

ADULTS COMMITTEE



Date: Thursday, 12 October 2017

Democratic and Members' Services

Quentin Baker

LGSS Director: Law and Governance

14:00hr

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1 Apologies for absence and declarations of interest

Guidance on declaring interests is available at

<http://tinyurl.com/ccs-conduct-code>

2 Minutes – 14 September 2017 and Action Log

3 Petitions

DECISIONS

4 Finance and Performance Report – August 2017 5 - 52

5 Service Committee Review of Draft Revenue Business Planning 53 - 122
Proposals for 2018-19 to 2022-2023

6 Older People's Accommodation Strategy 123 - 130

7	Delivering Better Outcomes Through Technology Enabled Care	131 - 152
8	Appointments to Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels	
9	Adults Committee Agenda Plan and Training Plan	153 - 158

The Adults Committee comprises the following members:

Councillor Anna Bailey (Chairwoman) Councillor Mark Howell (Vice-Chairman)

Councillor Adela Costello Councillor Sandra Crawford Councillor Kevin Cuffley Councillor Janet French Councillor Derek Giles Councillor Nichola Harrison Councillor David Wells and Councillor Graham Wilson

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

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Public speaking on the agenda items above is encouraged. Speakers must register their intention to speak by contacting the Democratic Services Officer no later than 12.00 noon

three working days before the meeting. Full details of arrangements for public speaking are set out in Part 4, Part 4.4 of the Council's Constitution <https://tinyurl.com/CCCprocedure>.

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FINANCE AND PERFORMANCE REPORT – AUGUST 2017

To: Adults Committee

Meeting Date: 12 October 2017

**From: Executive Director: People and Communities
Chief Finance Officer**

Electoral division(s): All

Forward Plan ref: Not applicable Key decision: No

Purpose: To provide the Committee with the August 2017 Finance and Performance report for People and Communities Services (P&C), formerly Children's, Families and Adults Services (CFA).

The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of August 2017.

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

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1.0 BACKGROUND

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

Forecast Variance Outturn (July) £000	Directorate	Current Budget 2017/18 £000	Actual to end of August £000	Current Variance £000	Forecast Variance Outturn (August) £000
247	Adults & Safeguarding	146,094	63,093	898	462
-95	Adults Commissioning (including Local Assistance Scheme)	10,603	5,609	-47	-111
-1	Communities & Safety – Safer Communities Partnership	1,589	553	13	0
151	Total Expenditure	158,286	69,255	865	351
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-15,025	-3,761	0	0
151	Total	143,262	65,494	865	351

Please note: Strategic Management – Commissioning, Executive Director and Central Financing budgets cover all of P&C and are therefore not included in the table above.

1.4 Financial Context

As previously discussed at Adults Committee the major savings agenda continues with £99.2m of savings required across the Council between 2017 and 2022.

The required savings for CFA in the 2017/18 financial year total £20,658k.

2.0 MAIN ISSUES IN THE AUGUST 2017 P&C FINANCE & PERFORMANCE REPORT

- 2.1 The August 2017 Finance and Performance report is attached at Annex B. At the end of August, P&C forecast an overspend of £3,843k. This is a worsening position from the previous month when the forecast overspend was £3,091k.

2.2 Revenue

The main changes to the revenue forecast variances within Adults Committees areas of responsibility since the previous report are as follows:

- In Adults and Safeguarding, the forecast pressure on the Learning Disability Partnership increased by £380k. Reflecting client needs and numbers predominantly, the Huntingdonshire and Fenland teams report increased care costs, and the Young Adults Team continues to have a higher than expected demand pressure for the year. A further £3m of savings is expected in LD before year-end, with good progress during August to make fuller use of in-county provision instead of more costly placements elsewhere.
- In Adults and Safeguarding, the forecast underspend in the Physical Disabilities team has increased by £264k. Care spending is decreasing compared to the first part of the year, as savings plans take effect, and there is an increase in the level of unspent direct payments that are being clawed-back.

2.3 The table below identifies the key areas of pressures and underspends within Adults services alongside potential mitigating actions and future risks or issues.

<p>Learning Disability Services (LD)</p> <p>Forecast year-end variance: +£628k</p>	<p>The key reason for the pressure in this area is:</p> <ul style="list-style-type: none"> • Increased levels of care and support required to meet needs and the sustainability of these arrangements through the year. The circumstances of the young people as they reach 18 years old is monitored closely to confirm the level of funding required to meet their needs and to try to anticipate the sustainability of the arrangements. This includes both the home circumstances and the educational arrangements for the young person. • Demand pressures are higher than expected, and there is continued expenditure on high-cost out of county in-patient placements due to the level of need of the people concerned. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in the first part of 2017/18. This has also resulted in revised projections of demand pressures for the remainder of the year. <p>Mitigating actions include:</p> <ul style="list-style-type: none"> • The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements. • Restrictions on price uplifts for providers are being targeted. • Underspending on staff where vacancies cannot be, or have not been, filled. • Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services. • Ongoing work with colleagues in Children's services to ensure that packages are cost effective leading up to each person's 18th birthday. • The Young Adults Team are working to try to mitigate the potential of increased costs if individual circumstances are not sustainable.
<p>Physical Disabilities (PD)</p> <p>Forecast year-end variance: -£284k</p>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> • Revised projections of costs for the remaining part of the year as a result of lower than expected demand and higher than expected clawbacks of unused direct payments.

Mental Health Central Forecast year-end variance: -£127k	The key reason for the underspend in this area is: <ul style="list-style-type: none"> • The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17.
Older People Mental Health Forecast year-end variance: +£369k	The key reasons for the pressure in this area is: <ul style="list-style-type: none"> • Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. The underlying cost of care commitments increased further since July as a result of increased demand for residential and nursing care, impacting on delivery of savings. Mitigating actions include: <ul style="list-style-type: none"> • Identification of underspends elsewhere across Mental Health Services, notably efficiencies achieved on the Section 75 contract, as reported under Mental Health Central, and from retendering of supported accommodation block contracts, as included in the forecast position for Mental Health Voluntary Organisations.

2.4 Performance

Of the twenty-one P&C service performance indicators ten are shown as green, four as amber and seven are red.

Of the Adults Performance Indicators, four are green, one is amber and three are red. The three red performance indicators are:

1. Proportion of adults with learning disabilities in paid employment
2. BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+)
3. Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+)

2.5 P&C Portfolio

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

3.0 2017-18 SAVINGS TRACKER

- 3.1 As previously reported the “tracker” report – a tool for summarising delivery of savings – will be made available for Members on a quarterly basis.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

- 4.1.1 There are no significant implications for this priority.

4.2 Helping people live healthy and independent lives

- 4.2.1 There are no significant implications for this priority

4.3 Supporting and protecting vulnerable people

4.3.1 There are no significant implications for this priority

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 This report sets out details of the overall financial position of the P&C Service.

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

5.2.1 There are no significant implications within this category.

5.3 Statutory, Risk and Legal Implications

5.3.1 There are no significant implications within this category.

5.4 Equality and Diversity Implications

5.4.1 There are no significant implications within this category.

5.5 Engagement and Consultation Implications

5.5.1 There are no significant implications within this category.

5.6 Localism and Local Member Involvement

5.6.1 There are no significant implications within this category.

5.7 Public Health Implications

5.7.1 There are no significant implications within this category.

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

Annex A

Adults Committee Revenue Budgets within the Finance & Performance report

Adults & Safeguarding Directorate

Strategic Management – Adults

Principal Social Worker, Practice and Safeguarding

Learning Disability Services

LD Head of Services

LD - City, South and East Localities

LD - Hunts & Fenland Localities

LD – Young Adults

In House Provider Services

NHS Contribution to Pooled Budget

Older People's Services

OP - City & South Locality

OP - East Cambs Locality

OP - Fenland Locality

OP - Hunts Locality

Discharge Planning Teams

Shorter Term Support and Maximising Independence

Adult Disability Services

PD Head of Services

Physical Disabilities

Autism and Adult Support Carers

Mental Health

Mental Health Central

Adult Mental Health Localities

Older People Mental Health

Commissioning Directorate

Strategic Management – Commissioning – *covers all of P&C*

Local Assistance Scheme

Adults Commissioning

Central Commissioning - Adults

Integrated Community Equipment Service

Mental Health Voluntary Organisations

Community & Safety Directorate

Safer Communities Partnership

Executive Director

Executive Director - *covers all of P&C*

Central Financing - *covers all of P&C*

Grant Funding

Non Baselined Grants - *covers all of P&C*

From: Martin Wade
 Tel.: 01223 699733
 Date: 7th September 2017

People & Communities (P&C) Service

Finance and Performance Report – August 2017

1. SUMMARY

1.1 Finance

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

1.2. Performance and Portfolio Indicators – June/July 2017 Data (see sections 4&5)

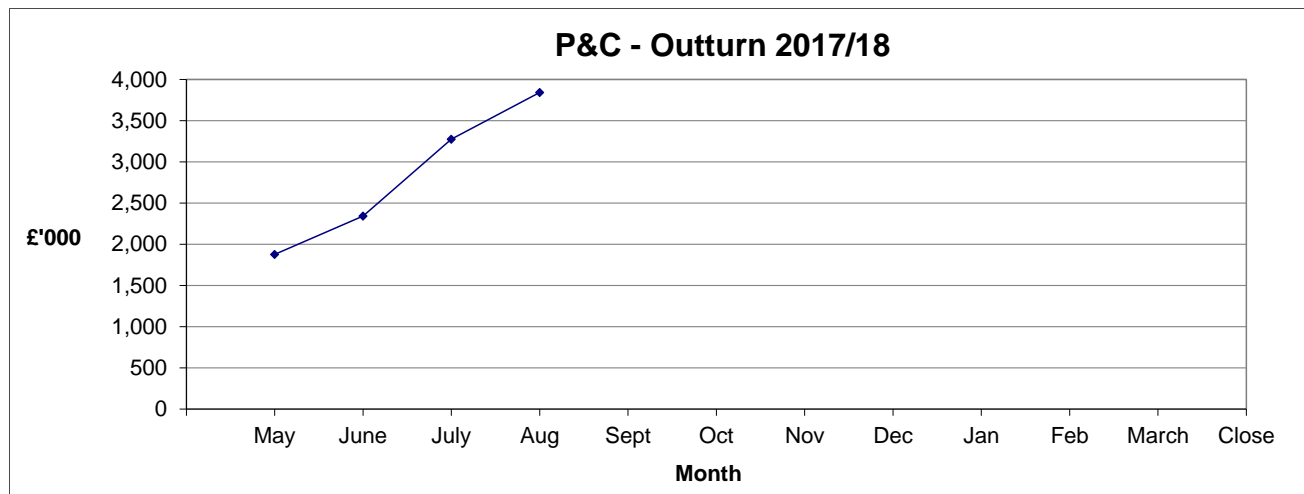
Monthly Indicators	Red	Amber	Green	Total
July Performance (No. of indicators)	7	4	10	21
June Portfolio (No. of indicators)	0	3	4	7

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance Outturn (July) £000	Directorate	Original Budget 2017/18 £000	Current Budget 2017/18 £000	Current Variance £000	Forecast Variance Outturn (Aug) £000	Forecast Variance - Outturn (Aug) %
247	Adults & Safeguarding	147,601	146,094	898	462	0.3%
-22	Commissioning	33,255	37,110	-3,657	-80	-0.2%
-1	Communities & Safety	3,533	4,419	1,348	0	0.0%
2,786	Children & Safeguarding	91,279	92,330	1,509	3,418	3.7%
114	Education	19,791	20,482	-320	104	0.5%
210	Executive Director	494	-367	53	210	-57.3%
3,334	Total Expenditure	295,953	300,070	-169	4,115	1.4%
-243	Grant Funding	-62,495	-62,495	-113	-272	0.4%
3,091	Total	233,458	237,575	-1,634	3,843	1.6%

The service level finance & performance report for August 2017 can be found in [appendix 1](#). Further analysis of the forecast position can be found in [appendix 2](#).



2.2 Significant Issues

At the end of August 2017, P&C is forecasting a pressure for the year of £3,843k.

Against a savings target for the year of £20.5m, the directorate is currently forecasting delivery of £18.2m, of which £8.3m was delivered in quarter 1.

As well as making savings through transformation, the service faces significant demand pressures, particularly in children's services related to the rising number of looked after children, a national trend and the lack of capacity with in house foster carers, resulting in the use of Independent Fostering Placements, which are double the cost. This month the report also acknowledges emerging pressures in Adults services, and risk will likely increase in this area as efforts to meet national delayed transfers of care targets step-up for winter.

The directorate is focused on identifying financial mitigations to offset pressures; seventeen service lines have already identified underspends and other areas are anticipating that they can improve their current position before year-end in the forecast submitted.

The whole directorate has been tasked with going further to improve the position. In many cases, planned transformation and demand management strategies are in progress and will deliver the expected savings ask although some to a delayed timescale.

The increase in forecast pressure since last month is £751k. Significant changes are detailed below:

- In Adults and Safeguarding, the forecast pressure on the Learning Disability Partnership increased by £380k. Reflecting client needs and numbers predominantly, the Huntingdonshire and Fenland teams report increased care costs, and the Young Adults Team continues to have a higher than expected demand pressure for the year. A further £3m of savings is expected in LD before year-end, with good progress during August to make fuller use of in-county provision instead of more costly placements elsewhere.
- In Adults and Safeguarding, the forecast underspend in the Physical Disabilities team has increased by £264k. Care spending is decreasing compared to the

first part of the year, as transformational savings plans take effect, and there is an increase in the level of unspent direct payments that are being clawed-back.

- In Children and Safeguarding, the Children in Care budget is forecasting an underspend of £128k on Fostering allowances. Whilst there continues to be an increase in the overall numbers of approved in-house foster carers and placements, a number of carers were not available for placements through the summer period. (This issue will be explored to mitigate impact in future years.) Future expected growth in placements has been factored into the forecast and there has been an increase over the last month in in-house placements due to both new approvals and existing carers becoming available for placements. Growth in in-house provision is an important positive factor contributing to the reduction in external LAC placement budget spend. The plan is to develop further activity to significantly increase in house foster carers, this will include an ongoing campaign in the county.
-
- In Children & Safeguarding, the Looked After Children (LAC) Placements budget is forecasting a pressure of £1,522k, an increase of £881k from last month. Of this increase, £402k relates to a reduction in the level of savings expected to be made during 2017/18 as a result of demand management measures, with the remaining £479k being due to a combination of changes in placement fees and/or new placements. Overall there is 1 more looked after child at the end of August than at the end of the previous month, with 368 (an increase of 13) of these children in external LAC placements. A review of LAC commissioning practices (Access to Resources Team) is currently being undertaken and a plan being put together to build capacity into the system that does not rely on using as many independent fostering placements and high cost residential and 16 plus supportive living placements and re-negotiation of contracts with external providers. Also reviewing the plans for children in care to ensure there is no drift in securing permanence and move on where appropriate. Support has been secured of an experienced placement manager.

2.3 Additional Income and Grant Budgeted this Period

(De Minimis reporting limit = £160,000)

A full list of additional grant income anticipated and reflected in this report can be found in [appendix 3](#).

2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De Minimis reporting limit = £160,000)

A list of virements made in the year to date can be found in [appendix 4](#).

2.5 Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

2.5.1 Key activity data to the end of August for **Looked After Children (LAC)** is shown below:

	BUDGET				ACTUAL (Aug)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Aug 17	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£143k	52	2,743.20	1	1.00	£133k	2,544.66	0	-£10k	-198.54
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	16	£1,160k	52	1,408.53	20	17.08	£2,025k	2,150.91	1.08	£865k	742.38
Residential homes	22	£3,018k	52	2,656.43	36	33.78	£5,324k	3,028.64	11.78	£2,306k	372.21
Independent Fostering	263	£10,304k	52	784.53	277	267.57	£10,931k	796.83	4.57	£627k	12.30
Supported Accommodation	15	£1,244k	52	1,247.14	28	22.99	£1,827k	1,561.70	7.99	£584k	314.56
16+	25	£608k	52	467.73	6	6.09	£89k	234.26	-18.91	-£519k	-233.47
Growth/Replacement	-	£868k	-	-	-	-	£796k	-	-	-£72k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£2,260k	-	-	-£2,260k	-
TOTAL	342	£17,344k			368	348.51	£18,866k		6.51	£1,522k	
In-house fostering - Basic	212	£2,053k	56	172.89	179	171.41	£1,918k	184.86	-40.59	-£135k	11.97
In-house fostering - Skills	212	£1,884k	52	170.94	180	173.29	£1,602k	192.69	-38.71	-£283k	21.75
Kinship - Basic	40	£439k	56	195.84	39	40.38	£399k	179.96	0.38	-£40k	-15.88
Kinship - Skills	11	£39k	52	68.78	11	11.00	£39k	68.78	0	£k	0.00
In-house residential	5	£556k	52	2,138.07	4	3.59	£556k	2,977.81	-1.41	£k	839.74
Growth*	0	-£297k	-	0.00	0	0.00	£k	0.00	-	£297k	-
TOTAL	257	£4,674k			222	215.38	£4,513k		-41.62	-£160k	
Adoption	376	£3,236k	52	165.51	403	399.80	£3,445k	165.04	23.8	£209k	-0.47
Concurrent Adoption	5	£91k	52	350.00	2	2.00	£37k	350.00	-3	-£55k	0.00
Savings Requirement	0	£k	0	0.00	0	0.00	£k	0.00	0	£k	0.00
TOTAL	381	£3,327k			405	401.80	£3,482k		23.8	£155k	
OVERALL TOTAL	980	£25,345k			995	965.69	£26,861k		-11.31	£1,517k	

NOTE: In house Fostering and Kinship basic payments fund 56 weeks as carers receive two additional weeks payment during the Summer holidays, one additional week payment at Christmas and a birthday payment.

