community & Social Enterprise (VCSE) consortia companies (Health and Wellbeing Network and Peterborough Plus), to increase personalised support and wellbeing available via this sector. Both secured funding for pilots in 2015-16, continuing into 2016-17.

4. Be the best we can be: participate, innovate and communicate.

Demonstrate outcomes and added value.

- 😊 Our work with the Cabinet Office to reduce carer breakdown by improving and increasing carer identification was one of 5 projects (of the original 7 projects) to be extended. We await the publication of the final report from The Social Innovation Partnership, but were commended, invited to display at "Harnessing Social Action in Health Symposium" at Westminster and demonstrated statistically significant outcomes. We aimed to show that increasing the numbers of carers provided with information and advice and linking them into available help would reduce carer breakdown. Our approach was to involve carers in training Carers Champions and Carers Friends to be carer aware.
- 😊 We are committed to partnership working and person centred support. In the year, we made 605 referrals for additional support from other organisations and gave third party information out on 1,626 occasions, putting carers in contact with 185 partner organisations which could help them.
- 😊 Our target for customer satisfaction was 90%. Within the Carers Assessment process, 95% of carers were clear about the assessment process; 100% felt they were treated with dignity and respect throughout the assessment process; 99% were clear about whether they had eligible needs after the assessment; 96% were clear about the value of their personal budget; and 98% felt having a carers assessment was a positive experience. Our annual customer survey covering all services said 94% would recommend us to a friend.
- 😊 We attained /retained Care Quality Commission, Investors in People, Information Standard accreditation, became The 3rd Sector Care Awards winners 2015 and made internal changes to accommodate reporting to SORP requirements and meeting NHS standards on Information Governance.
- 😊 Young adult carers were involved with NHS England to inform their Commitment to Carers and produced a video. Locally, young people have also shared their experience in a [Lego video](#).
- 😞 We did not achieve maximum benefit from introducing an outcomes database due to staff resourcing, nor realise potential cost savings from efficiencies within technology. This work is underway in 2016-17.
- 😊 We can demonstrate added value in both quantitative and qualitative terms. In this year, we brought in £344k in grants (£307k), donations and legacies (£37k) to improve carer support in Cambridgeshire and Peterborough. Costs of fundraising

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were not material. The qualitative added value is described above and in the Impact and Added Value section that accompanies this Trustees' Annual Report.

Financial review

Income

Our income increased by £921k (32%) to £3,730k.

- The main reason for the increase is that we took over the Norfolk care business of Crossroads Care East Anglia on 28 September 2015 before they went into voluntary liquidation.
- Grants receivable increased this year by £81k to £307k – of this £59k related to Norfolk YC/YAC projects which we also took over.
- Our main source of income is care fees and contracts, which increased by £861k to £3,355k, of which £524k was due to the new Norfolk care business of joint health and social care commissioned contracts in Norfolk and care fees. We were also awarded a large contract with Cambridgeshire County Council to provide services to support adult carers by providing statutory carer assessments, a contingency planning/emergency response service plus information, advice and guidance. This new 3 year contract replaced some existing funding we received from Cambridgeshire County Council, but also extended what we do further, and provides more security for the future of the charity.
- 70% of our charitable income supports carers in Cambridgeshire, 14% in Peterborough and 16% in Norfolk.
- Donation income was £37k in this financial period, which was £22k less than in the previous year. This change arose because we did not focus on fundraising through raising our profile last year, as we were introducing the new Cambridgeshire County Council contract and had a lot of work managing the takeover of contracts and transfer of staff in Norfolk. We plan to raise our profile in the coming year by leveraging existence of the new Cambridgeshire County Council contract won in this financial year to assist increasing our donations income stream in the future.

Expenses

- Our expenditure also increased this year – our total expenditure of £3,638k was £848k more than last year, which reflects the cost of the extra services provided under the new CCC contract and care provided in Norfolk.
- The cost of raising funds was £34k. This represents the time and costs spent on fundraising events and grant applications (rather than in raising our profile to obtain

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donations). Last year the cost of staff time was a comparable amount but left in support costs within expenditure on charitable activities.

Balance Sheet

- In 2016 we had a surplus of £121k on our unrestricted funds to deliver our services, bringing our total general reserves to £692k.
- Restricted reserves for projects were reduced by £24k – half of this was because we had received £12k in advance for the Health and Wellbeing pilot which came to an end. We also transferred £2k from our general reserves to support the Wednesday Club in Great Yarmouth, which supports carers of and loved ones with dementia (which we also took over from Crossroads Care East Anglia) and relies on donations to keep going.
- Creditors are £170k less than the year before because we had not invoiced contracts in advance for the quarter to 30 June 2016 before the year end but we did the year before. Invoicing in advance in 2015 resulted in higher deferred income (included in creditors). Debtors were also reduced in 2016 because of this, but this is hidden because the debtors for care fees have increased due to our general higher turnover as a result of taking on Norfolk.

Investment powers and policy

The directors, having regard to the liquidity requirements of operating the company, have kept available funds in an interest-bearing deposit account and seek to achieve a rate on deposit which matches or exceeds inflation as measured by the retail price index. Deposit rates have been depressed but we have managed to achieve that this year. The invested funds held on 90 day deposit achieved an average rate of 1.6% against the retail price index of 1.6% for the year.

Reserves policy and going concern

Reserves are needed to bridge the gap between the spending and receiving of income and to cover unplanned changes in funding and other expenditure. Any excess funds should be spent on providing support to carers.

The Board reviews the level of reserves on an annual basis in line with its reserves policy and consider that the ideal level of unrestricted reserves as at 31 March 2016 would be £704k, with a tolerance of + or -5% which gives an acceptable band of £669k - £739k.

This target has been set by looking at our working capital requirements, reviewing the charity's risk register and plans for the future, in order to ensure that we continue to meet current obligations to beneficiaries. The upper target is £124k higher than last year as we need to provide increased working capital for the business since it has significantly increased in size.

At 31 March 2016 our unrestricted free reserves were £692k, an increase of £121k since the year before, and is within the target level. Therefore, the Board is of the view that the charity

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will be able to continue as a going concern in the foreseeable future. We also held restricted reserves of £34k, mainly to support young carers (see Note 17 to the accounts).













Plans for future periods

Looking ahead, the environment is the most challenging the sector has ever faced, defined by volatility, uncertainty, complexity and ambiguity. Change (political, economic, social, technical, legal and environmental) and fiscal austerity is likely to continue well beyond 2020, whilst numbers of people requiring care and support and the numbers of carers involved in this will increase to unprecedented levels. Our strategic and business plans recognise that we need to strengthen our organisation to meet these challenges, as well as providing delivery and impact.

We have changed our mission to be more easily understood and focussed.

“To improve lives and prevent, delay or reduce the harmful impact of caring.”

Our 2016-20 strategy is that, by 2020 we will have:

-  Identified and supported more unpaid, family carers
-  Provided more support and services for them, alone and with others
-  Supported local authority, public health and NHS plans for wellbeing services and transformed communities, to include carer support
-  Responsibly managed income and built reserves, for security in extremely challenging times and growth
-  Increased charitable activities and income
-  Have diverse and regular income streams including micro to macro commissioning (individual – community – locality – counties – health)
-  Maintained high customer satisfaction
-  Established volunteers as integral to carer support and service delivery
-  Improved governance and quality further, to meet new standards
-  Reviewed our branding, structure and name, in a Carers Trust federated charity network
-  Revisited vision, mission and values in 2017-18, after publication of Carers Trust Strategy in 2016 and the new national Carers Strategy in 2016-17.
-  Contributed to research and encouraged other organisations to do the same

Our Business Plan objectives include 5 related to delivery and impact to meet future needs

- Prevent, reduce or delay harm to carers
- Meeting the Dementia Challenge

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- Care and Carer Breaks
- Young People
- Caring Communities & Strategic Partnerships

and 5 internal objectives to remain a leading organisation

- Strong Financial Health
- Good Governance
- Excellence, Innovation and Evidence
- Engagement and Development
- Fundraising, Marketing and Communication.

The trustees' perspective is that our strategy to grow, prove impact, add value and diversify income streams has been successful to date. We have avoided the pitfalls of over-reliance on single contracts or expansion plans "at any cost" / based on unrealistic assumptions. In the future, we will raise more income from individuals either as customers or donors. We will investigate the most effective business structure to achieve these aims and expand our fundraising activities. We do not employ others to fund raise on our behalf, nor do we share information.

This year, our average monthly headcount increased significantly, by 36 to 194, ending the year with 240 staff and we plan to recruit more and grow further. We also expect to contract with partners, preferably as lead contractor or partner. This all requires us to introduce and embed new systems and processes, to manage change and culture, and to invest in staff recruitment and development.

Our budget for 2016-17 includes growth in income and reflects the above necessary investment costs, predicting a smaller profit than 2015-16 as a consequence.

Reference and administrative details

Legal Name: West Anglia Crossroads Caring for Carers
Trading names: Carers Trust Cambridgeshire
Carers Trust Peterborough
Carers Trust Norfolk
Charity number: 1091522
Company number: 4379948
Registered Office: 4, The Meadow, Meadow Lane, St Ives, Cambs PE27 4LG

Our advisers

Auditors: Prentis & Co LLP, 115c Milton Road, Cambridge, CB4 1XE
Bankers: Lloyds Bank plc, PO Box 1000, BX1 1LT
CAF Bank Ltd, 25 Kings Hill Avenue, West Malling, Kent, ME19 4JQ

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Solicitors: Buckles Solicitors LLP, Grant House, 101 Bourges Boulevard, Peterborough PE1 1NG

Directors and trustees

The directors of the charitable company (the charity) are its trustees for the purpose of charity law. The trustees and officers serving during the year and since the year end were as follows:

	Appointed
Trustees: Ann Braithwaite	2010
Linda Collumbell (Chair)	2004
Anne Davis (Treasurer)	2012
Alison Griffiths (appointed 29.6.16)	2016
Matthew Lester (appointed 29.6.16)	2016
Maryan Pye (resigned Sep 2015)	2011
Roger Rhodes	2014
Adam Rowles (Chair, resigned Mar 2016)	2012
Rhiannon Sarginson (appointed 29.6.16)	2016
Wayne Weedon (Company Secretary)	2014
Christina Wells	2016
Gillian West (resigned Mar 2016)	2014

Senior Managers

Chief Executive Officer	Dr Helen Brown
Deputy CEO	Melanie Gray
Finance Director	Patricia Lynch ACA
Head of Family Care	Anna Bainbridge
Head of Young Carers/YAC	Tracy Hyland
Business Development Manager	Ian MacFarlane-Toms
Operations Manager	Lorna Harlow

Structure, Governance and Management

Governing Document

The organisation is a charitable company limited by guarantee. The founder charity began in April 1985 and the organisation was registered as a charity on 8 September 1992. It was incorporated on 22 February 2002. The company was established under a Memorandum of Association which established the objects and powers of the charitable company and is governed under its Articles of Association. In the event of the company being wound up

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members are required to contribute an amount not exceeding £1 while they are members, or within one year after they cease to be members, for payment of debts and liabilities contracted before they ceased to be members.

West Anglia Crossroads Caring for Carers ("Carers Trust Cambridgeshire") is governed by the articles of association and memorandum dated 11 September 2012.