*Represents expected growth of in-house foster placements to be managed against the LAC Placements budget

2.5.2 Key activity data to the end of August for SEN Placements is shown below:

BUDGET				ACTUAL (Aug 17)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Aug 17	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£62,895	93	96.19	£6,818k	£70,884	-5	-1.81	£653k	£7,989
Hearing Impairment (HI)	3	£100k	£33k	2	2.00	£74k	£37,217	-1	-1.00	£26k	£3,895
Moderate Learning Difficulty (MLD)	3	£109k	£36k	5	4.16	£143k	£34,470	2	1.16	£34k	£1,922
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£0
Physical Disability (PD)	1	£19k	£19k	3	2.58	£50k	£19,370	2	1.58	£31k	£400
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	£41k	£0
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	35	38.63	£1,825k	£47,250	0	3.63	£335k	£4,666
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	2	2.00	£90k	£44,855	-1	-1.00	£74k	£9,630
Severe Learning Difficulty (SLD)	2	£180k	£90k	1	1.00	£90k	£90,237	-1	-1.00	£90k	£0
Specific Learning Difficulty (SPLD)	8	£164k	£20k	5	4.88	£197k	£40,404	-3	-3.12	£33k	£19,904
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£57k	£28,574	0	0.00	£7k	£3,553
Recoupment	-	-	-	-	-	£673k	-	-	-	£673k	-
TOTAL	157	£8,573k	£54,602	148	153.44	£8,673k	£60,908	-9	-3.56	£100k	£6,306

In the following key activity data for Adults & Safeguarding, the information given in each column is as follows:

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

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

2.5.3 Key activity data to end of August for Adult Disability and Learning Disability Services is shown below:

		BUDGET			ACTUAL (Aug 17)				Forecast		
Service Type		Budgeted No. of Service Users 2017/18	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of Aug 17	Down	Current Average Unit Cost	Up	Forecast Actual £000	Down	Forecast Variance £000
Adult Disability Services	Residential	31	£1,121k	£1,807k	30	↓	£987	↑	£1,536k	↓	£271k
	Nursing	20	£928k	£965k	21	↑	£1,038	↑	£1,132k	↑	£167k
	Community	669	£292k	£10,149k	647	↓	£318	↓	£10,676k	↓	£527k
Total expenditure		720		£12,921k	698				£13,344k		£423k
Income				£1,646k					£1,561k	↑	£85k
Further savings assumed within forecast										↑	£890k
Net Total				£11,275k							£382k
Learning Disability Services	Residential	313	£1,338	£21,771k	300	↑	£1,383	↓	£22,630k	↓	£860k
	Nursing	8	£2,069	£861k	8	↔	£2,128	↔	£901k	↓	£40k
	Community	1,272	£608	£40,217k	1,289	↑	£647	↑	£43,502k	↑	£3,285k
Learning Disability Service Total		1,593		£62,848k	1,597				£67,033k		£4,185k
Income				£2,566k					£3,125k		£559k
Further savings assumed within forecast as shown in Appendix 1											£3,021k
Net Total											£605k

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

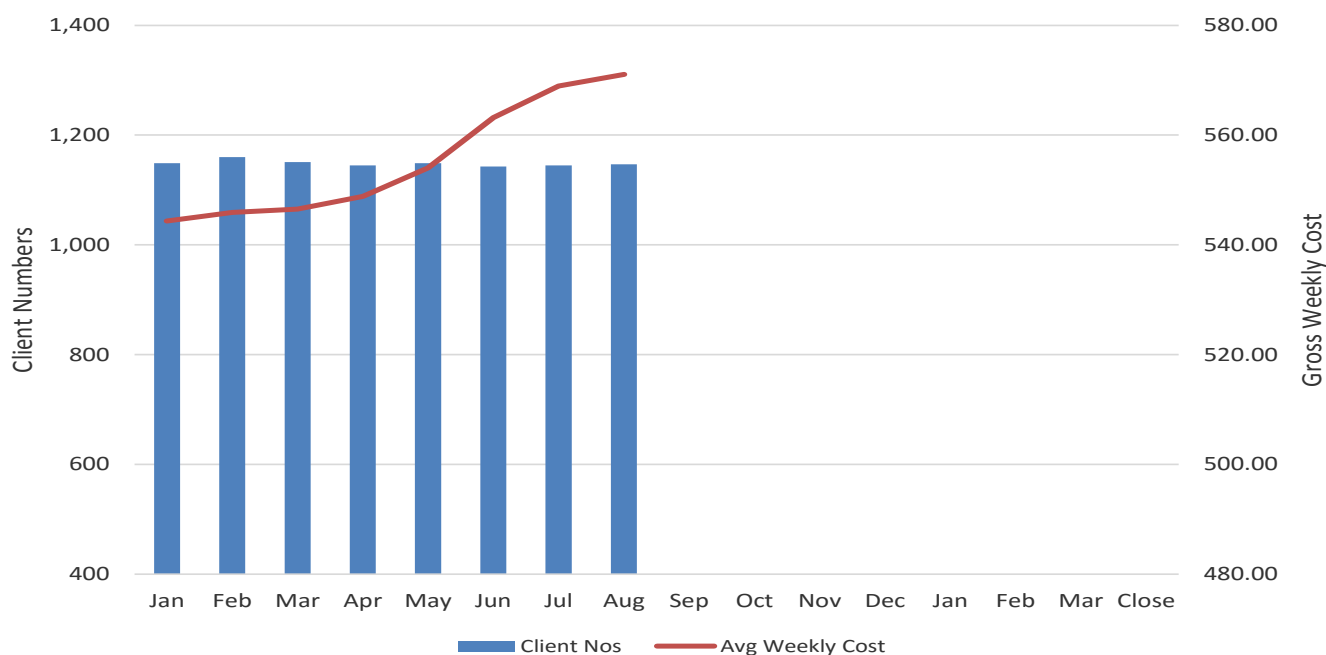
		BUDGET			ACTUAL (Aug)				FORECAST		
Service Type		Budgeted No. of Clients 2017/18	Budgeted Average Unit Cost (per week) £'s	Annual Budget £000's	Snapshot of No. of Clients at End of Aug 17	D o T	Current Average Unit Cost (per week) £'s	D o T	Forecast Spend £000's	D o T	Variance £000's
Adult Mental Health	Community based support	24	£72	£90k	17	↑	£154	↓	£147k	↑	£57k
	Home & Community support	154	£88	£709k	178	↓	£87	↔	£815k	↓	£106k
	Nursing Placement	13	£803	£544k	16	↔	£627	↓	£542k	↓	-£2k
	Residential Placement	65	£736	£2,493k	76	↑	£697	↑	£2,691k	↑	£198k
	Supported Accomodation	133	£119	£828k	130	↓	£110	↑	£709k	↓	-£119k
	Direct Payments	20	£235	£245k	14	↓	£280	↑	£202k	↑	-£43k
	Anticipated New Demand										£90k
Income				-£368k					-£384k		-£16k
Adult Mental Health Total		409		£4,541k	431				£4,722k		£271k
Further savings assumed within forecast as shown in Appendix 1											-£353k

Direction of travel compares the current month to the previous month.

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

OP Total		BUDGET			ACTUAL (Aug 17)				Forecast		
Service Type		Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential		447	£483	£11,593k	443	↓	£492	↓	£12,168k	↑	£576k
Residential Dementia		347	£536	£9,984k	360	↑	£544	↓	£10,480k	↑	£496k
Nursing		301	£715	£11,694k	293	↓	£695	↑	£11,196k	↑	-£498k
Nursing Dementia		55	£753	£2,253k	51	↑	£734	↓	£2,157k	↑	-£96k
Respite				£1,303k					£1,368k	↑	£65k
Community based											
~ Direct payments		248	£173	£2,239k	223	↑	£265	↑	£2,775k	↑	£535k
~ Day Care				£941k					£940k	↑	-£1k
~ Other Care				£5,081k					£5,086k	↓	£5k
~ Homecare arranged		1,608	per hour £15.70	£13,265k	1,451	↓	per hour £16.11	↓	£14,060k	↓	£795k
Total Expenditure		3,006		£58,351k	2,821				£60,229k		£1,877k
Residential Income				-£8,306k					-£8,715k	↓	-£409k
Community Income				-£8,099k					-£8,225k	↓	-£125k
Health Income				-£9k					-£27k	↔	-£18k
Total Income				-£16,415k					-£16,966k		-£552k
Further Savings Assumed Within Forecast as shown within Appendix 1											-£1,275k

OP Activity and Weekly Cost for Residential and Nursing Care from Jan 2017



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

OPMH Total	BUDGET			ACTUAL (Aug 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	14	£663	£489k	16	↑	£633	↓	£599k	↑	£96k
Residential Dementia	28	£533	£778k	25	↑	£535	↑	£955k	↑	£153k
Nursing	16	£740	£592k	18	↑	£747	↑	£739k	↓	£128k
Nursing Dementia	90	£747	£3,421k	102	↔	£768	↑	£4,267k	↓	£741k
Respite			£10k					£6k	↑	-£5k
Community based										
~ Direct payments	16	£207	£161k	13	↓	£247	↑	£179k	↓	£14k
~ Day Care			£3k					£11k	↑	£8k
~ Other Care			£37k					£43k	↓	£6k
~ Homecare arranged	45	per hour £15.95	£525k	48	↑	per hour £16.14	↔	£701k	↑	£155k
Total Expenditure	209		£6,017k	222				£7,499k		£1,295k
Residential Income			-£862k					-£987k	↓	-£125k
Community Income			-£244k					-£335k	↓	-£91k
Health Income			£k					£k	↔	£k
Total Income			-£1,106k					-£1,322k		-£216k
Further Savings Assumed Within Forecast as shown in Appendix 1										-£710k

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

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

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

3. BALANCE SHEET

3.1 Reserves

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

3.2 Capital Expenditure and Funding

2017/18 and Future Years Scheme Costs

In August there has been a £3,000k transfer in the capital scheme budget, this relates to CFA Management Information System IT Infrastructure scheme which is now led in Corporate Services, further to the corporate capacity review. There has also been a reduction in the overall capital scheme cost of £280k due to contingencies and risk items not being required for Hatton Park project.

2017/18 In Year Pressures/Slippage

As at the end of August the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation budget of £10,305k. A forecast outturn will only be reported once slippage exceeds this level. However in August movements on schemes has occurred totaling £979k. The significant changes in schemes are detailed below;

- Bottisham Village College; £900k accelerated spend. Revised contractor forecast is ahead of original schedule.
- Cromwell Village College; £150k accelerated spend due to design work being completed in 2017/18 to ensure delivery of September 2019 is achieved.

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

4. **PERFORMANCE**

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

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

Seven indicators are currently showing as RED:

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

During July, we saw the numbers of children with a Child Protection plan increase from 566 to 577.

Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved

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

The number of Looked After Children increased to 689 in July. This includes 66 UASC, around 9.6% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population and reduce the cost of placements. Some of these workstreams will impact on current commitment.

Actions being taken include;

- A weekly panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.

- A weekly LAC monitoring meeting chaired by the Executive Director of P&C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

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

Provisional data for 2016 shows that there is still a significant gap in the performance of pupils eligible for FSM in the new KS2 tests. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential

All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

Provisional data for 2016 shows that there is a significant gap in the performance of pupils eligible for FSM in the KS4 tests. Cambridgeshire's gap is currently wider than seen nationally.

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

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

(N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)

- **BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) – YTD**

Between April '16 and March '17 there were 35,732 bed-day delays across the whole of the Cambridgeshire system - representing a 22% increase on the preceding 12 months.

Across this period NHS bed-day delays have increased by 16% from 20,365 (Apr 15 - Mar 16) to 23,621 (Apr 16 - Mar 17), while bed-day delays attributed to Adult Social Care have increased from 7,709 in Apr 15 - Mar 16 to 9,259 in Apr 16 - Mar 17 an increase of 20%.

Over the course of this year we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.

The significant improvement in this indicator comes as we move into the new financial year and last year's performance is replaced with a single, relatively-well performing month of data

- **Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) – YTD**

In June '17 there were 813 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 157.1 delays per 100,000 of 18+ population. For the same period the national rate was 156.0 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

The increase is primarily due to delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's Hospital.

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

Provisional data for 2016 shows that there is still a significant gap in the performance of pupils eligible for FSM in the new KS2 tests. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

Provisional data for 2016 shows that there is a significant gap in the performance of pupils eligible for FSM in the KS4 tests. Cambridgeshire's gap is currently wider than seen nationally.

5. P&C PORTFOLIO

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

The programmes and projects within the P&C portfolio are currently being reviewed to align with the business planning proposals.

APPENDIX 1 – P&C Service Level Budgetary Control Report

Forecast Variance Outturn (July) £'000		Service	Current Budget for 2017/18 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance		Forecast Variance Outturn (Aug)	
						£'000	%	£'000	%
Adults & Safeguarding Directorate									
0		Strategic Management - Adults	2,588	2,733	2,801	68	2%	-50	-2%
36		Principal Social Worker, Practice and Safeguarding	1,429	576	420	-156	-27%	41	3%
Learning Disability Services									
75	1	LD Head of Service	5,606	2,476	2,460	-16	-1%	58	1%
0	1	LD - City, South and East Localities	33,559	14,428	14,857	429	3%	-138	0%
0	1	LD - Hunts & Fenland Localities	27,151	11,565	11,644	80	1%	421	2%
173	1	LD - Young Adults	4,300	1,433	1,387	-46	-3%	179	4%
0	1	In House Provider Services	5,501	2,439	2,570	131	5%	108	2%
0		NHS Contribution to Pooled Budget	-17,113	-8,557	-8,557	0	0%	0	0%
Older People's Services									
0	2	OP - City & South Locality	19,068	8,733	9,074	341	4%	0	0%
0	2	OP - East Cambs Locality	6,024	2,256	2,292	36	2%	0	0%
0	2	OP - Fenland Locality	9,106	3,516	3,533	17	0%	0	0%
0	2	OP - Hunts Locality	12,459	5,453	5,505	52	1%	50	0%
0		Discharge Planning Teams	2,189	910	871	-39	-4%	0	0%
0		Shorter Term Support and Maximising Independence	7,362	2,889	2,716	-173	-6%	0	0%
Adult Disability Services									
0		PD Head of Services	456	198	175	-23	-12%	0	0%
-20	3	Physical Disabilities	11,632	5,510	5,567	58	1%	-284	-2%
-95		Autism and Adult Support	808	294	263	-31	-11%	-83	-10%
-83		Carers	724	301	320	18	6%	0	0%
Mental Health									
-127	4	Mental Health Central	784	338	251	-88	-26%	-127	-16%
17		Adult Mental Health Localities	6,493	2,312	2,240	-72	-3%	-82	-1%
271	5	Older People Mental Health	5,970	2,390	2,703	313	13%	369	6%
247		Adult & Safeguarding Directorate Total	146,094	62,195	63,093	898	1%	462	0%
Commissioning Directorate									
-127	6	Strategic Management – Commissioning	2,233	847	741	-106	-13%	-127	-6%
0		Access to Resource & Quality	1,071	685	449	-235	-34%	-85	-8%
-28		Local Assistance Scheme	321	175	146	-29	-17%	-28	-9%
Adults Commissioning									
-9		Central Commissioning - Adults	5,624	2,927	2,729	-198	-7%	-25	0%
0		Integrated Community Equipment Service	711	769	722	-47	-6%	0	0%
-58		Mental Health Voluntary Organisations	3,947	1,785	1,897	112	6%	-58	-1%
Childrens Commissioning									
100	7	Special Educational Needs Placements	8,973	6,471	4,717	-1,753	-27%	100	1%
100	8	Commissioning Services	3,888	1,568	1,134	-434	-28%	100	3%
0		Early Years Specialist Support	1,210	372	120	-252	-68%	44	4%
0		Home to School Transport – Special	8,006	3,358	2,517	-841	-25%	0	0%
0		LAC Transport	1,126	476	603	127	27%	0	0%
-22		Commissioning Directorate Total	37,110	19,433	15,776	-3,657	-19%	-80	0%

Forecast Variance Outturn (July) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance		Forecast Variance Outturn (Aug)	
					£'000	%	£'000	%

Communities & Safety Directorate

0	Strategic Management - Communities & Safety	-25	-17	0	17	-100%	0	0%
0	Youth Offending Service	2,647	734	693	-41	-6%	0	0%
0	Central Integrated Youth Support Services	208	91	98	7	8%	0	0%
-1	Safer Communities Partnership	1,589	540	553	13	2%	0	0%
-1	Communities & Safety Directorate Total	4,419	1,348	1,344	-4	0%	0	0%

Children & Safeguarding Directorate

956	⁹ Strategic Management – Children & Safeguarding	2,546	1,597	2,016	420	26%	886	35%
0	Partnerships and Quality Assurance	1,892	812	812	0	0%	0	0%
3	¹⁰ Children in Care	12,448	5,467	5,470	3	0%	-128	-1%
0	Integrated Front Door	2,818	1,096	1,125	29	3%	-21	-1%
0	Children's Centre Strategy	326	287	297	10	3%	0	0%
0	Support to Parents	2,852	1,136	1,146	10	1%	0	0%
641	¹¹ Looked After Children Placements	17,454	4,737	5,797	1,060	22%	1,522	9%
450	¹² Adoption Allowances	4,406	1,865	2,029	164	9%	450	10%
450	¹³ Legal Proceedings	1,540	393	638	245	62%	450	29%
<u>SEND Specialist Services (0-25 years)</u>								
43	SEND Specialist Services	6,815	3,204	3,374	170	5%	43	1%
168	¹⁴ Children's Disability Service	6,527	3,349	2,877	-472	-14%	168	3%
0	High Needs Top Up Funding	13,573	5,645	5,839	194	3%	0	0%
<u>District Delivery Service</u>								
75	Safeguarding Hunts and Fenland	4,994	2,081	2,070	-11	-1%	75	2%
0	Safeguarding East & South Cambs and Cambridge	4,422	1,849	1,590	-259	-14%	0	0%
0	Early Help District Delivery Service – North	4,583	1,649	1,569	-80	-5%	-25	-1%
0	Early Help District Delivery Service – South	5,134	1,616	1,643	27	2%	-2	0%
2,786	Children & Safeguarding Directorate Total	92,330	36,784	38,293	1,509	4%	3,418	4%

Forecast Variance Outturn (July) £'000		Service	Current Budget for 2017/18 £'000	Expected to end of Aug £'000	Actual to end of Aug £'000	Current Variance £'000 %		Forecast Variance Outturn (Aug) £'000 %	
Education Directorate									
0		Strategic Management - Education	414	262	324	62	24%	0	0%
0		Early Years' Service	1,439	337	240	-97	-29%	0	0%
0		Schools Curriculum Service	58	-156	-168	-12	8%	0	0%
10		Schools Intervention Service	1,077	589	669	80	14%	0	0%
0		Schools Partnership Service	818	372	380	8	2%	0	0%
104	15	Children's' Innovation & Development Service	47	-1,133	-860	273	-24%	104	220%
0		Teachers' Pensions & Redundancy	2,936	1,219	1,010	-210	-17%	0	0%
Infrastructure									
0		0-19 Organisation & Planning	4,472	1,171	1,054	-117	-10%	0	0%
0		Early Years Policy, Funding & Operations	90	37	19	-18	-49%	0	0%
0		Education Capital	160	268	439	171	64%	0	0%
0		Home to School/College Transport – Mainstream	8,972	3,461	3,001	-460	-13%	0	0%
114		Education Directorate Total	20,482	6,427	6,107	-320	-5%	104	1%
Executive Director									
219	16	Executive Director	211	70	139	69	98%	219	103%
-9		Central Financing	-578	-958	-973	-16	2%	-9	-1%
210		Executive Director Total	-367	-888	-835	53	-6%	210	-57%
3,334		Total	300,070	125,299	123,778	-1,521	-1%	4,115	1%
Grant Funding									
-243	17	Financing DSG	-39,991	-16,550	-16,663	-113	1%	-272	-1%
0		Non Baselined Grants	-22,504	-6,800	-6,800	0	0%	0	0%
-243		Grant Funding Total	-62,495	-23,350	-23,463	-113	0%	-272	0%
3,091		Net Total	237,575	101,949	100,315	-1,634	-2%	3,843	2%

APPENDIX 2 – Commentary on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Current Budget	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
1) LD – Overall LDP Position	76,116	32,919	628	1%
<p>At the end of August, the Learning Disability Partnership is overall forecasting a pressure of £628k. This is an increase of £380k from the previous month when two particular pressures in the Young Adults and Head of Service lines were reported. The total savings target for Learning Disability exceeds £4.7m, there is optimism about the portion deliverable in the remainder of the year.</p> <p>Demand pressures are higher than expected, and there is continued expenditure on high-cost out of county in-patient placements due to the level of need of the people concerned. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in the first part of 2017/18. This has also resulted in revised projections of demand pressures for the remainder of the year. This is the cause of the £283k projected pressure on the LD locality policy lines.</p> <p>Business Plan savings are expected to be delivered in full, with underachievement on specific workstreams offset by exceeding targets elsewhere and through new initiatives.</p> <p>The predicted pressure has been partially mitigated by a number of actions:</p> <ul style="list-style-type: none"> • The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements. • Restrictions on price uplifts for providers are being targeted where the providers are unable to evidence increased costs. • Underspending on staff where vacancies cannot be, or have not been, filled. • Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services. <p>Included in this forecast, the Young Adults Team specifically is projected to have a pressure of £179k. The demography and savings relating to this part of the LDP is prepared using a number of assumptions about the levels of care and support required to meet needs and the sustainability of these arrangements through the year. These assumptions are measured against the specific circumstances of young people as they turn 18, which has resulted in a pressure being forecast. Work continues with Children's services to ensure that packages are cost effective leading up to each young person's 18th birthday, and work is ongoing to ensure that existing packages are cost effective.</p> <p>The element of this pressure in the In House Provider Services is £108k. This is due to a re-phasing of a saving work-stream around transforming a number of the provider units. As a result, part of this saving will fall into 2018/19 creating a pressure in-year. This is mitigated by additional savings expected to be delivered by other workstreams.</p>				
2) Older People's Services	46,656	20,404	50	0%
<p>The Older People's Locality teams are experiencing higher demand for placements than anticipated at the start of the year. This is resulting in an underlying pressure across the budget and presents a risk to achievement of a balanced budget position at year end.</p> <p>Significant transformation and savings activity is in progress and the underlying pressure is being partially offset by an increase in forecast income (client contributions - as a result of improved financial assessment processes) since the start of the year, and further mitigating actions taken to date have included:</p> <ul style="list-style-type: none"> • Increasing the utilisation rate of existing block contracts; • Working closely with the Brokerage team to minimise new placement costs; • Introducing a new process for Continuing Health Care to help reduce the time between initial 				

checklist and case completion.

At present, an indicative forecast pressure of £50k is being reported, though it is acknowledged that the underlying pressure on the budget is greater than this and is likely to continue to increase. Work is underway to identify further mitigations to manage the overall position.

3) Physical Disabilities	11,632	5,567	-284	-2%
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The Physical Disability Service is forecast to be -£284k underspent at year end, an increase of -£264k from the previous month. The underspend has increased due to revised projections of costs for the remaining part of the year as a result of lower than expected demand and higher than expected clawbacks of unused direct payments. This forecast position assumes NHS funding for service-users with health needs comes in at expected levels.

4) Mental Health Central	784	251	-127	-16%
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The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17. This has resulted in efficiency in the current year of £127k. A number of small items of additional spend partially offset the position.

5) Older People Mental Health	5,970	2,703	369	6%
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Older People Mental Health is forecasting a pressure of £369k, which is an increase of £98k from the figure reported last month.

Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. The underlying cost of care commitments increased further since July as a result of increased demand for residential and nursing care, impacting on delivery of savings.

Mitigating underspends have been identified across Mental Health Services, on Adult Mental Health and through efficiencies achieved on the Section 75 contract, as reported under Mental Health Central, and from retendering of supported accommodation block contracts, as included in the forecast position for Mental Health Voluntary Organisations (Commissioning).

6) Strategic Management - Commissioning	2,233	741	-127	-6%
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Strategic Management Commissioning is expected to be £127k underspent at the end of 2107/18. The Grants to Voluntary Organisations budget is forecasting an under spend of £168k, which is due to the Home Start/Community Resilience Grant where the re-commissioning of this service ceased in 16/17. This has therefore reduced the 2017/18 committed expenditure. This underspend is partially offset by interim management costs that were incurred pending the outcome of the new Commissioning Directorate consultation.

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
7) SEN Placements	8,973	4,717	100	1%
<p>The SEN Placements budget is reporting a £100k pressure. There are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive. Four additional such cases recently placed further pressure on this budget.</p> <p>The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG).</p> <p><u>Actions being taken:</u></p> <ul style="list-style-type: none"> • SEND Sufficiency plan to be implemented. This sets out what is needed, how and when; • Three new special schools to accommodate the rising demand over the next 10 years .One school is opening in September 2017 with two more planned for 2020 and 2021. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with further education providers to provide appropriate post 16 course is also being explored in the plan; • Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education; • Work on coordination of reviews for ISEPs to look at returning in to county; and • a full review of all High Needs spend is required due to the ongoing pressures and proposed changes to national funding arrangements. 				
8) Commissioning Services	3,888	1,134	100	3%
<p>The Out of School Tuition budget is forecasting a pressure of £100k due to an increasing number of children with a Statement of Special Educational Needs / Education, Health and Care Plans (EHCP) out of school in receipt of alternative (tuition) packages. A new process has been established to ensure all allocations and packages are reviewed in a timely way and that there is oversight of moves back into full time school. There are delays in securing permanent school places which results in alternative education packages lasting longer.</p>				
9) Strategic Management – Children & Safeguarding	2,546	2,016	886	35%
<p>The Children and Safeguarding Director budget is forecasting pressure of £886k. This is a reduction of £70k on the July 2017 position, as further mitigations have been identified.</p> <p>The Children's Change Programme (CCP) is on course to deliver savings of £669k in 2017/18 to be achieved by integrating children's social work and children's early help services in to a district-based delivery model. However, historical unfunded pressures of £886k still remain. These consist of £706k around the use of agency staffing and unfunded posts of £180k (independent reviewing officers).The previous Business Support service pressure of £122k is now being managed in year and managed out entirely by 2018/19. Agency need has been reduced based on a 15% usage expectation in 2017/18 but use of agency staff remains necessary to manage current caseloads. All local authorities have agency social workers, many with a much higher % and therefore a budget to accommodate this need is necessary.</p> <p><u>Actions being taken:</u></p> <p>A business support review is underway to ensure we use that resource in the most effective manner in the new structure. All the budget pressures continue to be monitored and reviewed at the workforce work stream project meetings, by Senior Management Team and at the P&C Delivery Board with any residual pressures being managed as part of the 2018/19 Business Planning round.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
10) Children in Care	12,448	5,470	-128	-1%

The Fostering budget is currently forecasting an under spend of -£128k.

Whilst there continues to be an increase in the overall numbers of approved in-house foster carers and placements, a number of carers have not been available for placements for a variety of reasons. The Service Manager is forensically reviewing these arrangements to ensure timescales for placements becoming available are mapped. Future expected growth in placements has been factored into the forecast and there has been an increase in in-house placements over the last month due to new approvals and existing carers becoming available for placements after the summer period. There has also been an increase in the number of staying-put arrangements. Growth in in-house provision is an important positive factor contributing to the reduction in external LAC placement budget, and as such a more aggressive approach to recruiting in-house foster carers will be actioned.

11) Looked After Children Placements	17,454	5,797	1,522	9%
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A pressure of £1.5m is being forecast, which is an increase of £0.9m from what was reported in July. Of this increase, £0.4m relates to a reduction in the forecast LAC demand management savings (of which £0.2m are expected to be delivered in 18/19), with the remaining £0.5m being due to a combination of changes in placement fees and/or new placements.

Overall LAC numbers at the end of August 2017, including placements with in-house foster carers, residential homes and kinship, are 687, 8 more than July 2017 (please note July's figure has been restated to 679). This includes 65 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of August are 368, an increase of 13 from the 355 reported at the end of July.

External Placements Client Group	Budgeted Packages	31 July 2017 Packages	31 Aug 2017 Packages	Variance from Budget
Residential Disability – Children	1	1	1	0
Child Homes – Secure Accommodation	0	0	0	0
Child Homes – Educational	16	20	20	+4
Child Homes – General	22	33	36	+14
Independent Fostering	263	269	277	+14
Supported Accommodation	15	24	28	+13
Supported Living 16+	25	8	6	-19
TOTAL	342	355	368	+26

'Budgeted Packages' are the expected number of placements by Mar-18, once the work associated to the saving proposals has been undertaken and has made an impact.

Actions being taken to address the forecast overspend include:

- Weekly panel that all requests for placements have to go to and review of high-cost placements on a regular basis. Access to Resources and operational managers to ensure that the plans for children remain focussed and that resources are offering the best value for money.

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
Looked After Children Placements continued; <ul style="list-style-type: none"> Purchase placements reviews – scrutiny by placement officers and service/district managers to review emergency placements, changes of placements and return home from care planning to ensure that children are in the right placement for the right amount of time. All new admissions to care have to be agreed at Assistant Director or Service Director level. Development of a 'No Wrong Door' model to bring together the residential home, specialist fostering placements, supported lodgings and supported accommodation, with outreach services under one management arrangement. This will enable rapid de-escalation of crisis situations in families preventing admissions to care, and delivery of a holistic, creative team of support for young people with the most complex needs, improving outcomes for young people and preventing use of expensive externally-commissioned services. A new Head of Service, with expertise in children's services commissioning, has been re-deployed from elsewhere in the P&C directorate to lead the Access to Resources function. 				
12) Adoption	4,406	2,029	450	10%
<p>The Allowances budget is forecasting a pressure of £450k.</p> <p>Our contract with Coram Cambridgeshire Adoption (CCA) provides for 38 adoptive placements pa. In 2017/18 we are forecasting an additional requirement of 20 adoptive placements. There is a need to purchase inter agency placements to manage this requirement and ensure our children receive the best possible outcomes. The forecast assumes £270k to manage our inter agency requirement and a further £30k to increase our marketing strategy in order to identify more suitable adoptive households.</p> <p>The adoption/Special Guardianship Order (SGO) allowances overspend of £150k is based on the continuation of historical adoption/SGO allowances and a lower than expected reduction from reviews of packages or delays in completing reviews of packages. The increase in Adoption orders is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p> <p><u>Actions being taken:</u></p> <p>Ongoing dialogue continues with CCA to look at more cost effective medium term options to recruit more adoptive families to meet the needs of our children. Rigorous oversight of individual children's cases is undertaken before Inter Agency placement is agreed.</p> <p>A programme of reviews of allowances continues which is resulting in some reduction of packages, which is currently off-setting any growth by way of new allowances.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
13) Legal Proceedings	1,540	638	450	29%
<p>The Legal Proceedings budget is forecasting a £450k pressure.</p> <p>Numbers of care applications have increased by 52% from 2014/15 (105) to 2016/17 (160), mirroring the national trend and continue to rise. Aside from those areas which we are working on to reduce costs ie. advice/use of appropriate level of Counsel, the volume of cases remaining within the system indicates an estimated £450k of costs in 2017/18. This assumes overrun costs through delay in cases can be managed down as well as requests for advice being better managed.</p> <p><u>Actions being taken:</u></p> <p>Work is ongoing to better manage our controllable costs by use of a legal tracker but this was only implemented in June 2017 so the impact is yet to be felt. The tracker should enable us to better track the cases through the system and avoid additional costs due to delay. We have invested in two practice development posts to improve practice in the service and will also seek to work closer with LGSS Law with a view to maximising value for money.</p>				
14) Children's Disability Service	6,527	2,877	168	3%
<p>The Children's Disability Service is forecasting a pressure of £168k.</p> <p>The Community Support Services budget has seen an increase both in the number of support hours, a high cost individual case (£35k) and in the number of joint funded health packages (also including some with high allocations of hours). Contributions to Adult Services (£45k) have increased and the service is also carrying a £50k pressure from 2016/17.</p> <p><u>Actions being taken:</u></p> <p>We will be reviewing the costs of current packages and in particular support levels for our young people.</p>				
15) Children's Innovation & Development Service	47	-860	104	220%
<p>There is a pressure of £104k against Grafham Water which was identified during budget build.</p> <p>The budget includes an internal loan of £97k in 17/18 relating to building and improvement works carried out a number of years ago. Although prices have been increased for all user groups and the centre is running at high capacity, the centre is currently unable to generate sufficient income to cover the additional costs of the loan as well as a targeted £27k over-recovery.</p> <p>This long standing issue will be addressed through a review of options for Grafham Water going forwards, with the aim of achieving a realistic and sustainable budget. We will look to mitigate the pressure in the short term via any emerging underspends elsewhere within the directorate.</p>				
16) Executive Director	211	139	219	103%
<p>It is not likely that the £219k Business Support saving will not be achieved in 17/18 through efficiencies identified within the business support functions. As such, there is a pressure of £219k being reported. However, work is ongoing to identify strategies to realise this saving.</p>				
17) Financing DSG	-39,991	-16,663	-272	-1%
<p>Within P&C, spend of £40.0m is funded by the ring fenced Dedicated Schools Grant. The DSG pressure of £272k is made up from Early Years Specialist Support. (£44k), Education Placements (£100k); Commissioning Services (£100k); SEND Specialist Services (£43k) and for this financial year will be met by DSG reserve carry forwards.</p>				

APPENDIX 3 – Grant Income Analysis

The table below outlines the additional grant income, which is not built into base budgets.

Grant	Awarding Body	Expected Amount £'000
Grants as per Business Plan		
Public Health	Department of Health	331
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	319
Unaccompanied Asylum Seekers	Home Office	1,600
Staying Put	DfE	167
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,668
Children's Social Care Innovation Grant (MST innovation grant)	DfE	521
Domestic Abuse	DCLG	574
High Needs Strategic Planning Funding	DfE	267
MST Standard	DoH	63
Music Education HUB	Arts Council	784
Non-material grants (+/- £160k)	Various	95
Total Non Baselined Grants 2017/18		22,504

Financing DSG	Education Funding Agency	39,991
Total Grant Funding 2017/18		62,495

The non baselined grants are spread across the P&C directorates as follows:

Directorate	Grant Total £'000
Adults & Safeguarding	440
Commissioning	15,457
Children & Safeguarding	3,969
Education	822
Community & Safety	1,816
TOTAL	22,504

APPENDIX 4 – Virements and Budget Reconciliation

Virements between P&C and other service blocks:

	Eff. Period	£'000	Notes
Budget as per Business Plan		237,311	
Multiple Policy Lines	Apr	-292	Corporate Capacity Review (CCR) adjustments
Multiple Policy Lines	Apr	310	Apprenticeship Levy – allocation of budget to meet new payroll cost.
Information Management & Information Technology	Apr	-1,286	Digital Strategy moved to Corporate Services
Multiple Policy Lines	Apr	-293	Savings from organisational structure review within P&C, contribution to corporate target
Adult & Safeguarding	Apr	-52	Court of Protection Client Funds Team transferring to Finance Operations within LGSS
Shorter Term Support and Maximising Independence	May	-10	Transfer from Reablement for InTouch Maintenance to Corporate Services (Digital)
Multiple Policy Lines	May	-1,335	Workforce Development moved to Corporate Services as part of Corporate Capacity review.
Safer Communities Partnership	May	-178	DAAT budgets transferred to Public Health Joint Commissioning Unit
Early Help District Delivery Service – North & South	June	-43	Transfer Youth and Community Coordinator budget to Corporate Services per CCR
Education Capital	June	-11	Transfer Property Services from LGSS
LAC Placements	July	2,913	LAC Demography approved by GPC in July
Strategic Management - Adults	July	12	Transfer of Dial a Ride (ETE) to Total Transport (P&C)
Catering & Cleaning Services	Aug	449	Transfer from Education to Commercial and Investment.
Adult Early Help	Aug	80	Transfer from Corporate & Customer Services (following review of welfare benefits advice provision)
Current Budget 2017/18		237,575	

APPENDIX 5 – Reserve Schedule

GPC will be asked to re-approve these earmarked reserves at their July meeting.

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 Aug 17		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					
P&C carry-forward	540	-540	0	-3,843	Forecast overspends of £4,181k applied against reserves.
subtotal	540	-540	0	-3,843	
<u>Equipment Reserves</u>					
ICT Equipment Replacement Reserve	726	0	726	31	The reserve is fully committed but the replacement cannot be implemented before school summer holiday so costs will be incurred Autumn Term 2017.
IT for Looked After Children	133	0	133	83	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
subtotal	859	0	859	114	
<u>Other Earmarked Reserves</u>					
Adults & Safeguarding					
Homecare Development	22	-22	0	0	Managerial post worked on proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	0	Up scaled the falls prevention programme with Forever Active
Dementia Co-ordinator	13	-13	0	0	Used to joint fund dementia co-ordinator post with Public Health
Mindful / Resilient Together	188	-188	0	0	Programme of community mental health resilience work (spend over 3 years)
Increasing client contributions and the frequency of Financial Re-assessments	14	-14	0	0	Hired fixed term financial assessment officers to increase client contributions as per BP
Brokerage function - extending to domiciliary care	35	-35	0	0	Trialled homecare care purchasing co-ordinator post located in Fenland
Hunts Mental Health	200	0	200	0	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
Commissioning					
Capacity in Adults procurement & contract management	143	-81	62	62	Continuing to support route rationalisation for domiciliary care rounds
Specialist Capacity: home care transformation / and extending affordable care home capacity	25	-25	0	0	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Home to School Transport Equalisation reserve	-240	296	56	56	17/18 is a shorter year. Therefore, a £296k contribution has been made back to reserves to account for this. No further changes expected this year.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	0	Draw down of funds to pay for independent travel training
Prevent children and young people becoming Looked After	25	-25	0	0	Re-tendering of Supporting People contracts (ART)

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 Aug 17		
	£'000	£'000	£'000	£'000	
Disabled Facilities	44	0	44	0	Funding for grants for disabled children for adaptations to family homes.
Community & Safety					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	150	0	150	150	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
Children & Safeguarding					
Child Sexual Exploitation (CSE) Service	250	0	250	0	The funding required is in relation to a dedicated Missing and Exploitation (MET) Unit and due to a delay in the service being delivered this is going back to GPC to obtain approval, as originally the Child Sexual Exploitation service was going to be commissioned out but now this will be bought in house within the Integrated Front Door and this funding will be required in 2017/18 to support this function (1 x Consultant Social Worker & 4 x MET Hub Support Workers).
Education					
Cambridgeshire Culture/Art Collection	47	-3	43	113	Providing cultural experiences for children and young people in Cambs - fund to increase in-year due to sale of art collection
ESLAC Support for children on edge of care	36	-36	0	0	Funding for 2 year post re CIN
Cambridgeshire Music	80	0	80	90	Annual reserve agreed by GPC to develop and support the Cambridgeshire Music CREATE program which will look to create new purpose built accommodation.
Cross Service					
Develop 'traded' services	30	-30	0	0	£30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	78	-78	0	0	This will fund 2-3 staff across 2017/18 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	110	-110	0	0	Repairs & refurb to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Other Reserves (<£50k)	135	-43	92	92	Other small scale reserves.
subtotal	1,489	-511	977	563	
TOTAL REVENUE RESERVE	2,888	-1,051	1,836	-3,166	