Appointment of trustees

The Board of Trustees is elected by and from the membership at the Annual General Meeting. New Trustees are co-opted by a majority of Trustees in office at that time, to fill any casual vacancies arising. Trustees are selected to ensure that the Board has all relevant competencies, including a good mix of business and caring skills. Trustees are also selected to be representative of both the communities served by the charity and our beneficiaries. Many of our Trustees are family carers or former family carers.

The Board of Trustees comprises of a minimum of three Trustees and a maximum of twelve Trustees. Trustees serve an initial term of three years that can be extended up to a maximum of nine years.

The charity reviews Board member skills and competencies regularly. New Trustees are recruited through selective advertising via the local paper, recruitment organisations such as Reach, our website, newsletter and networking with the community. Interested parties apply and are invited to meet Trustees for informal discussions. Should both parties want to proceed, prospective Trustees are interviewed and invited to meet the Chief Executive. All Trustees are subject to appropriate vetting checks and asked to sign policies which include a Fit and Proper Persons (Disqualification Disclaimer) form.

Trustee induction and training

The charity has developed a Trustee induction pack based on information from the Charity Commission which covers the obligations of Trustees, Trustee policies and guidance produced by Carers Trust, the charity's Memorandum and Articles of Association, the latest financial statements and strategic plan and other relevant documentation.

Additionally, new Trustees familiarise themselves with the charity and the context within which it operates through meeting the Chief Executive and senior managers. Trustees are encouraged to meet or shadow members of staff and meet beneficiaries of the charity, including young carers. A peer mentoring scheme has been developed between Board members, with a senior manager "buddy". Trustees are also encouraged to attend appropriate professional training courses and receive copies of Civil Society's Governance suite of magazines.

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Organisation

The charity has a Board of Trustees who meet monthly, plus two or more Strategic Board meetings per annum. Task and Finish groups may be mandated to complete specific functions.

A scheme of delegation is in place and day-to-day responsibility for the provision of the services rests with the Chief Executive, along with the senior management team. The Chief Executive is responsible for ensuring that the charity delivers the services specified and that key performance indicators are met. The Deputy CEO, the Head of Young Carers / Young Adult Carers and the Head of Family Care Services were responsible for the day to day operational management of Adult Carer Support, Young Carer and Young Adult Carer Support and Care Breaks, respectively.

Ensuring our work delivers our aims

Trustees are responsible for the strategic direction and governance of the charity.

We produce 3-4 year Strategic Plans and have prepared a Strategic Plan 2016-2020. Annual business plans, objectives and budgets relate to the strategy. These are reviewed each year, at separate strategy meetings.

Strategic reviews look at what we have achieved, the outcomes of our work in the previous 12 months and the fundamental changes taking place in the sector. We examine the success of each key service and the benefits brought to those groups of people we are set up to help. Reviews also help us ensure our aims, objectives and activities remain focused on our stated purposes and vision.

Related parties and co-operation with other organisations

We are a Network Partner of Carers Trust, an independent registered charity in England and Wales (No. 1145181) who work with a network of about 160 partners to improve support, services and recognition for carers. We pay them an affiliation fee for central support and services.

We seek to work in partnership with local charities so that we can reach and support carers they already serve. In addition, we are members of Cambridgeshire's Health and Wellbeing Network and Peterborough Plus VCSE consortium, aiming to improve wellbeing of people through the VCSE sector.

Our operational policies are adopted and approved independently. Affiliation to Carers Trust does not influence operations and does include a fee to access a range of quality assured operational policies, procedures and guidelines linked to centrally negotiated insurances.

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Pay policy for senior staff

The directors consider the board of directors, who are the Trust's trustees, and the senior management team comprise the key management personnel of the charity in charge of directing and controlling, running and operating the Trust on a day to day basis. All directors give of their time freely and no director received remuneration in the year. Details of directors' expenses and related party transactions are disclosed in note 10 to the accounts.

The company has an agreed remuneration policy. Salaries for the chief executive are set and reviewed annually by the Board of Directors. The chief executive sets the salaries of the other members of the senior management team. All other staff salaries are set by the senior management team. Increases in pay are kept within the budget agreed by the Board. Pay increases are split partly to take into account inflation and also to reward performance. Salaries are openly stated in job adverts. Exceptional service may also be rewarded by an ad hoc bonus or gift.

Risk management

The Board of Trustees has conducted a review of the major risks to which the charity is exposed. The risk register is regularly updated and reviewed at Board meetings.

Systems or procedures have been established to mitigate the major risks the charity faces.

Financial risk: Significant external risks to funding, particularly cuts in social care budgets, are managed through the development of a strategic plan to diversify income streams and increase products/activities/margins. NHS contracts may end in 2016-17. We expect carer services to be commissioned by competitive tender and have trained the management team to prepare for this.

Operational risk: Compliance risks are mitigated through implementation of CQC and Carers Trust Quality Assurance standards and high levels of staff training. Procedures are in place to ensure compliance with health and safety of staff, volunteers, and service users. New CQC inspection standards and a new Carers Trust QA system pose a risk at first inspection. Staff have trained in new standards. We passed the CQC inspection in March 2016, with a Good rating overall and Good in all 5 Key Lines of Enquiry. Note: We have been audited by Carers Trust Quality Assurance team in June 2016.

Internal control risks are minimised by the implementation of procedures for authorisation of all transactions and projects, segregation of duties and staff rotation. These procedures are periodically reviewed to ensure that they continue to meet the needs of the charity, and were last updated in April 2015.

Given the objectives and the nature of the charity's activities, the Trustees recognise the acceptance of some risks which are outside the charity's control i.e. risks which cannot be fully mitigated or managed. The Board of Trustees considers that systems and controls are in place to monitor, manage and mitigate the charity's major risks. These include, among

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other control mechanisms, the maintaining of the charity's general reserves at the levels stated previously and the review of key systems and processes.