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 Aug 17		
	£'000	£'000	£'000	£'000	
<u>Capital Reserves</u>					
Devolved Formula Capital	780	980	1,760	0	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire School
Basic Need	0	19,123	19,123	0	The Basic Need allocation received in 2017/18 is fully committed against the approved capital plan.
Capital Maintenance	0	1,989	1,989	0	The School Condition allocation received in 2017/18 is fully committed against the approved capital plan.
Other Children Capital Reserves	1,448	616	2,064	0	£5k Universal Infant Free School Meal Grant c/f, £1,444k is Early Years funding for project to be spent in 2017/18
Other Adult Capital Reserves	379	3,810	4,188	0	Adult Social Care Grant to fund 2017/18 capital programme spend.
TOTAL CAPITAL RESERVE	2,607	26,518	29,124	0	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2017/18						TOTAL SCHEME	
Original 2017/18 Budget as per BP £'000	Scheme	Revised Budget for 2017/18 £'000	Actual Spend (Aug) £'000	Forecast Spend - Outturn (Aug) £'000	Forecast Variance - Outturn (Aug) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	Schools						
41,560	Basic Need - Primary	38,750	14,351	37,194	-1,556	274,415	-9,851
26,865	Basic Need - Secondary	29,520	13,865	31,046	1,526	219,592	21,564
841	Basic Need - Early Years	1,687	164	1,346	-341	5,442	592
1,650	Adaptations	1,945	146	1,795	-150	3,442	442
248	Specialist Provision	242	-46	216	-26	9,810	0
3,000	Condition & Maintenance	3,000	937	3,000	0	27,400	0
1,076	Schools Managed Capital	1,760	0	1,760	0	12,022	-664
150	Site Acquisition and Development	150	102	150	0	650	0
1,500	Temporary Accommodation	1,500	604	1,500	0	15,500	0
2,095	Children Support Services	383	0	383	0	2,618	0
5,354	Adult Social Care	5,278	0	5,278	0	36,029	0
-6,664	P&C Capital Variation	-10,305	0	-9,759	546	-37,825	0
1,533	Capitalisation of Interest Costs	1,533	0	1,533	0	6,846	0
79,208	Total P&C Capital Spending	75,442	30,124	75,442	0	569,095	12,083

Basic Need - Primary £9,851k reduction in scheme cost

A total scheme variance of -£8,524k has occurred due to changes since the Business Plan was approved in response to adjustments to development timescales and updated school capacity information. The following schemes have had cost variations since the 2017/18 business plan was published;

- Clay Farm Primary; £384k reduction as risk and contingency items not required.
- Fulbourn Primary; £1,215k increase. Detailed planning and design changes have been required to achieve the project and address issues including the severe physical and operational site constraints and drainage restrictions.
- The Shade, Soham; £113k reduction as risk and contingency items not required.
- Wyton Replacement School; £2,773k increase as the scope of the scheme has increased to 1.5FE rather than 1FE to ensure school can respond to future demand for places.
- Melbourn Primary; £281k increase due to increase project scope including works to an early year's provision.
- Morley Memorial; £443k increase due to revision of milestone which were originally undertaken in 2012.
- Fourfields Primary; £2,300k reduction: further analysis of need has identified that this scheme can be removed from the capital programme. This will only impact on future years and not 2017/18
- Wyton New School; £10,000k reduction further developments involving planning has meant this school can be removed from the capital plan. This will only impact on future years and not 2017/18

In May 2017 these reductions were increased further by £419k due to underspend on 2017/18 schemes which were due to complete and did not require the use of budgeted contingencies:

Godmanchester Bridge ((£129k), Fordham Primary (£157k) and Ermine Street Primary (£139k)

In June these reductions were again increased by £628k .Isle of Ely Primary (£156k) underspend due to contingency not required as final accounts have been agreed and reduction in project cost (£472k) for Barrington Scheme identified by the milestone 2 report.

In August a further reduction of £280k due to contingencies and risk items not being required for Hatton Park project.

Basic Need - Primary £1,556k 2017/18 slippage

In additional to the £575k detailed above where underspends are forecast due to contingencies not being required. The following schemes have experienced significant slippage in 2017/18;

Meldreth Primary is forecasting slippage of £710k due to the scheme experiencing a delay in the commencement on site from November 17 to February 2018. Barrington £90k slippage as project has slipped to a September 2020 completion and planning and design work has consequently reduced. Hatton Park scheme forecasting slippage of £71k due to contingencies and risk items not being required. These are offset by £50k accelerated spend at Godmanchester bridge Primary School.

Basic Need – Secondary £21,564k increased total scheme cost

A total scheme variance of £21,564k has occurred due to changes since the Business Plan was approved. Littleport Secondary and Special School has experienced a £774k increase in costs due to additional specialist equipment being required as part of the capital build. Bottisham Secondary scheme has increased by £2,269k due to EFA grant funded works being carried out by CCC and the school transferring the budget to fund this. Northstowe Secondary scheme has increased by £19,600k due to the addition of SEN provision of which 90 places are to be funded by the Education Funding and Skills Agency (EFSA) and also the delivery of community sports provision which will attract S106 funding from South Cambs District Council.

Basic Need – Secondary £1,526k 2017/18 overspend

An in year overspend for Littleport of £725k and accelerated spend on Southern Fringe of £250k on IT equipment has been offset with slippage on Northstowe Secondary (£100k), Alconbury Secondary and SEN scheme (£50k) where design progress on these projects has not progressed since the beginning of the financial year. Slippage has also occurred on North West Fringe (£350k) as the project has been rephased by 1 year.

Bottisham Village College is forecasting an in year overspend of £900k due to accelerated spend. Revised contractor cash flow reports are ahead of the schemes original schedule. Cromwell Community college is also experiencing accelerated spend to complete the design work to ensure the scheme can achieve the September 2019 completion date.

Basic Need – Early Years £341k slippage

Orchard Park Primary early years provision has experienced slippage of £341k as project being reviewed and currently on hold, no spend expected in 2017/18

Adaptations £442k increased total scheme cost

Morley Memorial has experienced additional total scheme costs of £442k due to the revision of the project which was initially costed in 2012. The additional requirements reflect the inflationary price increases and not a change to the scope of the scheme.

Adaptations £150k 2017/18 slippage

Morley Memorial scheme has incurred a slight delay in the start on site that has resulted in an anticipated £150k slippage. The project will meet its completion date of September 2018.

Schools Managed Capital

Devolved Formula Capital (DFC) is a three year rolling balance and includes £780k carry forward from 2017/18. The total scheme variance of £664k relates to the reduction in 2017/18 grant being reflected in planned spend over future periods.

P&C Capital Variation

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

2017/18					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Aug) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Aug) £000
P&C	-10,305	-546	546	5.3%	-
Total Spending	-10,305	-546	546	5.3%	-

6.2 Capital Funding

2017/18				
Original 2017/18 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2017/18 £'000	Forecast Spend – Outturn (Aug) £'000	Forecast Funding Variance - Outturn (Aug) £'000
32,671	Basic Need	32,671	32,671	0
4,043	Capital maintenance	4,476	4,476	0
1,076	Devolved Formula Capital	1,760	1,760	0
3,904	Adult specific Grants	4,283	4,283	0
17,170	S106 contributions	14,800	14,800	0
0	Early Years Grant	1,443	1,443	0
0	Capitalised Revenue Funding	0	0	0
2,725	Other Capital Contributions	3,804	3,804	0
26,464	Prudential Borrowing	21,050	21,050	0
-8,845	Prudential Borrowing (Repayable)	-8,845	-8,845	0
79,208	Total Funding	75,442	75,442	0

APPENDIX 7 – Performance at end of July 2017

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Children and Families	20.9%	20.0%	17.2%	Jul-17	↑	G	19.9% (2016)	22.3% (2016)	Performance in re-referrals to children's social care is below target
Number of children with a Child Protection Plan per 10,000 population under 18	Children and Families	42.6	30.0	43.4	Jul-17	↓	R	38 (2016)	43.1 (2016)	During July, we saw the numbers of children with a Child Protection plan increase from 566 to 577. Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of looked after children per 10,000 children	Children and Families	51.2	40.0	51.8	Jul-17	↓	R	42.3 (2016)	60.0 (2016)	<p>The number of Looked After Children increased to 689 in July This includes 66 UASC, around 9.6% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> • A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs. • A weekly LAC monitoring meeting chaired by the Executive Director of P&C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives. <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% year 12 in learning	Children and Families	93.7%	96.5%	93.8%	Jul-17	↑	A	94.0% (2015)	94.8% (2015)	We have not met our in learning target for year 12 and performance has been variable across the localities. Year 13 in learning has improved over the last three years and is very close to target. However again performance is variable across the localities.
%16-18 year olds NEET and unknown	Children and Families	3.8%	3.8%	3.6%	Jun-17	↑	G			NOTE: From Sept 2016 - This indicator has changed from 16-19 to 16-18 and now includes unknowns, and therefore isn't comparable to previous years. Though performance remains within target, there is a high number of young people whose situation is currently unknown. Information about these young people will be gathered during the autumn term to give a clearer idea of our actual performance.
% Clients with SEND who are NEET	Children and Families	10.6%	9.0%	9.4%	Q1 (Apr to Jun 17)	↑	A	7.0% (2015)	9.2% (2015)	Whilst we are not on target our performance is much better than this time last year when NEET was 10.6%. We continue to prioritise this group for follow up and support.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Jul-17	➡	G			
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	81.7%	82.0%	83.9%	Jul-17	⬆	G	88.4% (2016)	88.5% (2016)	163 out of 194 primary schools are judged as good or outstanding
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	80.3%	75.0%	80.3%	Jul-17	➡	G	85.2% (2016)	80.3% (2016)	Performance for Secondary schools continues to improve with 25 out of 31 schools now good or outstanding. Further improvement is expected.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Jul-17	➡	G			
Proportion of income deprived 2 year olds receiving free childcare	Learning	78%	80.0%	75.4%	Spring Term	⬇	A			There were 1,703 children identified by the DWP as eligible for the Spring Term. 1,284 took up a place which equates to 75.4%
<i>FSM/Non-FSM attainment gap % achieving the national standard in Reading, Writing & Maths at KS2</i>	Learning	30%	21%	27%	2016	⬆	R			Provisional data for 2016 shows that there is still a significant gap in the performance of pupils eligible for FSM in the new KS2 tests. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential.
<i>FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE</i>	Learning	37%	26%	29%	2016	⬆	R		24.8%	All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	0.3%	2.0% (Pro-Rata)	0.5%	July-17	↑	R	5.8% (2015-16)	5.8% (2015-16)	Performance remains very low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams. (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	97.8%	93.0%	97.8%	July-17	→	G	88.2% (2015-16)	86.9% (2015-16)	Performance remains above the target and is generally moving toward 100%. Performance is above the national average for 14/15 and will be monitored closely.
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	49.0%	50.1%	47.5%	July-17	↓	A	N/A (Local Indicator)		Performance of this indicator has risen and is closer to the target. If teams focus on completing overdue reviews this would contribute to a fall in performance in the future.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	58.1%	57.0%	58.1%	July-17	➔	G	N/A (Local Indicator)		<p>The service continues to be the main route for people leaving hospital with simple, as opposed to complex care needs. However, we are experiencing a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers. In addition the service is being re-organised to strengthen leadership and to reduce process delays.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We are addressing this issue through a variety of means, including discussions with the NHS about filling intermediate care gaps, to reduce inappropriate referrals and use of capacity in reablement. The Council has also developed the Double Up Team who work with staff to reduce long term care needs and also release re-ablement capacity, and a home care transition service to support transfers into long term domiciliary care.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	70.0	188 (Pro-Rata)	98.7	July-17	↑	G	548.5 (2015-16)	628.2 (2015-16)	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area is resulting in a fall in the number of admissions.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	447.7	429	470.3	June-17	↓	R	N/A (Local Indicator)		<p>Between April '16 and March '17 there were 35,732 bed-day delays across the whole of the Cambridgeshire system - representing a 22% increase on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have increased by 16% from 20,365 (Apr 15 - Mar 16) to 23,621 (Apr 16 - Mar 17), while bed-day delays attributed to Adult Social Care have increased from 7,709 in Apr 15 - Mar 16 to 9,259 in Apr 16 - Mar 17 an increase of 20%.</p> <p>Over the course of this year we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.</p> <p>The significant improvement in this indicator comes as we move into the new financial year and last year's performance is replaced with a single, relatively-well performing month of data.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	126.5	114	136.7	June-17	↓	R	N/A (Local Indicator)		<p>In June '17 there were 813 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 157.1 delays per 100,000 of 18+ population. For the same period the national rate was 156.0 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.</p> <p>The increase is primarily due to delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's.</p>
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	12.9%	12.5%	12.8%	June-17	↓	G	9.0% (2015-16)	6.7% (2015/16)	<p>Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.</p>

APPENDIX 8 – P&C Portfolio at end of June 2017

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives Practice Governance Project Claire Bruin / Jane Heath	<p>Following input from the new Principal Social Worker, the project plan has been reviewed and revised. Revised service plans are to follow. The Quality Assurance annual report was shared with the project board and Heads of Service have been tasked with producing preliminary proposals to demonstrate how they will take the recommendations forward to improve practice in their services.</p> <p>Following a meeting with the Mental Health service it has been agreed that at each board meeting from July 2017 their representative will provide a written report to update board members on the progress of the service on their Section 75 workstreams.</p>	GREEN
Building Community Resilience Programme: Sue Grace/Elaine Matthews	<p>The Community Resilience Programme and the Innovation Fund moved to Strengthening Communities Service for management and delivery from 1 Feb 2017. That work now falls within the remit of the new Communities and Partnerships Committee Chaired by Cllr Steve Criswell. A recommendation to full Council in July resulted in agreement of five Area Champions taken from the membership of this Committee, who will champion and support community development in each of the Cambridgeshire Districts. A paper will be heard at the 24 August Communities and Partnership Committee which includes the role of the Area Champions and asks for confirmation of named members.</p> <p>A 6 month review of the Innovation Fund resulted in the recommendation that the fund be rebranded 'Innovate and Cultivate Fund', with a smaller fund application process (up to £10k) open to community groups wanting to cultivate sustainable community networks and a larger fund (£10k-£50k) focusing on more innovative approaches which support Council priorities. Both funds still require a return on council investment. A paper setting out these changes was received by the new committee in June and in response they have asked for an increased role by the new Committee in approving recommended applications.</p>	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p>0-19 Commissioning: Meredith Teasdale/ Janet Dullaghan</p>	<p>This project is looking at how Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) can work together to integrate child health and wellbeing services. This includes consideration of 0-19 community based health services, including Health Visiting, School Nursing and Family Nurse Partnership; Early Help and Children's Centre services; and Child and Adolescent Mental Health Services across Cambridgeshire and Peterborough.</p> <p>The aim is for an integrated model where children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it in line with the Thrive model that is based on having a good core offer across the agencies for universal services and clear and process to identify need early and provide the right early help and support.</p> <p>Progress to date:</p> <ul style="list-style-type: none"> Options appraisal completed and recommended option taken forward Specification collaboratively completed to an advanced position Method statement completed to an advanced position Financial envelope presented to August JCU for consideration <p>The next steps are to progress JCU governance in support of commissioning options. Critical to furthering the work stream is agreement of the current financial envelope, determination of crystallised future savings from each of the commissioning organisations and clarity about future savings assumptions. These will form the basis of the financial section of the specification.</p> <p>Work stream logs to include risks, issues, actions and decisions are complete to date, and an extensive engagement log is in place evidencing wide spread stakeholder engagement that has influenced the principles, specification and outcomes sought from this work.</p> <p>Once all the above are approved and in place, the current timeline will be updated with the detailed planning required to deliver the next phase.</p> <p>New guidance from NHS England (ISAP) will impact on taking 0-19 service forward and may delay the procurement a further year to April 2019 this will be confirmed in September.</p> <p>A draft Spec has gone out for discussion and possible alliance models are being explored with current providers.</p>	<p>GREEN</p>
<p>Children's Centres: Helen Freeman/Theresa Leavy</p>	<p>The Public Children's Centre Consultation Has now been launched and consultation events are being held across the county. The consultation runs from July 17th – September 22nd 2017.</p>	<p>AMBER</p>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p>Mosaic: Sue Grace / James Wilson</p>	<p>Review of the programme nearing completion – the programme has been re-scoped, all workstreams confirmed with key milestones agreed and revised programme plan due to next Board for sign-off</p> <p>Technical workstreams progressing well and migration work beginning in earnest</p> <p>Developing strategies to engage and involve the wider business in the programme – we are creating a dedicated website with comms, info and materials for training and support. Change Champions and super users from within the business have been identified</p> <p>The programme is still planning for go-live of the system in the first quarter of 2018 – but this will depend on the results of the data migration and the practice training required for the signs of safety module.</p> <p>Amber status remains reflecting both the overall complexity, tight timelines and technical and business change challenges – in addition a number of specific risks/issues are identified below.</p> <ul style="list-style-type: none"> • In some areas Servelec are not providing the capacity and responsiveness we need – with particular issues around some of the process design workshops • Issues in relation to the Signs of Safety module where there is delay from Servelec and negotiation on the associated costs for this element • We have had some challenges in securing the right engagement / leads from within children's services to progress some of the children's build design work 	<p>AMBER</p>
<p>Accelerating Achievement: Keith Grimwade</p>	<p>Although the achievement of most vulnerable groups of children and young people is improving, progress is slow and the gap between vulnerable groups and other children and young people remains unacceptably wide. Accelerating the Achievement of Vulnerable Groups is a key priority of the Local Authority's School Improvement Strategy 2016-18 and an action plan has been developed. The AA Steering Group is monitoring the implementation of this plan.</p>	<p>AMBER</p>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p>Children's Change Programme: Theresa Leavy/James Gemmell Lynsey Barron/Gwendolyn Casazza</p>	<p>Phase I of the Children's Change Programme (CCP) has brought together the Enhanced and Preventative directorate with the Children's Social Care directorate to create Children and Families Services. This integration will provide continuity of relationships with children, families and professional partners to respond to the increasing levels of need experienced across our communities.</p> <p>Phase II has seen a change in front line structures to bring together people working across early help, safeguarding and specialist services. The consultation for Phase II ended in May 2017 with implementation scheduled for July 2017.</p> <p>Phase 3 – The consultation on the development of the SEND 0-25 service has been completed with recruitment into available posts currently being undertaken. Planning for future phases is being undertaken.</p>	<p>GREEN</p>

SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-23

To: Adults Committee

Meeting Date: 12 October 2017

From: Wendi Ogle-Welbourn, Executive Director: People and Communities and Chris Malyon, Chief Finance Officer

Electoral division(s): **All**

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

Purpose: **This report provides the Committee with an overview of the draft Business Plan Revenue Proposals for services that are within the remit of the Adults Committee.**

Recommendation:

- a) It is requested that the Committee note the overview and context provided for the 2018-19 to 2022-23 Business Plan revenue proposals for the Service.**
- b) It is requested that the Committee comment on the draft revenue proposals that are within the remit of the Adults Committee for 2018-19 to 2022-23.**

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1. OVERVIEW

- 1.1 The Council's Business Plan sets out how we will spend the resources we have at our disposal to achieve our vision and priorities for Cambridgeshire, and the outcomes we want for people.