Public Benefit

The Trustees confirm that they have complied with their duty under the Charities Act 2011 to have due regard to the Charity Commission's general guidance on public benefit.

We have referred to the guidance contained in the Charity Commission's general guidance on public benefit when reviewing our aims and objectives and in planning our future activities. In particular, the Trustees consider how planned activities will contribute to the aims and objectives set.

Trustees' responsibilities in relation to the financial statements

The Trustees (who are also Directors of West Anglia Crossroads Caring for Carers for the purposes of company law) are responsible for preparing the Trustees' Report and the financial statements in accordance with applicable law and regulations.

Company law requires the charity trustees to prepare financial statements for each year which give a true and fair view of the state of affairs of the charitable company and the group and of the incoming resources and application of resources, including the income and expenditure, of the charitable group for that period. In preparing the financial statements, the trustees are required to:

- select suitable accounting policies and then apply them consistently;
- observe the methods and principles in the Charities SORP;
- make judgements and estimates that are reasonable and prudent;
- state whether applicable UK accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements;
- prepare the financial statements on the going concern basis unless it is inappropriate to presume that the charity will continue in business.

The trustees are responsible for keeping proper accounting records that disclose with reasonable accuracy at any time the financial position of the charity and to enable them to ensure that the financial statements comply with the Companies Act 2006. They are also responsible for safeguarding the assets of the charity and the group and hence taking reasonable steps for the prevention and detection of fraud and other irregularities.

The trustees are responsible for the maintenance and integrity of the corporate and financial information included on the charitable company's website. Legislation in the United Kingdom governing the preparation and dissemination of financial statements may differ from legislation in other jurisdictions.

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Trustees' Annual Report for the Year Ended 31 March 2016

Statement as to disclosure to our auditors

In so far as the trustees are aware at the time of approving our trustees' annual report:

- there is no relevant information, being information needed by the auditor in connection with preparing their report, of which the group's auditor is unaware, and
- the trustees, having made enquiries of fellow directors and the group's auditor that they ought to have individually taken, have each taken all steps that he/she is obliged to take as a director in order to make themselves aware of any relevant audit information and to establish that the auditor is aware of that information.

By order of the board of trustees

A handwritten signature in black ink that reads 'Linda Collumbell'.

Linda Collumbell (Chair)

Date: 27 July 2016

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Independent Auditor's Report to the Trustees

Year ended 31st March 2016

We have audited the financial statements of West Anglia Crossroads Caring for Carers (Carers Trust Cambridgeshire) for the year ended 31st March 2016 which comprise the Statement of Financial Activities, the Balance Sheet, the Statement of Cash Flows and related notes. The financial reporting framework that has been applied in their preparation is applicable law and United Kingdom Accounting Standards (United Kingdom Generally Accepted Accounting Practice), including FRS 102 "The Financial Reporting Standard applicable in the UK and Republic of Ireland".

This report is made solely to the Charity's Trustees, as a body, in accordance with Chapter 3 of Part 16 of the Companies Act 2006. Our audit work has been undertaken so that we might state to the Charity's Trustees those matters that we are required to state to them in an auditor's report and for no other purpose. To the fullest extent permitted by law, we do not accept or assume responsibility to anyone other than the Charity and the Charity's Trustees as a body, for our audit work for this report, or the opinions we have formed.

Respective Responsibilities of Trustees and Auditors

As explained more fully in the Statement of Trustees Responsibilities on page 37, the Trustees (who are also the Directors of the charitable company for the purposes of company law) are responsible for the preparation of the financial statements and for being satisfied that they give a true and fair view.

Our responsibility is to audit and express an opinion on the financial statements in accordance with applicable law and International Standards on Auditing (UK and Ireland). Those standards require us to comply with the Auditing Practices Board (APB's) Ethical Standards for Auditors.

Scope of the audit of the Financial Statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error.

This includes an assessment of: whether the accounting policies are appropriate to the Charity's circumstances and have been consistently applied and adequately disclosed; the reasonableness of significant accounting estimates made by the Trustees; and the overall presentation of the financial statements. In addition, we read all the financial and non-financial information in the Trustees Annual Report and Accounts to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by us in the course of performing the audit. If we become aware of any apparent material misstatements or inconsistencies we consider the implications for our report.

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Opinion on Financial Statements

In our opinion the financial statements:

- give a true and fair view of the state of the Charity's affairs as at 31st March 2016 and of its incoming resources and application of resources, including its income and expenditure, for the year then ended;
- have been properly prepared in accordance with United Kingdom Generally Accepted Accounting Practice; and
- have been prepared in accordance with the requirements of the Companies Act 2006.


Opinion on Other Matters prescribed by the Companies Act 2006

In our opinion the information given in the Trustees' Report for the financial year for which the financial statements are prepared is consistent with the financial statements.

Matters on which we are Required to Report by Exception

We have nothing to report in respect of the following matters where the Companies Act 2006 requires us to report to you if, in our opinion:

- Adequate accounting records have not been kept, or returns adequate for our audit have not been received from branches not visited by us; or
- The financial statements are not in agreement with the accounting records and returns; or
- Certain disclosures of Trustees' remuneration specified by law are not made; or
- We have not received all the information and explanations we require for our audit; or
- The Trustees were not entitled to prepare the financial statements in accordance with the small companies regime and take advantage of the small companies exemption in preparing the Trustees Report.