- 1.2 To ensure we deliver this agenda, our focus is always on getting the maximum possible value for residents from every pound of public money we spend and doing things differently to respond to changing needs and new opportunities. The Business Plan therefore sets out how we aim to provide better public services and achieve better results for communities whilst responding to the challenge of reducing resources.
- 1.3 Like all Councils across the country, we are facing a major challenge. Demand is increasing and funding is reducing at a time when the cost of providing services continues to rise significantly due to inflationary and demographic pressures. Through our FairDeal4Cambs campaign we are currently linking with the 39 Shire County areas who make up membership of the County Council's Network and who are raising the issue of historic underfunding of Shire Counties with our MPs and through them with Government. As the fastest growing County in the country this financial challenge is greater in Cambridgeshire than elsewhere. We have already delivered £186m of savings over the last 5 years and have a strong track record of value for money improvements which protect front line services to the greatest possible extent. However we know that there will be diminishing returns from existing improvement schemes and that the substantial pressure on public finances remains. It is therefore clear that we need to work more closely with local communities to help them help themselves as well as going further and faster in redesigning the way we commission and deliver services.
- 1.4 As such our Business Plan recognises the scale of change needed and proposes a significant programme of change across our services, with our partners and, crucially, with our communities. To support this we have a dedicated transformation fund, providing the resource needed in the short term to drive the change we need for the future.

- 1.5 As the scope for traditional efficiencies diminishes our plan is increasingly focused on a range of more fundamental changes to the way we work. Some of the key themes driving our thinking are;
- Income and Commercialisation - identifying opportunities to bring in new sources of income which can fund crucial public services without raising taxes significantly and to take a more business-like approach to the way we do things in the council.
 - Strategic Partnerships – acting as ‘one public service’ with our partner organisations in the public sector and forming new and deeper partnerships with communities, the voluntary sector and businesses. The aim being to cut out duplication and make sure every contact with people in Cambridgeshire delivers what they need now and might need in the future.
 - Demand Management – working with people to help them help themselves or the person they care for e.g. access to advice and information about local support and access to assistive technology. Where public services are needed ensuring support is made available early so that people’s needs don’t escalate to the point where they need to rely heavily on public sector support in the long term– this is about supporting people to remain as healthy and independent as possible for as long as possible.
 - Commissioning – ensuring all services that are commissioned to deliver the outcomes people want at the best possible price – getting value for money in every instance.
 - Modernisation – ensuring the organisation is as efficient as possible and as much of the Council’s budget as possible is spent on front line services and not back office functions taking advantage of the latest technologies and most creative and dynamic ways of working to deliver the most value for the least cost.
- 1.6 The Council continues to undertake financial planning of its revenue budget over a five year period which creates links with its longer term financial modelling and planning for growth. This paper presents an overview of the proposals being put forward as part of the Council’s draft revenue budget, with a focus on those which are relevant to this Committee. Increasingly the emerging proposals reflect joint proposals between different directorate areas and more creative joined up thinking that recognise children live in families and families live in communities, so many proposals will go before multiple Committees to ensure appropriate oversight from all perspectives.
- 1.7 Funding projections have been updated based on the latest available information to provide a current picture of the total resource available to the Council. At this stage in the year, however, projections remain fluid and will be reviewed as more accurate data becomes available.
- 1.8 Equally as our proposals become more ambitious and innovative, in many instances they become less certain. Some proposals will deliver more or less than anticipated, equally some may encounter issues and delays and others

might be accelerated if early results are promising. To manage this we need to incorporate some changes to our business planning approach, specifically;

- We want to develop proposals which exceed the total savings/income requirement – so that where some schemes fall short they can be mitigated by others and we can manage the whole programme against a bottom-line position
- We aim to establish a continual flow of new proposals into the change programme – moving away from a fixed cycle to a more dynamic view of new thinking coming in and existing schemes and estimates being refined
- A managed approach to risk – with clarity for members about which proposals have high confidence and certainty and which represent a more uncertain impact

1.9 The Committee is asked to comment on these initial proposals for consideration as part of the Council's development of the Business Plan for the next five years. Draft proposals across all Committees will continue to be developed over the next few months to ensure a robust plan and to allow as much mitigation as possible against the impact of these savings. Therefore these proposals may change as they are developed or alternatives found.

1.10 Committees will receive an update to the revenue business planning proposals in December at which point they will be asked to endorse the proposals to GPC as part of the consideration for the Council's overall Business Plan.

2. BUILDING THE REVENUE BUDGET

2.1 Changes to the previous year's budget are put forward as individual proposals for consideration by committees, General Purposes Committee and ultimately Full Council. Proposals are classified according to their type, as outlined in the attached Table 3, accounting for the forecasts of inflation, demand pressures and service pressures, such as new legislative requirements that have resource implications, as well as savings.

2.2 The process of building the budget begins by identifying the cost of providing a similar level of service to the previous year. The previous year's budget is adjusted for the Council's best forecasts of the cost of inflation, the cost of changes in the number and level of need of service users (demand) and proposed investments. Should services have pressures, these are expected to be managed within that service where possible, if necessary being met through the achievement of additional savings or income. If it is not possible, particularly if the pressure is caused by legislative change, pressures are considered corporately. It should be noted, however, that there are no additional resources and therefore this results in an increase in the level of savings that are required to be found across all Council Services. The total expenditure level is compared to the available funding and, where this is insufficient to cover expenditure, the difference is the savings/income requirement to be met through transformational change, and or, savings projects in order to achieve a set of balanced proposals.

- 2.3 The budget proposals being put forward include revised forecasts of the expected cost of inflation following a detailed review of inflation across all services at an individual budget line level. Inflation indices have been updated using the latest available forecasts and applied to the appropriate budget lines. Inflation can be broadly split into pay, which accounts for inflationary costs applied to employee salary budgets, and non-pay, which covers a range of budgets, such as energy, waste, etc. as well as a standard level of inflation based on government Consumer Price Index (CPI) forecasts. All inflationary uplifts require robust justification and as such general inflation was assumed to be 0%. Key inflation indices applied to budgets are outlined in the following table:

Inflation Range	2018-19	2019-20	2020-21	2021-22	2022-23
Standard non-pay inflation (CPI)	2.2%	2.0%	2.0%	2.0%	2.0%
Other non-pay inflation (average of multiple rates)	3.5%	2.3%	1.7%	1.7%	1.7%
Pay (admin band)	1.0%	1.0%	1.0%	1.0%	1.0%
Pay (management band)	1.0%	1.0%	1.0%	1.0%	1.0%

- 2.4 Forecast inflation, based on the above indices, is as follows:

Service Block	2018-19	2019-20	2020-21	2021-22	2022-23
People and Communities (P&C)	2,197	2,659	2,673	2,673	2,673
Economy, Transport and Environment (ETE)	1,086	1,267	849	874	853
ETE (Waste Private Finance Initiative)	856	918	971	953	945
Public Health	16	19	24	24	24
Corporate and Managed Services	279	128	138	138	138
LGSS Operational	72	88	114	114	114
Total	4,506	5,079	4,769	4,776	4,747

- 2.5 A review of demand pressures facing the Council has been undertaken. The term demand is used to describe all anticipated demand changes arising from increased numbers (e.g. as a result of an ageing population, or due to increased road kilometres) and increased complexity (e.g. more intensive packages of care as clients age). The demand pressures calculated are:

Service Block	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000
People and Communities (P&C)	6,693	7,115	7,583	7,626	8,415
Economy, Transport and Environment (ETE)	269	265	267	265	271
Total	6,962	7,380	7,850	7,891	8,686

- 2.6 The Council is facing some cost pressures that cannot be absorbed within the base funding of services. Some of the pressures relate to costs that are associated with the introduction of new legislation and others as a direct result

of contractual commitments. These costs are included within the revenue tables considered by service committees alongside other savings proposals and priorities:

Service Block / Description	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000
New Pressures Arising in 18-19					
P&C: Children's Change Programme	886	0	0	0	0
P&C: Legal	400	0	0	0	0
P&C: Adoption	367	0	0	0	0
P&C: DSG Contribution to Combined Budgets	3,612	0	0	0	0
ETE: Cambridgeshire and Peterborough Minerals and Waste Local Plan	108	0	-54	-54	0
ETE: Waste PFI	1,175	0	0	0	0
ETE: Removal of P&R charges	1,200	0	0	0	0
ETE: Ely Archives Centre	0	78	0	0	0
ETE: Norwich Tech Partnership Contribution	25	0	0	0	0
ETE: Guided Busway Defects	1,100	200	-1,300	0	0
ETE: Coroner Service	95	0	0	0	0
CS: Commercial approach to contract management	340	0	0	0	0
Existing Pressures Brought Forward					
P&C: Fair Cost of Care and Placement Costs	0	1,500	2,500	1,000	0
P&C: Impact of National Living Wage on Contracts	3,770	3,761	3,277	0	0
P&C: Local Housing Allowance limits - impact on supported	0	412	595	199	0

accommodation					
P&C: Children Innovation and Development Service	50	0	0	0	0
P&C: Multi Systemic Therapy (MST)	63		0	0	0
ETE: Libraries to serve new developments	0	0	49	0	0
CS: Contract mitigation	0	2,000	0	0	0
A&I: Renewable energy - Soham	4	5	4	5	0
Professional and Management Pay Structure - combined	84	0	0	0	0
Impact of National Living Wage on CCC employee costs (combined)	18	74	174	174	174
Total	-	-	-	-	-

3. SUMMARY OF THE DRAFT REVENUE BUDGET

- 3.1 In order to balance the budget in light of the cost increases set out in the previous section and reduced Government funding, savings or additional income of £37.2m are required for 2018-19, and a total of £85m across the full five years of the Business Plan. The following table shows the total level of savings necessary for each of the next five years, the amount of savings attributed from identified savings and the residual gap for which saving or income has still to be found.:

Service Block	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000
Total Saving Requirement	37,169	23,614	14,221	3,862	5,951
Identified Savings	-25,433	-3,961	-2,304	-581	-278
Identified additional Income Generation	-6,196	-1,712	542	-201	-13
Residual Savings to be identified	5,540	17,941	12,459	3,080	5,660

- 3.2 As the table above shows there is still a significant level of savings or income to be found in order to produce a balanced budget for 2018-19. While actions are being taken to close the funding gap, as detailed below, it must be acknowledged that the proposals already identified are those with the lower risk and impact profiles and the further options being considered are those considered less certain, or with greater impact.
- 3.3 The actions currently being undertaken to close the gap are:

- Reviewing all the existing proposals to identify any which could be pushed further – in particular where additional investment could unlock additional savings
 - Identifying whether any longer-term savings can be brought forward
 - Reviewing the full list of in-year and 2018-19 pressures – developing mitigation plans wherever possible to reduce the impact of pressures on the savings requirement
 - Bringing more ideas into the pipeline – this work will continue to be led across service areas - recognising that it is the responsibility of all areas of the Council to keep generating new proposals which help meet this challenge. This ongoing focus on finding new ways of working includes the new programme of 'outcomes focused reviews' which have been commissioned in priority areas; this means looking in-depth at services where it is considered further savings or opportunities for creating additional income may be possible
- 3.4 There are also a number of risks or assumptions which are not included in the numbers above, or accompanying tables. These will be incorporated (as required) as the Business Plan is developed and the figures can be confirmed:
- While the Business Plan includes a pressure relating to the increase in the National Living Wage, the phasing of this increase has not been confirmed. Once this is known the pressure will be updated to reflect this.
 - The result of schools funding reforms, in particular the control of the Dedicated Schools Grant shifting further toward individual schools, is still under discussion and the significant current pressure will be updated as the outcome of this discussion becomes clear.
 - Movement in current year pressures – Work is ongoing to manage our in-year pressures downwards however any change to the out-turn position of the Council will impact the savings requirement in 2018-19. This is particularly relevant to demand led budgets such as children in care or adult social care provision.
 - Due to the level of reduction in Government grants in later years the Council did not take the multi-year settlement offered as part of the 2015 Spending Review. As such there is some uncertainty around the accuracy of our funding assumptions which will become clearer after the Government's Autumn Budget is announced on November 22nd and the Local Government Finance settlement due in mid-December.
- 3.5 In some cases services have planned to increase income to prevent a reduction in service delivery. For the purpose of balancing the budget these two approaches have the same effect and are treated in the same way.
- 3.6 This report forms part of the process set out in the Medium Term Financial Strategy whereby the Council updates, alters and refines its revenue and

capital proposals in line with new savings targets. New proposals are developed across Council to meet any additional savings requirement and all existing schemes are reviewed and updated before being presented to service committees for further review during December.

- 3.7 The level of savings required is based on a 2% increase in Council Tax, through levying the Adults Social Care precept in, but a 0% general Council Tax increase. It should be noted that the Government has only confirmed that ASC precept will be available up to and including 2019-20. For each 1% more or less that Council Tax is changed, the level of savings required will change by approximately +/-£2.5m.
- 3.8 There is currently a limit on the increase of Council Tax to 1.99%, above which approval must be sought from residents through a positive vote in a local referendum. It is estimated that the cost of holding such a referendum would be around £100k, rising to as much as £500k should the public reject the proposed tax increase (as new bills would need to be issued).
- 3.9 Following October and December service committees, GPC will review the overall programme in December, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.

4.0 BUSINESS PLANNING CONTEXT FOR ADULTS COMMITTEE

- 4.1 Nationally and locally adult social care services and the health and care economy are under pressure. Financial pressures exist as a result of the increase in demand and complexity of care needs and the rising cost of care placements in the external market. Capacity pressures exist as a result of a shortage of residential and nursing beds, social workers and care workers and demand pressures exist due to a combination of population growth, changing demographics and increasing complexity of need. There are also pressures directly related to demand on the NHS and the need to ensure timely discharge of patients from our local hospitals.
- 4.2 The level of demand goes beyond that which can be absorbed within services and so it needs to be met by additional investment, as well as changing the way we do things (see 1.5). A number of demand funding allocations are therefore proposed across services within the remit of the Adults Committee as part of business planning to ensure we continue to be able to support eligible adults who need help from services. An overview of the additional funding is provided below and the associated modelling and business cases are attached as appendices to this report.

Demand Area	Description	Amount £000 2018/19
Physical Disability	An investment of additional funding to ensure we meet the rising level of needs amongst people with physical disabilities. Based on modelling the expected increased number of service users and the increased complexity of existing service users needs we are increasing funding by £430k (3.7%) to ensure we can provide the	430

	care that is needed	
Autism and Adult Support	An investment of additional funding to ensure we meet the rising level of needs amongst people with autism and other vulnerable people. It is expected that 9 young people will enter this service from Children's Social Care service and so based on the anticipated average cost we are investing an additional £39k to ensure we give them the help they need	39
Learning Disability	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities. Includes 707k in 2018/19 to provide care for a projected 56 new service users (primarily young people) who outnumber the number of people leaving services. Also £992k for the increasing needs of existing service users and the higher complexity in adults over age 25.	1699
Older People	Funding to ensure we meet the increased demand for care amongst older people. Population growth and the fact that people are living longer results in steeply increasing numbers of people requiring care with more complex needs. We estimate around 3.4% more service users each year and account is also taken of increasing complexity of people's needs coming through the service.	2135
Older People Mental Health	Funding to ensure we meet the increased demand for care amongst older people with mental health needs, The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. Some account is then taken of increasing complexity of cases coming through the service.	202
Community Equipment	Additional investment in equipment which enables people to stay living independently at home and reduces or avoids care costs. Our social work strategy is successfully supporting a higher proportion of older people and people with disabilities to live at home (rather than requiring higher cost services) and this needs to be supported by additional investment in the equipment and home adaptations which supports independence.	63

4.3 This pattern of rising demand and pressure across the system creates the imperative for change, and so in response we are committed to;

- Investing in our services to transform them, delivering better outcomes and constrained demand
- Transforming the way we work – making improvements to how we manage our business, our people and our money
- Better managing the contracts we have with the independent and voluntary sector, suppliers and external providers
- Developing new and deeper partnerships – bringing benefits for all
- Only considering reducing services as a last resort

- 4.4 Section 5 of this paper describes the transformation proposals we have developed for 2018/19 to deliver these commitments – addressing the financial challenge without cutting services.

5. OVERVIEW OF ADULTS COMMITTEE'S DRAFT REVENUE PROGRAMME

- 5.1 The paragraphs below provide an overview of the draft 2018/19 business planning proposals within the remit of the Adults Committee. In each case the reference to the business planning table is included along with the anticipated level of financial saving or additional income. It is important for the Committee to note that the proposals and figures are draft at this stage and that work on the business cases is ongoing. Updated proposals will be presented to Committee again in December at which point business cases and the associated impact assessments will be final for the Committee to endorse.
- 5.2 Additional investment is required to deliver transformation at this scale and the programme of savings described below will need to be supported by resource agreed through the Council's Transformation fund process. A report will be prepared for General Purposes Committee detailing the additional resource requirements, the associated savings and therefore the return on investment. This report will go to the November meeting of General Purposes Committee.

Investing in our services to transform them, delivering better outcomes and constrained demand

- 5.3 A/R.6.172 – Managing Demand in Older People's Services (-1000k in 2018/19)
Across Older People's Services we continue to invest with our partners in new service models which help us respond to the rising demand for care by supporting service users to retain and regain their independence. The programme is succeeding – we have seen increasing numbers of people receiving a period of help but then returning to independence, the proportion of services users still living in their own homes rising rapidly, a decreased use of residential and nursing care and consistently strong feedback from service users about the quality of care. We expect to deliver further savings through demand management in 2018/19 of circa £1000k in total. We are working to further improve the Reablement Service offer, reaching more people in the community and improving the proportion leaving the service without ongoing care needs. We are continuing to expand the successful Adult Early Help provision, further widen our assistive technology offer, the use of community equipment and investment in housing related support. We are piloting the Neighbourhood Cares model which we hope will see a reduction in back office costs and reduce the need for high cost care packages.
- 5.4 Through the Sustainability and Transformation Plan we are investing with our health partners in a range of key demand management initiatives. This includes a significantly enhanced falls prevention programme which will ease the demand for care driven by older people suffering injury as a result of a fall. This joint work is led via our Public Health teams and a range of social care and health partners and will deliver investment in:-
- Enhancement and expansion of strength and balance exercise provision

- Enhancement of the existing specialist Falls Prevention Health Trainer Service
- Strengthening Falls Prevention Delivery and Integration in the Community
- Development and implementation of Fracture Liaison Services (FLS) across all acute Trust areas
- Employment of Public Health Falls Prevention Coordinator

We are also working with STP partners to develop and implement a 'discharge to assess' approach which will enable people leaving hospital to have their needs assessed in the community. This is expected to reduce duplication and result in a more realistic care and support plan reflecting people's potential for independence.

5.5 Better Care Fund - Investing to support social care and ease pressures in the health and care system (-7,200k in 2018/19)

The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system. Priority areas of focus are protecting frontline services, preventing avoidable admissions to hospital and ensuring people can leave hospital safely when their medical needs have been met. The Cambridgeshire BCF plan includes new schemes around preventing falls, increasing independence, investment in suitable housing for vulnerable people and investment in increased reablement capacity which will form part of the intermediate tier. The Better Care Fund includes an element of funding intended to protect Adult Social Care services, as the revenue support grant has decreased and demand continues to increase. On this basis a proportion of the overall BCF spend will be used to avoid the need for any service reductions. Cambridgeshire and Peterborough's full BCF plan is contained within the papers for the Health and Wellbeing Board, available at https://cmis.cambridgeshire.gov.uk/ccs_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx

Details of the Cambridgeshire and Peterborough Sustainability and Transformation Plan are available at <http://www.fitforfuture.org.uk/>

5.6 A/R.6.114 - Increasing independence and resilience when meeting the needs of people with learning disabilities (-3,600k in 2018/19)

Significant savings in learning disability are anticipated by designing care packages which promote greater independence close to home for people with eligible needs for ongoing care. This is done in consultation with the service user, their family members and any external provider organisations and the process re-examines a person's needs and uses the Transforming Lives approach to determine the best and most cost-effective way to meet them. The focus is on building on people's existing strengths, using family and community resources and technology to reduce the reliance on formal care provision. To support this work and give clarity to the service users and social workers involved, the County Council developed a revised policy framework for the provision of Adult Social Care. Agreed by Adults Committee in March 2015 (<https://tinyurl.com/y6w5nzud>), the revised policies emphasise that the Council has a duty to meet needs rather than provide specific services and so will develop and review flexible support plans for each person that are tailored to circumstances and needs and referencing latest best practice and technology.