Signed 

Dated 

Ian Shipley FCCA (Senior Statutory Auditor)

For and on behalf of Prentis & Co LLP
Chartered Accountants and Statutory Auditors
115c Milton Road, Cambridge, CB4 1XE

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Financial Statements for the Year Ended 31 March 2016

STATEMENT OF FINANCIAL ACTIVITIES (including income and expenditure account)

	Notes	2016		2015
		Unrestricted Funds £000	Restricted Funds £000	Total Funds £000
Income				
Donations & legacies	2	21.2	15.8	37.0
<i>Income from charitable activities:</i>	3			
Grants receivable	4	-	306.9	306.9
Care fees and contracts		3,354.6	-	3,354.6
Other income	5	4.1	-	4.1
Investment income		8.8	-	8.8
Other		22.2	-	22.2
Total Income		3,410.9	322.7	3,733.6
Expenses				
Costs of raising funds		34.1		34.1
Expenditure on Charitable activities	4	3,256.0	347.4	3,603.4
Total expenses		3,290.1	347.4	3,637.5
Gross outgoing resources from joint ventures		-	-	-
Net Income /(expenditure) and Net movement in funds for the year	6	120.8	(24.7)	96.1
Reconciliation of funds				
Total funds brought forward		573.5	56.6	630.1
Transfer between funds	12	(2.1)	2.1	-
Total funds carried forward		692.3	34.0	726.2

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Financial Statements for the Year Ended 31 March 2016

BALANCE SHEET

	Notes	2016 £000	2015 £000
Fixed Assets			
Tangible assets	13	-	1.6
Current Assets			
Debtors	14	479.3	489.1
Cash at bank and in hand		646.2	708.8
Total Current Assets		1,125.4	1,197.9
Liabilities: creditors falling due within one year	15	399.2	569.3
Net Current Assets		726.2	628.6
Total assets less current liabilities		726.2	630.1
Net Assets		726.2	630.1
The Funds of the charity			
Unrestricted funds	16	692.3	573.5
Restricted funds	17	34.0	56.6
Total charity funds		726.2	630.1

There were no recognised gains or losses for 2016 or 2015 other than those included in the Statement of Financial Activities. The joint venture was discontinued in May 2014; all other activities are continuing. The financial statements were approved by the directors on 27 July 2016 and signed on their behalf by

Linda Collumbell (Director)

Anne Davis (Director)

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Financial Statements for the Year Ended 31 March 2016

STATEMENT OF CASH FLOWS

	Notes	2016 £000	2015 £000
Cash used in operating activities	20	(71.5)	38.1
Cash flows from investing activities			
Interest income		8.8	6.1
Sale of share of joint venture		-	59.5
Cash provided by (used in) investing activities		8.8	65.6
Increase (decrease) in cash and cash equivalents in the year		(62.7)	103.7
Cash and cash equivalents at the beginning of the year		708.8	605.1
Total cash and cash equivalents at the end of the year		646.2	708.8

Financial Statements for the Year Ended 31 March 2016

NOTES TO THE ACCOUNTS

1 Accounting Policies

The principal accounting policies adopted, judgements and key sources of estimation and uncertainty in the preparation of the financial statements are as follows:

(a) Basis of Preparation

The financial statements have been prepared in accordance with Accounting and Reporting by Charities: Statement of Recommended Practice applicable to charities preparing their accounts in accordance with the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) (effective 1 January 2015 - (Charities SORP (FRS 102)), the Financial Reporting Standard applicable in the UK and Republic of Ireland (FRS 102) and the Companies Act 2006.

The charity meets the definition of a public benefit entity under FRS 102. Assets and liabilities are initially recognised at historical cost or transaction value unless otherwise stated in the relevant accounting policy note(s).

(b) Reconciliation with previous Generally Accepted Accounting Practice

In preparing the accounts, the trustees have considered whether in applying the accounting policies required by FRS 102 and the Charities SORP FRS 102 the restatement of comparative items was required. No restatements were required.

(c) Preparation of the accounts on a going concern basis

The board of trustees consider that there are sufficient reserves held at the year end to manage any foreseeable changes in contracts and other income sources for the charity. The trustees believe there are no material uncertainties about the charity's ability to continue as a going concern, and has adopted the 'going concern' basis in preparing the accounts.

(d) Income

Income is recognised when the charity has entitlement to the funds, any performance conditions attached to the item(s) of income have been met, it is probable that the income will be received and the amount can be measured reliably.

Income from government and other grants, whether 'capital' grants or 'revenue' grants, is recognised when the charity has entitlement to the funds, any performance conditions attached to the grants have been met, it is probable that the income will be received and the amount can be measured reliably and is not deferred.

For legacies, entitlement is taken as the earlier of the date on which either: the charity is aware that probate has been granted, the estate has been finalised and notification has been made by the executor(s) to the Trust that a distribution will be made, or when a distribution is received from the estate. Receipt of a legacy, in whole or in part, is only considered probable when the amount can be measured reliably and the charity has been notified of the executor's intention to make a distribution. Where legacies have been notified to the charity, or the charity is aware of the granting of probate, and the criteria for income recognition have not been met, then the legacy is treated as a contingent asset and disclosed if material.

Income received in advance of the provision of a specified service is deferred until the criteria for income recognition are met.

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Financial Statements for the Year Ended 31 March 2016

(e) **Donated services and facilities**

Donated professional services and donated facilities are recognised as income when the charity has control over the item, any conditions associated with the donated item have been met, the receipt of economic benefit from use by the charity of the item is in accordance with the Charities SORP (FRS 102). Our general volunteer time is not recognised and refer to the trustees' annual report for more information about their contribution.

On receipt, donated professional services and donated facilities are recognised on the basis of the value of the gift to the charity which is the amount the charity would have been willing to pay to obtain services or facilities of equivalent economic benefit on the open market; a corresponding amount is then recognised in expenditure in the period of receipt.