The saving anticipated for 2018/19 represent the continuation of the existing programme of service user care reassessments which is already supported by the dedicated Project Assessment Team.

5.7 A/R.6.111 - Physical Disability - Supporting people with physical disabilities to live more independently and be funded appropriately (-440k in 2018/19)

As part of the ongoing implementation of the Council's Transforming Lives Programme and in line with the Council's commitment to promoting independence, work will be undertaken to establish more creative ways to meet the needs of people with physical disabilities or autism. This will include making better use of early help, community support and building on community and family support networks. It will also include work with the NHS making sure that when someone has continuing health care needs, these needs are funded by health. To deliver these savings we will continue the existing programme of service user re-assessments using the new care model, revised policy framework and applying the appropriate joint care funding tools with health partners. Further detail about the Transforming Lives Programme is available

http://www5.cambridgeshire.gov.uk/info/20166/working_together/579/delivering_the_care_act/3

5.8 A/R.6.126 Learning Disability - Converting Residential Provision to Supported Living (-694k in 2018/19)

The opportunity has been identified to work with providers of residential care and to consider whether any individuals they support could have their needs met by supported living arrangements instead of residential care. Where this is the case we will work with the providers to convert the provision from residential to supported living. This approach can be beneficial for all parties with a lower cost of care for providers and commissioners and service users holding their own tenancies and having access to additional flexible income as a result of changes to benefit entitlements. We have identified an initial list of priority projects and discussions have therefore commenced with the providers who have expressed an interest in working with us on this agenda. A detailed project plan is being developed for each setting and the scope for benefits here is potentially significant with over 90 service users potentially benefitting across the county. This is part of the ongoing work of the Project Assessment Team but it does have a relatively long lead time for the conversion and so the saving is anticipated largely in 2018/19.

5.9 A/R.6.132 Mental Health Demand Management (-400k in 2018/19)

We are working closely with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to transform the social care offer for adults and older people with mental health needs. Savings totalling an estimated £400k are anticipated from a range of approaches. There is a focus on strategic commissioning of external providers with savings anticipated from the re-tender of a major supported accommodation contract and of domiciliary care. Through 2018/19 we are looking to significantly increase the use of assistive technology for service users with mental health needs, so reducing the cost of care packages. We are continuing to invest in the range of community based support models for people with mental health needs, helping people to remain living in their own home or a community setting whilst they get support – and

reducing the reliance on costly residential and in-patient settings. We are developing preventative services and ensuring that voluntary and independent sector provision including CPFTs Recovery and Inclusion service is part of the integrated pathway. A range of internal efficiencies have been driven out as part of an ongoing restructure within CPFT – returning a saving to the Council.

Better managing the contracts we have with suppliers and external providers

5.10 A/R.6.143 Homecare Retendering (-306k in 2018/19) & A/R.6.115 Retendering for domiciliary care for people with learning disabilities (-100k in 2018/19)

We expect to achieve further savings through the retendering of our main homecare contracts. From November 2017, the domiciliary care contract will be on a new framework which we expect to lead to an average unit cost reduction linked to the introduction of a new ceiling cost. As a result of using the same contracting arrangements across all client groups in need of domiciliary care (children, older people and people with disabilities and mental health needs), we also expect there to be an expanded market in the longer term for this support, therefore bringing about a further reduction in cost. This work should generate a permanent saving over the twelve month period following the new framework starting with a proportion in 2017/18 financial year and the remainder in 2018/19. The Council is also developing alternative ways of delivering personal care building on innovation and best practice across the country including the expansion of direct payments, and the introduction of pre-paid cards,.

5.11 A/R.6.127 Learning Disability - Out of Area Placements (-315k in 2018/19)

This is an opportunity to enable people with learning disabilities who have previously been placed 'out of county' to move closer to their family by identifying an alternative placement which is closer to home. This will not only reduce cost but will also mean that it is easier for family and friends to visit and supports the Council's commitment to build on assets and take a strengths based approach. This will be approached on a case by case basis and will involve close work with the family and the person we support. A business case for transformation funding was been submitted to General Purposes Committee seeking funding for additional dedicated social work capacity to deliver the programme of work to commission and arrange suitable in-county placements. The project will also deliver a wider review of the placement market and how we need to develop it in order to minimise the number of out of County placements made in future.

5.12 A/R.6.129 Russel Street Learning Disability Provision Re-design (-70k in 2018/19)

We propose to re-purpose the existing care provision at Russell Street as part of our ongoing work to re-shape the care provision market for people with learning disabilities and manage the market to provide appropriate care in the most cost-effective way. An opportunity has been identified for the existing residents to move into an external supported living accommodation which is lower cost and provides greater independence. This will allow us to develop a traded in-house service that can respond to immediate needs for carer and support using the vacated residential provision at Russell Street. This will support the work to

move people from 'out of county placements' back into Cambridgeshire with the Russell Street provision being an option for people to move in to from out of County.

making improvements to how we manage our business, our people and our money

5.13 A/R.6.122 Transforming Learning Disability in-house Services & Day Care (-50k in 2018/19 and further savings in 2019/20)

Savings will be achieved through an ongoing review of the County Council's in-house Learning Disability Services which has achieved efficiencies by establishing leaner management structures. The initial phase of work focussed on efficiencies in management structures is leading to a wider review of the role of in-house services and in particular day care - where the intention is to develop a model of day opportunities for people with learning disabilities that is focused on enabling progression and skills development to support people into employment where appropriate. The majority of the saving from the wider review will be delivered in 2019/20 with potentially a small amount in the latter part of 2018/19.

5.14 A/R.7.108 Client Contributions - Short Term Overnight Support (-100k in 2018/19) & A/R.7.109 Accounting for all appropriate benefits in contributions from service users receiving day time adult social care (-500k in 2018/19)

We have commissioned a review of our social care contributions or charging policy, benchmarking it to the approaches of other local authorities and considering options for potential changes. In particular the focus is on ensuring that we are taking into account all of the benefits people receive when determining the level of contribution they might make for their care. This is work in progress and the detailed analysis of the options which should be considered and the impact this would have on the payments made by families is not yet complete. Further detail around this proposal will be available for the updated business plan report in December, but some of the options being looked at include

- Accounting for the full rate of Attendance Allowance or Disability Living Allowance (as opposed to the lower and intermediate rates) in the financial assessments.
- Financially assess all temporary stays in residential accommodation under residential charging rules, unless the reason for the respite stay is due to Cambridgeshire County Council being unable to source a care package.
- Reviewing the charging policy for when services are put in place to manage a crisis.
- Offering an appointeeship service at a fixed charging rate

We are talking to other local authorities about their charging policies and many of the changes listed above have already been implemented by geographical and statistical neighbour authorities we have been working with. Prior to implementing any change a public and stakeholder consultation would be held, including engagement with our service users, advocacy and participation organisation and all key stakeholder groups.

5.15 A/R.7.111 Modernising Payments, Direct Debits, Debt Collection in Social Care (-30k in 2018/19)

We are reviewing and changing the way in which the Councils manages the process of charging for care, modernising it and bringing it into line with normal business practice and the way in which citizens would normally pay for things. This will include expanding the use of direct debit and recurring debit / credit card payments – which enable us to take payments ‘at the point of sale’ rather than invoicing for goods and services. We also plan to use Behavioural Insights approaches to increase the rates of payments received on time and to shape our debt recovery processes.

Developing new and deeper partnerships – bringing benefits for all

5.16 A/R 7.110 Learning Disability - Joint Investment with Health Partners in rising demand (-500k in 2018/19)

The Council manages and delivers support for people with Learning Disabilities through the Learning Disability Partnership (LDP) – a joint multi-disciplinary service with our health partners. We are working with those partners to respond to the rising demand and level of need amongst people with learning disabilities. As such, the additional investment the County Council is making in disabled people (A/R.3.004) is expected to be matched by investment from the Clinical Commissioning Group to ensure people's health and social care needs are both met and that the health element of the increasing cost is reflected proportionally. This will enable us to continue to deliver an integrated service to people with learning disabilities and their families and make best use of the total resource available. It is important to note that the figure of £500k investment from health is an estimate based on current identified trends rather than an agreed figure with health partners at this stage and so the final amount may vary.

6 CROSS CUTTING PROPOSALS

6.1 In addition to the proposals outlined above which fall within the remit of the Adult's Committee, there are a number of cross-cutting initiatives which are of relevance to all Committees. These proposals will be particularly highlighted to General Purposes Committee in their overarching role across the business plan but are described in outline below for information. As the work progresses and the specific implications for individual committees become clearer further updates will be provided.

6.2 C/R.6.103 Automation (-500k in 2018/19)

We are undertaking a systematic review of service processes, identifying where there is scope for automation to add value and investigating the end-to-end process for further efficiencies. We are building on the work of the Citizen First, Digital First programme which identified a range of potential efficiencies that could be made at the Contact Centre and in the back-office through integrating different systems. This work fundamentally considers how and why we provide what we do which could lead to larger savings and which will enable us to more fully exploit the technologies that the Citizen First, Digital First programme have

invested in. Some of the areas where we think automation might have strong potential include;

- Training - with a move to e-learning
- Elements of Education Transport Processes
- Element of the schools admission process

6.3 C/R.7.102 Fees & Charges (-80k in 2018/19)

Exploring the potential to review our policy and approach to fees and charges – in particular ensuring that the true full cost of delivery (including all overheads) has been captured in calculating the maximum charge we are allowed to apply. This has the potential to generate more income to fund council services and presents an opportunity for us to ensure that the costs of delivering services are fully covered. It's estimated that this will generate £80k of additional income.

6.4 C/R.6.101 Shared Arrangements with Peterborough City Council (-300k in 2018/19)

We are exploring further opportunities to share activities and costs and learn from one another's best practice with Peterborough City Council. We have already achieved savings through joining senior roles across PCC and CCC and believe there are further opportunities for savings across both Councils and a greater impact on shared outcomes for our citizens. It's estimated that this will save £300k. A number of areas are being explored:

- Shared senior roles across PCC and CCC
- Closer relationships and resource sharing between corporate functions across PCC and CCC
- Review of back office functions to see if there any further opportunities to join up and make savings
- Review of customer front door and contact centre functions
- Further analysis of joint commissioning and procurement opportunities
- All Outcomes Focused Reviews will consider opportunities to join delivery and commissioning with PCC and other partners

7.0 LONGER TERM TRANSFORMATION TO CREATE A SUSTAINABLE SERVICE MODEL

7.1 The programme of work described above and proposed for 2018/19 includes innovative approaches that will improve outcomes whilst delivering a further level of efficiency and significant savings. However we recognise that the budget and savings programme is now approaching the point of diminishing returns and believe the current trajectory of savings cannot continue without a significant step change. As such we are investing and working now for the longer term.

7.2 Through the Neighbourhood Cares project we are piloting a radically different model which is flexible, responsive and acting as part of a community. The two pilot sites are now operational and will allow us to trial different approaches which move away from a system of separate, specialist countywide teams and a reliance on statutory assessments, annual reviews and remotely commissioned care to reach the point where our teams know their local

communities, and build support around people's needs in a way which makes sense to them. The pilots of Neighbourhood Cares areas will be a rich source of learning - helping us answer some key questions such as

- How can we stimulate new local provision in the homecare market, establish micro-enterprises and get local people more involved in care?
- How can we address people's health needs and care needs simultaneously and seamlessly at the earliest opportunity?
- How we can we build community resilience and skills and get people helping people?
- What shape should our local teams take – how far can we decentralise and give freedom or where do we need to retain specialist professional disciplines?

7.3 In March 2017, General Purposes Committee approved investment (C/R5.319) in a considered, whole system transformation of the way all aspects of adult social care are organised and delivered. The focus of this work will be on reducing demand and containing cost as well as designing systems that make sense to those delivering and receiving services. The scope will include analysis of management and financial information; engagement with service users, carers and staff; analysis of best practice; business process analysis to identify issues driving delay, cost, inefficiency or poor customer experience; and a review of the role of IT in supporting transformation. It will also include development of a demand management strategy to improve understanding of where demand is created, why and how to reduce and delay it.

7.4 The work will be undertaken by a consortium of CapGemini, iMPower, and Grant Thornton. The consortium impressed the procurement panel with their innovative approaches to developing new ideas; their focus on service user and employee engagement; and their experience of developing social care solutions elsewhere. The cost of the work is £344,723. It is anticipated that they will begin work on site in early October and will support us for a period of around four to five months. Whilst the consortium will primarily work to secure longer-term transformation, they will also consider in the early stages any savings opportunities that may feed into the Council's Business Planning process for 2018/19 and support us to refine the draft proposals which are detailed in this paper.

8. NEXT STEPS

8.1 The high level timeline for business planning is shown in the table below.

December	Service Committees will review draft proposals again, for recommendation to General Purposes Committee
December	General Purposes Committee will consider the whole draft Business Plan for the first time
January	General Purposes Committee will review the whole draft Business Plan for recommendation to Full Council
February	Full Council will consider the draft Business Plan

9. ALIGNMENT WITH CORPORATE PRIORITIES

9.1 Developing the local economy for the benefit of all

The most significant impact on the local economy relates to the independent care sector. The sector is already under significant capacity and cost pressures and so we need to work with external providers to ensure that we can find solutions which are both affordable for the public purse but represent sustainable business models for the providers. We are also working actively to expand the care market, looking in particular to bring individuals, microenterprises and community providers into the market, creating new employment opportunities as well as new care solutions for service users.

9.2 Helping people live healthy and independent lives

The impact of these proposals is summarised in the community impact assessments, attached as an appendix. Supporting people's independence is a central principle of our strategy and business planning proposals and where this can be achieved through prevention, early help or recovery we will reduce the cost of public services and support people's desire to avoid or delay the need to rely on public services.

9.3 Supporting and protecting vulnerable people

The impact of the proposals on our ability to support and protect vulnerable people is provided for each key proposal within the Community Impact Assessments attached as an appendix. Our intention is transform services, ensure we deliver value for money and work in new ways – rather than reduce service provision. These proposals do not include any change to the threshold for care and we will fulfil our role in protecting vulnerable people in full.

10. SIGNIFICANT IMPLICATIONS

10.1 Resource Implications

The proposals set out the response to the financial context described in section 4 and the need to change our service offer and model to maintain a sustainable budget. The full detail of the financial proposals and impact on budget is described in the financial tables of the business plan, attached as an appendix. The proposals seek to ensure that we make the most effective use of available resources across the health and social care system and are delivering the best possible services given the reduced funding. This set of business planning proposals, is subject to financial risk. In particular the proposals for reduced spending on statutory care budgets represent ambitious targets for budgets which are 'demand-led' and therefore not fully controllable. We will always need to meet statutory needs and so we are reliant on our early help and preventative activity being successful in reducing demand. If this is not successful then further savings will have to be found elsewhere.

10.2 Statutory, Legal and Risk implications

The proposals set out in this report respond to the statutory duty on the Local Authority to deliver a balanced budget. Adults Services will continue to meet

the range of statutory duties for supporting older people, people with disabilities and people with mental health needs and other vulnerable groups, but as stated within the impact sections of this paper the model of help provided to people with statutory needs will change.

10.3 Equality and Diversity Implications

The Community Impact Assessments describe the impact of each proposal, in particular any disproportionate impact on vulnerable, minority and protected groups.

10.4 Engagement and Consultation Implications

Our Business Planning proposals are informed by the CCC public consultation on the Business Plan and will be discussed with a wide range of partners throughout the process (some of which has begun already). The feedback from consultation will continue to inform the refinement of proposals. Where this leads to significant amendments to the recommendations a report would be provided to the Adults Committee.

Draft Community Impact Assessments (CIAs) for the savings proposals are attached to this paper for consideration by the Committee, and where applicable these will be developed based on consultation with service users and stakeholders.

10.5 Localism and Local Member Involvement

As the proposals develop, we will have detailed conversations with Members about the impact of the proposals on their localities. We are working with members on materials which will help them have conversations with Parish Councils, local residents, the voluntary sector and other groups about where they can make an impact and support us to mitigate the impact of budget reductions.

10.6 Public Health Implications

We are working closely with Public Health colleagues as part of the operating model to ensure our emerging Business Planning proposals are aligned. In particular the work being led within Public Health around falls prevention will be important to our objective to reduce the need for care for older people and the public health focus on preventative mental health support will be part of the model to reduce the reliance on social care for people with mental health needs.

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

SOURCE DOCUMENTS GUIDANCE

It is a legal requirement for the following box to be completed by the report author.

Source Documents	Location
Strategic Framework	https://cmis.cambridgeshire.gov.uk/cc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/580/Committee/2/Default.aspx

Section 4 - A: People and Communities

October Committees

Table 3: Revenue - Overview

Budget Period: 2018-19 to 2022-23

Detailed Plans	Outline Plans
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Ref	Title	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Description
1	OPENING GROSS EXPENDITURE	354,837	357,724	375,439	380,744	392,359	
A/R.1.003	Transferred Function - Independent Living Fund (ILF)	-40	-38	-36	-34		- The ILF, a central government funded scheme supporting care needs, closed in 2015. Since then the local authority has been responsible for meeting eligible social care needs for former ILF clients. The government has told us that their grant will be based on a 5% reduction in the number of users accessing the service each year.
A/R.1.004	Improved Better Care Fund	4,100	5,000	-9,100	-		- The Better Care Fund includes an element of funding intended to protect Adult Social Care services, in order to ensure that the health and social care market is not destabilised by pressures on Adult Social Care. A proportion of the funding will be taken as a saving in order to offset the need for reductions in adult social care capacity across the local authority. The BCF also provides targeted investment in social care services that will promote better outcomes for patients and social care services. [There is a further "supplementary BCF" funding stream to be confirmed]
A/R.1.011	Special Educational Needs and Disability (SEND) Implementation Grant	-456	-	-	-		- Ending of one-off grant awarded to local authorities for the previous financial year only.
1.999	REVISED OPENING GROSS EXPENDITURE	358,441	362,686	366,303	380,710	392,359	
2	INFLATION						
A/R.2.001	Centrally funded inflation - Staff pay and employment costs	533	658	790	790	790	Forecast pressure from inflation relating to employment costs. On average, 0.6% inflation has been budgeted for, to include inflation on pay of 1%, employer's National Insurance and employer's pension contributions.
A/R.2.002	Centrally funded inflation - Care Providers	682	883	803	803	803	Forecast pressure from inflation relating to care providers. An average of 0.7% uplift would be affordable across Care spending.
A/R.2.003	Centrally funded inflation - Looked After Children (LAC) placements	562	511	511	511	511	Inflation is currently forecast at 2.2%.
A/R.2.004	Centrally funded inflation - Transport	231	423	385	385	385	Forecast pressure for inflation relating to transport. This is estimated at 1.2%.
A/R.2.005	Centrally funded inflation - Miscellaneous other budgets	189	184	184	184	184	Forecast pressure from inflation relating to miscellaneous other budgets, on average this is calculated at 1.2% increase.
2.999	Subtotal Inflation	2,197	2,659	2,673	2,673	2,673	
3	DEMOGRAPHY AND DEMAND						
A/R.3.002	Funding for additional Physical Disabilities demand	430	443	456	470	484	Additional funding to ensure we meet the rising level of needs amongst people with physical disabilities. Based on modelling the expected increased number of service users and the increase complexity of existing service users needs we are increasing funding by £430k (3.7%) to ensure we can provide the care that is needed.

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		<div> <div>Detailed Plans</div> <div>Outline Plans</div> </div>					Description
Ref	Title	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	
A/R.3.003	Additional funding for Autism and Adult Support demand	39	39	40	41	42	Additional funding to ensure we meet the rising level of needs amongst people with autism and other vulnerable people. It is expected that 9 people will enter this service and so, based on a the anticipated average cost, we are investing an additional £39k to ensure we give them the help they need.
A/R.3.004	Additonal funding for Learning Disability Partnership (LDP) demand	1,699	1,591	1,518	1,474	1,451	Additional funding to ensure we meet the rising level of needs amongst people with learning disabilities - We need to invest an additional £707k in 2018/19 to provide care for a projected 56 new service users (primarily young people) who outnumber the number of people leaving services. We also need to invest £992k in the increasing needs of existing service users and the higher complexity we are seeing in adults over age 25. The total additional resource we are allocating is therefore £1,699k to ensure we provide the right care for people with learning disabilities.
A/R.3.006	Additional funding for Older People demand	2,135	2,597	2,991	2,959	3,581	Additional funding to ensure we meet the increased demand for care amongst older people, providing care at home as well as residential and nursing placements. Population growth in Cambridgeshire and the fact that people are living longer results in steeply increasing numbers of older people requiring care. We estimate that numbers will increase by around 2.7% each year and the current pattern of activity and expenditure is modelled forward to estimate the additional budget requirement for each age group and type of care. Account is then taken of increasing complexity of cases coming through the service. This work has supported the case for additional funding of £2135k in 2018/19 to ensure we can continue to provide the care for people who need it.
A/R.3.007	Funding for Older People Mental Health Demand	202	216	242	228	290	Additional funding to ensure we meet the increased demand for care amongst older people with mental health needs, providing care at home as well as residential and nursing placements. The current pattern of activity and expenditure is modelled forward using population forecasts to estimate the additional budget requirement for each age group and type of care. Some account is then taken of increasing complexity of cases coming through the service. This work has supported the case for additional funding of £202k in 2018/19 to ensure we can continue to provide the care for people who need it.
A/R.3.010	Funding for Home to School Special Transport demand	315	307	309	311	302	Additional funding required to provide transport to education provision for children and young people with special educational needs or who are looked after. The additional investment is needed as there are increasing numbers of children with SEN and increasing complexity of need which requires individual or bespoke transport solutions. The cost of transport is also affected by the number special school places available with the children attending the new Littleport Special School requiring new transport provision.
A/R.3.011	Funding for rising Looked After Children (LAC) Numbers and need	1,460	1,466	1,523	1,583	1,645	Additional budget required to provide care for children who become looked after. As with many local authorities we have experienced a steady rise on the number of Looked after Children in recent years. Looking ahead, the number of Looked after Children is predicted to increase by around 4% each year and this equates to around 25 more children to care for. The additional investment will ensure we can fully deliver our responsibilities as corporate parents and fund suitable foster, residential or other supported accommodation placements for all children becoming looked after.

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Ref	Title	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Description
A/R.3.016	Funding for additional Special Guardianship Orders/Adoption demand costs	350	393	441	497	560	Additional funding required to cover the cost of providing care for looked after children with adoptive parents or with extended family and other suitable guardians. As numbers of children increase we need to invest in adoptive and guardianship placements which provide stable, loving and permanent care for children who come into the care system.
A/R.3.017	Funding for additional demand for Community Equipment	63	63	63	63	60	Over the last five years our social work strategy has been successful in supporting a higher proportion of older people and people with disabilities to live at home (rather than requiring residential care). Additional funding is required to maintain the proportion of services users supported to live independently through the provision of community equipment and home adaptations in the context of an increasing population.
3.999	Subtotal Demography and Demand	6,693	7,115	7,583	7,626	8,415	
4	PRESSURES						
A/R.4.002	Adults & Safeguarding - Fair Cost of Care and Placement Costs	-	1,500	2,500	1,000		- The Care Act says Councils need to make sure the price paid for Adult Social Care reflects the actual costs of providing that care. A strategic investment in the residential sector is envisaged in from 2019 onwards. The timing and extent of this will be kept under close review as several factors develop including the impact of the national living wage, local market conditions and the overall availability of resources.
A/R.4.009	Impact of National Living Wage (NLW) on Contracts	3,770	3,761	3,277	-		- As a result of the introduction of the National Living Wage it is expected that the cost of contracts held by CCC with independent and voluntary sector care providers will increase. Our analysis suggests the changes from April 2018 will lead to price increases between 1% and 3.5%, dependent on the cost of providing different types of care. Fuller calculation will be possible once a clearer estimate of the NLW rate in April is known.
A/R.4.012	Local Housing Allowance Limits	-	412	595	199		- Government recently announced an intention to defer the possible cap on Housing Benefit payable for certain property service charges. It is unclear at this stage whether the recent announcement of additional funding from government will fully address this pressure. A number of the people the Council supports are social housing tenants, and an assessment had been made of the impact on the Council of costs increasing as a result of the change either at existing schemes or due to withdrawal of current services. The changes would take effect on new tenancies and so the implications take effect gradually.
A/R.4.015	Children's Innovation and Development Service (CIDS)	50	-	-	-		- In 2015-16 a target was set for the Head of Service (CIDS) in Learning to secure extra funding from grants. Hard work has meant this target will be met in full for 2016-17 and in part for 2017-18. However, our initial work found that this will not be a long-term source of funding and will continue to be a pressure from 2017-18.

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A/R.4.016	Multi Systemic Therapy (MST)	63	-	-	-	-	- Part of the funding for MST, that has comprised external grant and County Council reserves funding, will come to an end. The reserves element have been used over a two year period to cover part of the service cost, which has enabled the service to continue in spite of the Council's reducing budget. Given the strong evidence base for delivery of sustained positive outcomes for families core budget is to be used to secure this provision. MST is part of a suite of interventions and services which make a significant contribution to the delivery of the savings assumed through the Commissioning Strategy for reducing the numbers of Looked after Children (LAC) and reducing longer term reliance on statutory services.
A/R.4.017	Professional and Management Pay Structure	73	-	-	-	-	- Final stage of implementing management pay structure previously agreed and gradually implemented.
A/R.4.018	Impact of National Living Wage (NLW) on CCC employee costs	15	68	151	151	-	- The cost impact of the introduction of the NLW on directly employed CCC staff is minimal, due to a low number of staff being paid below the proposed NLW rates. Traded services whose staff are paid below the NLW will be expected to recover any additional cost through their pricing structure.
A/R.4.019	Children & Safeguarding - Children's Change Programme	886	-	-	-	-	- Historical unfunded pressures identified through the Children's Change programme. Additional permanent funding is required in order to be able to fulfil our safeguarding responsibilities, including the use of agency staff when required, and to grow in house fostering placements.
A/R.4.020	Children & Safeguarding - Legal costs	400	-	-	-	-	- Numbers of Care Applications have increased by 52% from 2014/15 to 2016/17, which has mirrored the national trend. Additional funding is based on expected average costs and current cases being managed within the service.
A/R.4.021	Children & Safeguarding - Adoption	367	-	-	-	-	- Our contract with Coram Cambridgeshire Adoption (CCA) provides for 38 adoptive placements pa. In 2017/18 we are forecasting an additional requirement of 20 adoptive placements and this is expected to remain at that level of requirement in future years. Increased inter-agency adoptions will also increase in line with demand.
A/R.4.022	Dedicated Schools Grant Contribution to Combined Budgets	3,612	-	-	-	-	- Based on historic levels of spend an element of the Dedicated Schools Grant (DSG) spend is retained centrally and contributes to the overall funding for the LA. Schools Forum is required to approve the spend on an annual basis and following national changes the expectation is that these historic commitments/arrangements will unwind over time. The DfE expect local authorities to reflect this in their annual returns, will monitor historic spend year-on-year and challenge LA's where spend is not reducing. The most recent schools funding consultation document refers to the ability of the LA to recycle money that is no longer needed for historic commitments into schools, high needs or early years in 2018-19. However clarity is required as to how this will be taken into consideration against a move towards a hard national funding formula for schools. Schools Forum are therefore not yet in a position to make an informed decision about the level of contribution to combined budgets they are prepared to approve for the 2018-19 financial year. The current intention is for this to be discussed at the next Schools Forum meeting on 3rd November 2017.
4.999	Subtotal Pressures	9,236	5,741	6,523	1,350	-	

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5	INVESTMENTS						
A/R.5.003	Flexible Shared Care Resource	-	-	-	-	174	Funding to bridge the gap between fostering and community support and residential provision has ended. Investment will be repaid over 5 years, at £174k pa from 17/18 to 21-22, from savings in placement costs.
5.999	Subtotal Investments	-	-	-	-	174	
6	SAVINGS						
	Adults						
A/R.6.111	Physical Disability - Supporting people with physical disabilities to live more independently and be funded appropriately	-440	-505	-455	-		- In line with the Council's commitment to promote independence, work will be undertaken to establish more creative ways to meet the needs of people with physical disability or autism. This will include making better use of early help, community support and building on community and family support networks. It will also include work with the NHS making sure that when someone has continuing health care needs, this is being taken into account.
A/R.6.114	Learning Disabilities - Increasing independence and resilience when meeting the needs of people with learning disabilities	-3,600	-1,747	-1,983	-		- Continuing the existing programme of service user care reassessments which requires each person's care needs to be reassessed in line with the Transforming Lives model and with the revised policy framework with a view to identifying ways to meet their needs at reduced overall cost and a stronger focus on promoting independence and a strengths based approach.
A/R.6.115	Retendering for domiciliary care for people with learning disabilities	-100	-	-	-		- There will be opportunities to reduce costs through the process of retendering of contracts for support for people with learning disabilities, without impacting on the support they receive. This will be part of the commissioning process.
A/R.6.120	Re-investment in support to family carers reflecting improved uptake	100	100	100	-		- This is the reversal, over three years, of a temporary reduction in the Carers budget while work was undertaken to increase activity in this area.
A/R.6.122	Transforming Learning Disability In-House & Day Care Services	-50	-200	-	-		- Savings from an ongoing review of in-house Learning Disability Services which has achieved efficiencies by establishing lean management structures. The Initial phase of work focussed on efficiencies is then leading to a wider review of day care services - where the intention is to develop a model for people with learning disabilities that is focused on enabling progression and skills development with the aim of supporting people with learning disabilities into employment where appropriate. The majority of the saving from the wider will be delivered in 2019/20 with potentially a small amount in the latter part of 2018/19.
A/R.6.126	Learning Disability - Converting Residential Provision to Supported Living	-694	-	-	-		- This is an opportunity to deregister a number of residential homes for people with learning disabilities and change the service model to supported living. The people in these services will benefit from a more progressive model of care that promotes greater independence.

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A/R.6.127	Learning Disability - Out of Area Placements	-315	-	-	-	-	- This is an opportunity for people with learning disabilities who have previously been placed 'out of county' to move closer to their family by identifying an alternative placement which is closer to home. This has the potential to reduce cost and will also mean that it is easier for family and friends to visit and supports the Council's commitment to support people within their communities and take a strengths based approach building on the persons skills and networks. This will be approached on a case by case basis and will involve close work with the family and the person we support.
A/R.6.128	Better Care Fund - Investing to support social care and ease pressures in the health and care system	-7,200	-	-	-	-	- The Better Care Fund is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system. Priority areas of focus are protecting frontline services, preventing avoidable admissions to hospital and ensuring people can leave hospital safely when their medical needs have been met. The Cambridgeshire BCF plan includes new schemes around preventing falls, increasing independence, investment in suitable housing for vulnerable people and enhanced intermediate tier, Reablement and homecare for people leaving hospital. The Better Care Fund includes an element of funding intended to protect Adult Social Care services, as the revenue support grant has decreased and demand continues to increase.
A/R.6.129	Russel Street Learning Disability Provision Re-design	-70	-	-	-	-	- Provide the existing permanent residential provision through an external provider as a supported living project and develop a traded in-house service that can respond to immediate needs for carer and support using the vacated residential provision. This will support the work to move people from 'out of county placements' back into Cambridgeshire bringing them closer to family and friends.
A/R.6.132	Mental Health Demand Management	-400	-	-	-	-	- Developing a more effective response to mental health needs with a stronger focus on promoting independence in the community though more use of assistive technology , development of a reablement response to people with mental health needs and commissioning services that provide an alternative to residential and nursing care and enable people to stay in the community. Using the opportunities to retender for services to achieve efficiencies.
A/R.6.133	Return of funding following one-off capitalisation of equipment and assistive technology	285	-	-	-	-	- Return of revenue funding following one-off capitalisation of equipment and assistive technology, utilising grants carried forward from previous years.
A/R.6.143	Homecare Retendering	-306	-	-	-	-	- The Council is currently retendering its contract for home care and this will release some efficiencies. The Council is also developing alternative ways of delivering home care support building on innovation and best practice across the country including the expansion of direct payments
A/R.6.172	Older People's Demand Management Savings	-1,000	-	-	-	-	- Building on current work and plans to enable older people to stay living at home and in the community successfully through the provision of assistive technology, early help, community equipment and housing related support. Work will be undertaken to increase effectiveness of Reablement and to prevent falls in collaboration with partners.

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	C&YP						
A/R.6.201	Staffing efficiencies in Commissioning	-94	-	-	-	-	- A previous management restructure in the department has led to efficiencies in our commissioning team. This is the expected full year saving in 2018/19 of the new structure.
A/R.6.204	Childrens Change Programme (later phases)	-594	-300	-	-	-	- Further savings from the Children's Change programme - establishing new structures and ways of working to ensure that our service offer is responsive and timely - targeted to those in greatest need and towards those that we can ensure experience a de-escalation of need and risk as a result of effective, integrated, multi-agency services delivered in a timely manner.
A/R.6.210	Home to School Transport (Special) - Route Retendering	-104	-110	-	-	-	- Saving to be made through re-tendering contracts, route reviews, looking across client groups and managing demand for children requiring transport provision
A/R.6.214	Total Transport - Home to School Transport (Special) - Moving towards personal budgets	-100	-	-	-	-	- A Personal Transport Budget (PTB) is a sum of money which is paid on a discretionary basis to the parent of a child that is eligible for home to school transport. In exchange for the PTB, the parent/carer takes on full responsibility for transporting their child safely to and from school. The personal budget can be used completely flexibly by the parent/ carer in regards to the mode of travel, provided the child's attendance remains high and they arrive at school ready to learn. The introduction of person budget schemes has proven effective at reducing spend on home to school transport in other local authorities. We have begun this programme and already have some personal budgets in operation. A greater level of savings could be achieved in future years by making changes to the scheme, relaunching it and engaging more children and families in the approach
A/R.6.224	Children's Centres - Building a new service delivery model for Cambridgeshire Communities	-1,000	-	-	-	-	- We want every child in Cambridgeshire to thrive and will target our prioritised targeted services for vulnerable children and young people. As an integral part of the Early Help Offer, our redesigned services will provide support to families when they really need them. We will provide a range of flexible services that are not restricted to delivery from children's centre buildings, in order to provide access to services when they are needed. We will also work in a more integrated way with partners across the 0-19 Healthy Child Programme, to provide comprehensive targeted support to vulnerable families. All of this will be supported by an effective on line resource tool as part of an improved on line offer for families. The saving will be achieved by re-purposing some existing children's centre buildings and streamlining both our management infrastructure and back office, associated service running and overhead costs. We intend to maintain the current level of expenditure on front line delivery.

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A/R.6.227	Strategic review of the LA's ongoing statutory role in learning	-324	-	-	-	-	- A programme to transform the role of the local authority in education in response to national developments and the local context, (e.g. the increasing number of academies and a reduction in funding to local authorities) has been started. Savings will be made by focusing on the LA's core roles and functions; by developing joint working with Peterborough's education services, and with other authorities as appropriate
A/R.6.244	Total Transport / Home Schools Transport Mainstream	-342	-	-	-	-	- Through the ongoing Total Transport transformation programme we are scrutinising contract services to ensure that Council delivers the most efficient mainstream school transport services whilst ensuring that all eligible pupils continue to receive their free transport entitlement in line with Council policy on journey times. This expanded programme builds on experience gained through Phase 1 of the Total Transport pilot, which was implemented in the East Cambridgeshire area at the start of September 2016.
A/R.6.248	Local Assistance Scheme	-21	-	-	-	-	- Review the commissioning of the local assistance scheme and resource requirement. The small saving of 21k identified does not reduce the service offer at all
A/R.6.249	Total Transport - Home to School Transport (Special) - Managing within reduced resources	-110	-	-	-	-	- We are continuing to constrain demand for this transport and so project a somewhat smaller budget requirement - This is based on £10,000 a month underspend for 11 months which is in line with recent trends
A/R.6.250	Existing underspend on Home Start and Community Resilience	-168	-	-	-	-	- Saving from the Home Start/Community Resilience Grant where the re-commissioning of this service ceased in 16/17. This is being reported as an in-year saving for 17/18, but it's not in the 17/18 Business Plan. Therefore it needs to be captured as a permanent saving within the 18/19 BP.
A/R.6.251	Transport - Review of approach to administering transport provision	-100	-	-	-	-	- An end-to-end review of the functions / business processes undertaken for the transport provision for pre 16 and post 16 students will be conducted. This is work in progress and so the potential for saving will be updated and confirmed as the work progresses
A/R.6.252	Total Transport - Home to School Transport (Special) Independent Travel Training	-96	-	-	-	-	- Investing in training and support to help pupils with special needs travel independently on main school buses or public transport, instead of providing taxis or minibuses to take them to school. This travel training support builds their confidence and help them develop strategies to manage the practicalities of travel. In this way it will allow the council to save money on bespoke transport, but will also benefit these pupils for the whole of their life, making them confident to use travel options for learning, work and social activities. The scheme is likely to start in Summer 2018 with savings in 2018/19