(f) **Interest receivable**

Interest on funds held on deposit is included when receivable and the amount can be measured reliably by the charity; this is normally upon notification of the interest paid or payable by the Bank.

(g) **Fund accounting**

Restricted funds are to be used for the specified purposes laid down by the donor. Expenditure for those purposes is charged to the fund, together with a fair allocation of overhead and support costs.

Unrestricted funds are donations and other incoming resources received or generated for expenditure on the general objects of the charity. Designated funds are unrestricted funds of the charity which the trustees have decided at their discretion to set aside to use for a specific purpose.

(h) **Expenditure and irrecoverable VAT**

Expenditure is recognised once there is a legal or constructive obligation to make a payment to a third party, it is probable that settlement will be required and the amount of the obligation can be measured reliably. Expenditure is classified under the following activity headings:

- Costs of raising funds comprise the costs of fundraising organised by the charity such as charity ball and grant applications and their associated support costs.
- Expenditure on charitable activities includes the costs of providing care and support for carers and their associated support costs.

The cost of redundancy and termination payments is included in the period when the staff member ceases to work actively for the company.

Irrecoverable VAT is charged as a cost against the activity for which the expenditure was incurred.

(i) **Allocation of support costs**

Support costs are those functions that assist the work of the charity but do not directly undertake charitable activities. They include back office costs, finance, personnel, payroll and governance costs. These costs have been allocated between cost of raising funds and expenditure on charitable activities. The bases on which support costs have been allocated are set out in note 8.

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Financial Statements for the Year Ended 31 March 2016

(j) **Operating leases**

Rentals applicable to operating leases, where substantially all of the benefits and risks of ownership remain with the lessor, are charged against income as incurred.

(k) **Depreciation**

Individual tangible fixed assets costing £1,000 or more are capitalised at cost. Depreciation is provided on all tangible fixed assets at rates calculated to write off the costs less estimated residual value of each asset over its expected useful life.

Asset Category	Annual rate
Equipment	25%
Motor vehicles	25%

(l) **Debtors**

Trade and other debtors are recognised at the settlement amount due after any trade discount offered. Prepayments are valued at the amount prepaid net of any trade discounts due.

(m) **Current asset investments**

These comprise cash deposits maturing between three months to one year, or accounts which require notice of that length to access the funds.

(n) **Cash at bank and in hand**

Cash at bank and cash in hand includes cash and short term highly liquid investments with a short maturity of three months or less from the date of acquisition or opening of the deposit or similar account.

(o) **Creditors and provisions**

Creditors and provisions are recognised where the charity has a present obligation resulting from a past event that will probably result in the transfer of funds to a third party and the amount due to settle the obligation can be measured or estimated reliably. Creditors and provisions are normally recognised at their settlement amount after allowing for any trade discounts due.

(p) **Pensions**

The charity operates a defined contribution pension scheme with The Peoples Pension. The pension charge represents the amounts payable by the charity to the fund in respect of the year.

The assets of the scheme are held separately from those of the charity in an independently administered fund.

On 1 April 2015 a number of staff were transferred to us under TUPE from Cambridgeshire County Council (CCC). They remain members of the multi employer defined benefit scheme that CCC used but CCC have agreed to bear the cost of employer contributions which exceed those payable under our scheme plus any pension shortfall.

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Financial Statements for the Year Ended 31 March 2016

NOTES TO THE ACCOUNTS

2 Income from donations and legacies

	2016			2015
	Unrestricted	Restricted	Total	Total
	£000	£000	£000	£000
Gifts	20.2	15.8	36.0	54.4
Legacies	1.0	-	1.0	4.6
	-----	-----	-----	-----
	21.2	15.8	37.0	59.0
	-----	-----	-----	-----

The Charity benefits greatly from the involvement and enthusiastic support of its many volunteers, as outlined in our annual report. In accordance with FRS 102 and the Charities SORP (FRS 102), the economic contribution of general volunteers is not recognised in the accounts.

3 Income from charitable activities

		Direct support for:			
		Adult Carers (>25yrs)	Young Adult & Young Carers (<26 yrs)	Care breaks including emergency care	Total
		£000	£000	£000	£000
By area:					
	Cambridgeshire	1,062.9	91.1	1,412.9	2,566.9
	Peterborough	237.4	101.6	176.5	515.6
	Norfolk	-	59.0	524.1	583.1
		-----	-----	-----	-----
	Total income from charitable activities	1,300.4	251.7	2,113.6	3,665.6
		-----	-----	-----	-----
By source:					
	Grants receivable	156.1	123.8	27.0	306.9
	Care fees and contracts	1,144.3	128.2	2,082.2	3,354.6
	Other income	-	(0.3)	4.4	4.1
		-----	-----	-----	-----
	Total income from charitable activities	1,300.4	251.7	2,113.6	3,665.6
		-----	-----	-----	-----

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Financial Statements for the Year Ended 31 March 2016

4 Grants receivable	2016		2015
	Unrestricted funds	Restricted funds	Total funds
	£000	£000	£000
Carers Social Action Fund re Caring Communities*	-	79.7	79.7
Carers Trust	-	48.1	48.1
Big Lottery	-	-	-
Children in Need	-	14.6	14.6
Huntingdon Freeman's Charity	-	10.0	10.0
The Foundation of Hinchbrook School	-	5.0	5.0
Cambridgeshire Community Foundation Trust	-	4.3	4.3
Comic Relief - family fun	-	2.9	2.9
Cambridgeshire County Council*	-	2.7	2.7
Girton Town Charity	-	2.5	2.5
Cambridgeshire County Council re HWN*	-	-	-
Uniting Care Partnership re HWN	-	-	-
Ramsey Millions	-	-	-
Pears Foundation	-	-	-
Small grants claimed for individuals	-	5.2	5.2
Others under £2,500	-	10.7	10.7
Add brought forward deferred from previous year	-	122.8	122.8
Less deferred to projects in the next year	-	(1.6)	(1.6)
	-	306.9	306.9
			225.6

Income from government grants comprises performance related grants made by the Cabinet Office, local authorities and Health to fund our work supporting carers. See items marked * above.

5 Other charitable income	2016		2015
	Unrestricted funds	Restricted funds	Total funds
	£000	£000	£000
Session fees	3.8	-	3.8
Recharge of expenses re PIE	-	-	-
Other income	0.4	-	0.4
	4.1	-	4.1
			18.3

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Financial Statements for the Year Ended 31 March 2016

6 Analysis of expenditure on charitable activities

	Adult Carers (>25yrs)	Young Adult & Young Carers (<26 yrs)	Care breaks including emergency care	Total
	£000	£000	£000	£000
Direct costs by area:				
Cambridgeshire	637.7	104.8	1,349.3	2,091.7
Peterborough	143.7	62.0	193.1	398.8
Norfolk	3.3	59.0	513.5	575.8
Support costs (see note 8)	127.5	40.8	363.7	532.0
	-----	-----	-----	-----
Total expenditure on charitable activities	912.1	266.6	2,419.5	3,598.2
	-----	-----	-----	-----
By type:				
Direct costs				
Staff costs	652.3	165.2	1,744.2	2,561.6
Staff travel	14.6	11.5	126.8	152.9
Staff training	2.9	1.4	57.9	62.1
Direct project costs	92.6	42.2	48.8	183.6
Communications	10.3	0.6	37.3	48.2
Promotion	0.7	0.3	0.6	1.5
Staff welfare and recruitment	9.2	1.6	13.6	24.4
Premises	2.0	-	19.3	21.3
Subscriptions, insurance & prof	-	3.2	7.4	10.6
Support costs (see note 8)	127.5	40.8	363.7	532.0
	-----	-----	-----	-----
Total expenditure on charitable activities	912.1	266.6	2,419.5	3,598.2
	-----	-----	-----	-----

Expenditure on charitable activities by the company was £3,598.2k (2015: £2,788.1k) of which £3,250.8k was unrestricted (2015: £2,563.4k) and £347.4k was restricted (2015: £225.7k).

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Financial Statements for the Year Ended 31 March 2016

7 Summary analysis of expenditure and related income for charitable activities

	Adult Carers (>25yrs)	Young Adult & Young Carers (<26 yrs)	Care breaks including emergency care	Total
	£000	£000	£000	£000
Costs (per Note 6)	(912.1)	(266.6)	(2,419.5)	(3,598.2)
Care fees and contracts (Note 3)	1,144.3	128.2	2,082.2	3,354.6
Net cost funded by donation, grants & other income	232.2	(138.4)	(337.3)	(243.6)

8 Analysis of governance and support costs

The charity initially identifies the costs of its support functions. It then identifies those costs which relate to the governance function. Having identified its governance costs, the remaining support costs together with the governance costs are apportioned between the three key charitable activities undertaken (see note 8) in the year. Refer to the table below for the basis for apportionment and the analysis of support and governance costs.

	General support	Governance function	Total	Basis of apportionment
	£000	£000	£000	
Annual report, audit & AGM	-	6.8	6.8	Direct staff cost
Trustees' expenses & training	-	1.6	1.6	Direct staff cost
General office, HR & finance staff	215.7	28.6	244.3	Direct staff cost
Premises	73.6	2.5	76.1	Desks used
Communications	127.5	0.8	128.3	Direct staff cost
Promotion	6.0	-	6.0	Direct staff cost
Subscriptions, insurance & prof	31.1	-	31.1	Direct staff cost
Staff welfare and recruitment	36.2	-	36.2	Direct staff cost
Depreciation	1.6	-	1.6	Usage
Total	491.7	40.3	532.0	

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Financial Statements for the Year Ended 31 March 2016

9 Net income / (expenditure) for the year

This is stated after charging:	2016	2015
	£000	£000
Depreciation	1.6	10.8
Audit fee	2.4	2.4
Operating lease rentals - land & buildings	63.2	56.9
	-----	-----

10 Staff costs, trustee remuneration & expenses, and the cost of key management personnel

The staff costs were:	2016	2015
	£000	£000
Wages and salaries	2,654.7	2,001.8
Social security costs	176.5	136.7
Payments for Redundancies	2.1	11.0
Pension costs	27.3	22.6
	-----	-----
	2,860.6	2,172.1
	-----	-----

No member of staff received employee benefits (excluding employer pension costs) of more than £60,000 (2015: nil).

The charity trustees were not paid or received any other benefits from employment with the charity or a related entity in the year (2015: £nil). Neither were they paid for professional or other services supplied to the charity (2015: £nil). Trustee expenses comprising travel costs, training and subscriptions amounting to £1,574 were paid regarding 5 directors (2015: £589 to 3 directors).

The key management personnel of the charity, comprise the trustees, the Chief Executive Officer, Deputy CEO, Finance Director, Head of Family Care, Head of Young Carers & Young Adult Carers Services, Operations Manager and Business Development Manager. The total employee benefits of the key management personnel of the charity were £309.2k (2015: £256.8k but the Business Development manager was employed for only the last 3 months this year).

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Financial Statements for the Year Ended 31 March 2016

11 Staff numbers

The average monthly head count was 194 staff (2015: 158 staff). The average number of employees during the year, calculated on the basis of full-time equivalents, was as follows:

	2016 Number	2015 Number
Senior management	8	7
Provision of care	112	85
Administration and finance	8	6
	---	---
Total	128	98
	---	---

12 Corporation tax

The charity is exempt from tax on income and gains falling within section 505 of the Taxes Act 1988 or section 252 of the Taxation of Chargeable Gains Act 1992 to the extent that these are applied to its charitable objects.

13 Fixed assets

All funded by Restricted Reserves	Motor £000	Equipment £000	Total £000
<i>Cost</i>			
At 1 April 2015 and 31 March 2016	23.0	20.4	43.4
	-----	-----	-----
<i>Depreciation</i>			
At 1 April 2015	21.4	20.4	41.8
Depreciation charge	1.6	-	1.6
	-----	-----	-----
At 31 March 2015	23.0	20.4	43.4
	-----	-----	-----
<i>Net Book Value</i>			
At 1 April 2015	1.6	-	1.6
	-----	-----	-----
At 31 March 2015	-	-	-
	-----	-----	-----

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Financial Statements for the Year Ended 31 March 2016

14 Debtors: Due within one year

	2016 £000	2015 £000
Trade debtors	99.2	345.6
Prepayments and accrued income	379.4	139.3
Other debtors	0.6	4.2
	<u>479.3</u>	<u>489.1</u>

Trade debtors have decreased as last year we invoiced our new contracts in advance in March 15, but this year we invoiced at the beginning of April 16 instead of the end of March. However accrued income for care not yet invoiced is much higher (£194k increase) as a result of taking over care in Norfolk, due to an increase in scale of operations plus a small delay in invoicing before the year end due to changing invoicing systems. Also this year there is £44k accrued income because we took over a grant from CCEA which had yet to be paid to us at the year end .

15 Creditors: Due within one year

	2016 £000	2015 £000
Accruals & deferred income	304.9	490.9
Taxation and social security	49.5	40.1
Trade creditors	36.1	34.6
Other creditors	8.7	3.7
	<u>399.2</u>	<u>569.3</u>

Deferred income relates to income for work not yet done on performance related contracts and grants. This has decreased as we invoiced contracts at the beginning of April 16 instead of the end of March.

16 General reserves

	Brought forward £000	Incoming resources £000	Resources expended £000	Transfer from General reserves £000	Carried forward £000
General reserve	<u>573.5</u>	<u>3410.9</u>	<u>3290.1</u>	<u>(2.1)</u>	<u>692.3</u>

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Financial Statements for the Year Ended 31 March 2016

17 Analysis of movements in restricted funds

	Brought forward	Incoming resources	Resources expended	Transfer from General reserves	Carried forward
	£000	£000	£000	£000	£000
Cambs Young Carers* for carers aged < 18yrs	34.5	34.0	35.9	-	32.6
Cambs Young Adult Carers* for carers aged 16-25yrs	-	21.1	21.1	-	-
Peterborough Young Carers* for carers aged < 18yrs	-	2.5	2.5	-	-
Peterborough Young Adult Carers* for carers aged 16-25yrs	-	15.4	15.4	-	-
Norfolk Young Adult Carers for carers aged 16-25yrs	-	14.4	14.4	-	-
Norfolk Young Carers Forum for give young carers a voice	-	44.6	44.6	-	-
Health & Wellbeing Network pilot to provide joined up care for older people	12.2	49.9	62.1	-	-
Caring Communities to make communities Carer Aware	1.4	103.2	104.6	-	-
My Challenge for Children with disabilities and their siblings	-	27.0	27.0	-	-
Carers Connect To give carers a voice	1.1	-	1.1	-	-
Capital Grant for expenditure on equipment and training	1.6	-	1.6	-	-
Grants obtained for individual carers to help their individual circumstances	-	5.2	5.2	-	-
Carers in Girton for the benefit of residents in Girton	-	2.5	2.6	0.1	-
End of life for palliative care	0.2	-	0.1	-	0.1
Great Shelford Support Group for carers and dependents with Dementia	4.7	1.7	5.1	-	1.3
Dementia* for carers and dependents with Dementia	1.0	-	1.0	-	-
Wednesday Club, Norfolk for carers and dependents with Dementia	-	1.3	3.3	2.0	-
	56.6	322.7	347.4	2.1	34.0
* also funded by unrestricted funds					

West Anglia Crossroads Caring for Carers

(known as Carers Trust Cambridgeshire, Carers Trust Peterborough & Carers Trust Norfolk)



Financial Statements for the Year Ended 31 March 2016

18 Other commitments

At 31 March 2016 the charity had annual commitments under non cancellable operating leases as follows:

Expiry date:	Land and buildings	
	2016 £000	2015 £000
In less than one year	16.0	8.8
Between one and five years	43.8	33.2
In over five years	-	-

This will be funded by existing contracts and income streams.

19 Analysis of net assets between funds

	General £000	Restricted £000	Total £000
Tangible fixed assets	-	-	-
cash at bank and in hand	612.2	34.0	646.2
Other net current assets / (liabilities)	80.1	-	80.1
	692.3	34.0	726.2

20 Reconciliation of net movement in funds to net cash flow from operating activities

	2016 £000	2015 £000
Net movement in funds	96.1	22.8
Add back depreciation charge	1.6	10.8
Add back increase in provision re investment in joint venture	-	4.5
Deduct interest income shown in investing activities	(8.8)	(6.1)
Decrease (increase) in debtors	9.8	(340.4)
Increase (decrease) in creditors	(170.2)	346.5
Net cash used in operating activities	(71.5)	38.1

21 Related party transactions

We set up a voluntary sector consortium called Health & Well Being Network (formerly known as Better Health Network). Initially this was set up as a pilot within the charity using grants we received for this purpose (see restricted reserves brought forward in Note 17). During the year this year it was set up as a separate entity of which we are one of the four founding partners, and the balance of the restricted reserves which amounted to £7.1k was transferred to it.



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Cambridgeshire and Peterborough
Clinical Commissioning Group



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