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A/R.6.253	LAC Placement Budget Savings	-2,000	-	-	-	-	<ul style="list-style-type: none"> - Range of proposals all of which target savings from the LAC placements budget. Savings will focus on making placements at best value for money - including; <ul style="list-style-type: none"> - Developing new supported lodgings provision as a cost-effective placement option - Inflation Savings - Adapting our property portfolio to create new provision for children in care - A new approach to commissioning residential provision with a more flexible use of the available capacity - Increasing the number of in-house foster carers as an alternative to independent provision - Recommissioning our contracts for Independent Fostering Placements and securing cost-reductions - Negotiating and re-designing high cost placements - the new Hub Model of Care placements - Further savings will be delivered by reducing the number of children in care, including; <ul style="list-style-type: none"> - the new Enhanced Intervention Service for Disabled Children - helping families stay together - Reducing the length of time children are in care through reunification work - earlier and wider use of systemic family meetings to identify family solutions which avoid the need for children to be accommodated in care - using Link workers in CPFT to reduce the impact of parental mental health in risk to children
6.999	Subtotal Savings	-18,843	-2,762	-2,338	-	-	
	TOTAL GROSS EXPENDITURE	357,724	375,439	380,744	392,359	403,621	
7	FEES, CHARGES & RING-FENCED GRANTS						
A/R.7.001	Previous year's fees, charges & ring-fenced grants	-117,526	-123,041	-121,960	-113,101	-113,326	Previous year's fees and charges for the provision of services and ring-fenced grant funding rolled forward.
A/R.7.002	Increase in fees, charges and schools income compared to 2016-17	-	-	-	-	-	- Adjustment for permanent changes to income expectation from decisions made in 2016-17.
A/R.7.003	Fees and charges inflation	-225	-225	-225	-225	-225	Increase in external charges to reflect inflation pressures on the costs of services.
	Changes to fees & charges						
A/R.7.101	Early Years subscription package	-16	-16	-16	-	-	- Proposal to develop Early Years subscription package for trading with settings.
A/R.7.107	Reviewing and Repositioning Existing Traded Services	-500	-	-	-	-	- Service Reviews have been initiated in a number of existing traded services areas to identify greater profit potential with different operating models. The reviews cover the existing Cambridgeshire Catering and Cleaning, Outdoor Centres, Professional Centre Services, Education ICT and Cambridgeshire Music Services

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A/R.7.108	Accounting for appropriate benefits in charging for Short Term Overnight Support	-100	-	-	-	-	- The Council has reviewed the way in which it charges for short term care in line with the Care Act and the proposal is that in situations where the Local Authority organises short term support we would apply the standard residential rate. This would bring Cambridgeshire into line with other neighbouring Local Authorities. We will always seek to find ways to support someone to live independently at home and support their carers also to avoid carer breakdown and avoid the disruption that needing to go into respite care can cause.
A/R.7.109	Accounting for all appropriate benefits in contributions from service users receiving day time adult social care	-500	-	-	-	-	- In line with other Local Authorities and enabled by the Care Act the Council will account for higher benefits rate if someone is receiving day time care, when calculating someone's contribution to their care. This will bring consistency with the way in which we calculate contributions to night time care. We will actively encourage use of direct payments to enable the people we support to have maximum flexibility about how they access care and in what form to meet their needs.
A/R.7.110	Learning Disability - Joint Investment with Health Partners in rising demand	-500	-	-	-	-	- The Council manages and delivers support for people with Learning Disabilities through a Learning Disability Partnership (LDP). This delivers a good multi disciplinary service and Together we support people with a range of complex needs, including people with increasingly complex health needs. Since the LDP was first established we have learnt about the costs as they relate to health and social care and are in discussion with the CCG about the need to ensure that the health element of the increasing cost is reflected proportionally. This will enable us to continue to deliver an integrated service to people with learning disabilities and their families and make best use of the total resource available. We are working with health partners to respond to the rising demand and level of need amongst people with learning disabilities. The additional investment the County Council is making in disabled people is matched by investment from the Clinical Commissioning Group to ensure people's health and social care needs are both met
A/R.7.111	Payment Collection & Direct Debits in Social Care	-30	-	-	-	-	- Changing the way in which the Councils manages the process of charging for care bringing it into line with normal business practice and the way in which citizens would normally pay for things. This will include adopting direct debit and recurring debit / credit card payments – which enable us to take payments 'at the point of sale' rather than invoicing for goods and services. We also plan to use Behavioural Insights approaches to increase the rates of payments received on time and to shape our debt recovery processes.
A/R.7.201	Changes to ring-fenced grants Change in Public Health Grant	-	6,322	-	-	-	- Change in ring-fenced Public Health grant to reflect treatment as a corporate grant from 2019-20 due to removal of ring-fence.
A/R.7.207	Special Educational Needs and Disability (SEND) Implementation Grant	456	-	-	-	-	- One-off grant awarded to local authorities to continue to support transition to the new system for SEND.
A/R.7.208	Improved Better Care Fund	-4,100	-5,000	9,100	-	-	0
7.999	Subtotal Fees, Charges & Ring-fenced Grants	-123,041	-121,960	-113,101	-113,326	-113,551	
	TOTAL NET EXPENDITURE	234,683	253,479	267,643	279,033	290,070	

Section 4 - A: People and Communities

October Committees

Table 3: Revenue - Overview

Budget Period: 2018-19 to 2022-23

		Detailed Plans	Outline Plans				
Ref	Title	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Description
FUNDING SOURCES							
8	FUNDING OF GROSS EXPENDITURE						
A/R.8.001	Budget Allocation	-234,683	-253,479	-267,643	-279,033	-290,070	Net spend funded from general grants, business rates and Council Tax.
A/R.8.002	Fees & Charges	-64,635	-64,876	-65,117	-65,342	-65,567	Fees and charges for the provision of services.
A/R.8.003	Expected income from Cambridgeshire Maintained Schools	-7,783	-7,783	-7,783	-7,783	-7,783	Expected income from Cambridgeshire maintained schools.
A/R.8.004	Dedicated Schools Grant (DSG)	-23,318	-23,318	-23,318	-23,318	-23,318	DSG directly managed by CFA.
A/R.8.005	Better Care Fund (BCF) Allocation for Social Care	-15,453	-15,453	-15,453	-15,453	-15,453	The NHS and County Council pool budgets through the Better Care Fund (BCF), promoting joint working. This line shows the revenue funding flowing from the BCF into Social Care.
A/R.8.006	Arts Council Funding	-591	-591	-591	-591	-591	Arts Council funding for the Music Hub.
A/R.8.007	Youth Justice Board Good Practice Grant	-500	-500	-500	-500	-500	Youth Justice Board Good Practice Grant.
A/R.8.009	Care Act (New Burdens Funding) Social Care in Prisons	-339	-339	-339	-339	-339	Care Act New Burdens funding.
A/R.8.011	Improved Better Care Fund	-4,100	-9,100	-	-	-	Funding transferred to Service areas where the management of Public Health functions will be undertaken by other County Council officers, rather than directly by the Public Health Team.
A/R.8.401	Public Health Funding	-6,322	-	-	-	-	
8.999	TOTAL FUNDING OF GROSS EXPENDITURE	-357,724	-375,439	-380,744	-392,359	-403,621	

Business Case

A/R.7.110 Learning Disability - Joint Investment with Health Partners in rising demand

Project Overview

Project Title	A/R.7.110 Learning Disability - Joint Investment with Health Partners in rising demand		
Saving	£500,000	Business Planning Reference	A/R.7.110
Business Planning Brief Description	The Council manages and delivers support for people with Learning Disabilities through the Learning Disability Partnership (LDP) – a joint multi-disciplinary service with our health partners. We are working with those partners to respond to the rising demand and level of need amongst people with learning disabilities. As such, the additional investment the County Council is making in disabled people (A/R.3.004) is expected to be matched by investment from the Clinical Commissioning Group.		
Senior Responsible Officer	Charlotte Black		

Project Approach

Background

Why do we need to undertake this project?

In order to meet the eligible needs of all people with learning disabilities we need to invest additional funding to cope with rising demand. Analysis of needs within the cohort indicates that health needs and social care needs are both increasing and so we need to work with our partners to invest together to respond to the rising demand

What would happen if we did not complete this project?

Budget to meet eligible needs would be insufficient - this is a demand led budget and so we would incur an overspend - ultimately resulting in the need for reactive budget reductions and potentially service reductions elsewhere. If we do not ensure our major care budgets are at a sustainable position we would be forced to disinvest in preventative, early intervention services and other schemes which are of benefit to communities

Approach

Aims / Objectives

To ensure that sufficient investment is made by both the County Council and our health partners in meeting the needs of people with learning disabilities.

To ensure the LDP care budget is set at a realistic and sustainable level - allowing for all care needs to be met

Project Overview - What are we doing

The Council manages and delivers support for people with Learning Disabilities through the Learning Disability Partnership (LDP) – a joint multi-disciplinary service with our health partners. We are working with those partners to respond to the rising demand and level of need amongst people with learning disabilities. As such, the additional investment the County Council is making in disabled people (A/R.3.004 £1.7m in 2018/19) is expected to be matched by investment from the Clinical Commissioning Group to ensure people's health and social care needs are both met and that the health element of the increasing cost is reflected proportionally.

This will enable us to continue to deliver an integrated service to people with learning disabilities and their families and make best use of the total resource available. It is important to note that the figure of £500k investment from health is an estimate based on current identified trends rather than an agreed figure with health partners at this stage and so the final amount may vary.

What assumptions have you made?

At the moment the estimated investments for 2018/19 are based on the trends previously identified for 2017/18 in terms of service user numbers, levels of need and the split between health and social care funding within the cohort

What constraints does the project face?

This work has to be agreed in partnership with health colleagues - and therefore recognises the significant financial pressure within the NHS as well as existing social care pressures. The amount of investment is therefore constrained by the overall resource envelope open to the system in Cambridgeshire.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

All service users supported within the Learning Disability Partnership - with the health funding being agreed for those who have identified health needs as well as social care needs.

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Failure to agree investment with health partners

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

People with Learning Disabilities who have eligible social care and health needs and are supported by Learning Disability Partnership services

What positive impacts are anticipated from this proposal?

This additional investment will ensure we have sufficient budget available to meet all eligible needs - in particular for the health elements of care which are the financial responsibility of NHS partners

What negative impacts are anticipated from this proposal?

None anticipated for service users.

The need for investment will contribute to the financial pressure on the system.

Are there other impacts which are more neutral?**Disproportionate impacts on specific groups with protected characteristics****Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

This proposal relates specifically to people with learning disabilities - and is intended to ensure they get the care they need by seeking additional investment from health partners to respond to the rising pattern of need.

Business Case

6.115 Retendering for residential, supported living and homecare for people with learning disabilities 2017/18

Project Overview

Project Title	6.115 Retendering for residential, supported living and homecare for people with learning disabilities 2017/18		
Saving	£100,000	Business Planning Reference	AR/ 6.115
Business Planning Brief Description	We expect to achieve savings through the retendering of our main homecare contracts. From November 2017, new domiciliary care commissioned will be on a new framework which we expect to lead to an average unit cost reduction linked to the introduction of a new ceiling cost.		
Senior Responsible Officer	Will Patten/Mubarak Darbar		

Project Approach

Background

Why do we need to undertake this project?

This project is to achieve savings through the retendering of Home Care for clients with Learning Disabilities. This is attached to the wider retendering of Home Care contracts for all customers.

The project is already underway and new contracts will be issued in November 2017

What would happen if we did not complete this project?

Arrangements for sourcing an purchasing home care provision for clients would remain as-is and savings would not be realised

Approach

Aims / Objectives

To reduce the cost of Home Care for people with disabilities through new contracting arrangements

Project Overview - What are we doing

From November 2017, new domiciliary care commissioned for people with Learning Disabilities will be on a new framework. We therefore expect new domiciliary care commissioned after that point to be a certain amount cheaper than before.

Within the new contractual arrangements from November we are expecting a drop in unit cost due to the implementation of a ceiling cost of £16.22 per hour to deliver support.

By using the same contracting arrangements across all client groups in need of domiciliary care, we also expect there to be an expanded market in the longer term for the support, therefore bringing about a reduction in cost.

This work should generate a permanent saving over the twelve month period following the new framework starting. As it was mid-year when it commenced, 70k of the saving will be delivered in 2017/18, and 100k in 2018/19 (5 months' and 7 months' worth respectively)

As the work to deliver the saving will have happened by the start of 2018/19, we should be able to remove the 100k of domiciliary care budget from LD teams as budgets are prepared and achieve the saving from the start of the year.

What assumptions have you made?

The ceiling's that have been set for standard and specialist domiciliary care for LD customers are a price that providers will be able to bid at and that these ceilings will achieve the savings.

What constraints does the project face?

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

This proposal relates to contracts for services for people with learning disabilities.

What is outside of scope?

Other client groups such as older people and people with mental health needs are covered by separate contracts, not within the scope of this proposal

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This proposal relates to care for people with learning disabilities who have eligible social care needs. However the proposal focusses on the efficiency in the contracting process and so changes to the care people receive are not anticipated.

What positive impacts are anticipated from this proposal?

Review of current provisions and tender process. If financial efficiencies can be secured within contracts for provision then this will directly benefit social care service user who pay for their care – in part or in full – as they will need to contribute less as the overall cost will be reduced.

What negative impacts are anticipated from this proposal?

Whilst there are risks identified there are no current negative impacts.

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

N/A

Business Case

A/R.6.111 Supporting people with physical disabilities and people with autism to live more independently

Project Overview

Project Title	A/R.6.111 Supporting people with physical disabilities and people with autism to live more independently		
Saving	£440,000	Business Planning Reference	A/R.6.111
Business Planning Brief Description	This business case is the second year of a two-year process of reassessing Autistic Spectrum and Physically Disabled service-users. The focus of activity to achieve the savings will be on assessing and reassessing social care needs in the context of the Council's Transforming Lives Model. This is a three tier approach; Tier 1, helping people to help themselves, Tier 2, offering help when it is needed and Tier 3 the provision of statutory support service; the tiers are not exclusive of each other		
Senior Responsible Officer	Linda Mynott		

Project Approach

Background

Why do we need to undertake this project?

This business case is the second year of a two-year process of reassessing Autistic Spectrum and Physically Disabled service-users. The focus of activity to achieve the savings will be on assessing and reassessing social care needs in the context of the Council's Transforming Lives Model. This is a three tier approach; Tier 1, helping people to help themselves, Tier 2, offering help when it is needed and Tier 3 the provision of statutory support services; the tiers are not exclusive of one another.

What would happen if we did not complete this project?

Approach

Aims / Objectives

This assessment and re-assessment activity will reduce the care budget that is spent on support for people with physical disabilities and those on the autistic spectrum. Support that is currently commissioned for these service users can be divided into three areas:

- Residential and Nursing Home placements
- Supported living/24hour support in the community
- Domiciliary Care and activities

Support that is currently commissioned for these service users can be divided into three areas:

Project Overview - What are we doing

The Physical Disability and Adult and Autism Teams will review/reassess need where it is clear that a person could benefit from short and medium term goals to maximise their independence and where there is significant opportunity to meet personal care needs more cost effectively and/or to renegotiate support costs.

Practitioners will also seek community resources to negate/remove the need for long term statutory funding.

What assumptions have you made?

- Transforming Lives Model of working produces the level of savings required
- Numbers of new users of the Physical Disability Service remains relatively static.
- Number of people entering the Adult and Autism Service is as expected to transfer from Children's Services.
- Income revenue is as predicted
- Staff retention
- Expansion of the Adult Early Help Team

What constraints does the project face?

Reducing staffing costs and preventative services (contracts with Third Sector Organisations) have not been chosen as main options for delivering the required savings (although efficiencies have been found and set out in other Business Cases wherever possible).

A reduction in staffing would reduce the ability to work in a transformational way.

At this point it would be counterproductive to reduce contracts currently in place that are directly linked to prevention and avoiding/delaying the need for statutory service – specifically contracts supporting Carers and people on the Autistic Spectrum.

The only option that remains is therefore to manage demand for care budgets and ensure care plans meet people's needs at lowest possible cost.

In order to change the care provision made for service users we need to do a re-assessment of need and review the support plan – this is done in collaboration with service users, their families and involves independence advocacy where appropriate.

The review of the support plan can include the consideration of a range of options for meeting need, and cost-effectiveness can be the determining factor where options that meet need exist. In order to generate different options from those currently found in support plans, we need to work differently in line with the Transforming Lives model.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

- All expenditure on meeting the needs of people with a Physical Disability, Autistic Spectrum and people who are vulnerable and deemed eligible for services.
- Contracts governing the provision of such services.
- The expansion of the Adult Early Help Team; phase 3,4 and 5
- Relevant policies and procedures about implementing savings or Transforming Lives.

What is outside of scope?

- Staffing costs
- The Double Up Care Project
- Contracts with providers offering preventative services

Project Dependencies

Title
First Contact Project Group
Transforming Live and Care Act Board
The 'Double Up 'Care Project
Development of Reablement services
Adult Social Care Brokerage – Residential Home and Nursing Home and continued expansion to include Domiciliary Care
Retendering of ASC provider contracts

Cost and Savings

See accompanying financial report

Non FinancialBenefits

Non Financial Benefits Summary

Risks

Title
Spend on people with a Physical Disability in Cambridgeshire is already below the National average.
That there is not enough capacity in the team to do the reviews
Savings depend on doing follow up activity to identify and arrange alternative services
Some service users may challenge the package of support offered to them following a review to implement new policy.

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

People with physical disabilities with eligible social care needs

What positive impacts are anticipated from this proposal?

As with all of our social work proposals, the focus is on supporting people to build on their strengths and live more independently – with a reduced reliance on formal care. Where people are identified as having eligible health needs and appropriate health funding is secured there may be a financial benefit to the individual as social care services are subject to contributions from service users – whereas health needs are provided free at the point of use as part of the National Health Service.

What negative impacts are anticipated from this proposal?

None are anticipated

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. Decisions about the best care plan and setting for an individual will of course always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and

making judgements about the level of independence and support required.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

Increasing independence and resilience when meeting the needs of people with learning disabilities 2018/19 (A/R.6.114)

Project Overview

Project Title	Increasing independence and resilience when meeting the needs of people with learning disabilities 2018/19 (A/R.6.114)		
Saving	£3,600,000	Business Planning Reference	A/R.6.114
Business Planning Brief Description	Continuing the existing programme of service user care reassessments which requires each person's care needs to be reassessed in line with the Transforming Lives model and with the revised policy framework. The programme identifies ways to meet their needs at reduced overall cost and with a stronger focus on promoting independence and a strengths based approach.		
Senior Responsible Officer	Claire Bruin		

Project Approach

Background

Why do we need to undertake this project?

This saving is the full year effect of the existing reassessment work. The 500 highest cost placements for people with learning disabilities have been reassessed and this is the full year effect of the reassessment work that has taken place in 2017/18.

What would happen if we did not complete this project?

Some people with learning disabilities may be over-supported. Assistive technology may not be used to its full potential and some people with learning disabilities may be less independent than they could be.

Approach

Aims / Objectives

Ensure that all placements for people with learning disabilities are appropriate to meet the needs of the people with learning disabilities and offer value for money for the Council.

Project Overview - What are we doing

Continuing the existing programme of service user care reassessments which requires each person's care needs to be reassessed in line with the Transforming Lives model and with the revised policy framework with a view to identifying ways to meet their needs at reduced overall cost and a stronger focus on promoting independence and a strengths based approach.

What assumptions have you made?

Savings are estimated based on an approximate £10k saving per case.

The saving for 18/19 is based on a set of assumptions about the phasing of the reassessment work - this is being monitored and may be subject to change.

What constraints does the project face? Page 97 of 158

The main constraint relates to the capacity of the team delivering the reassessment work. There have been a number of difficulties recruiting social workers to the team and this has affected the pace of delivery.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Social care for people with learning disabilities.

What is outside of scope?

Care packages which have already been reassessed within the previous 6 months will not be looked at again through this programme of work.

Project Dependencies

Title

Transforming Lives

PR000018 Reassessment Work 2017/18

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

People with learning disabilities with eligible social care needs receiving a funded care package.

What positive impacts are anticipated from this proposal?

The intention is to meet people care needs whilst maximising their independence. The care model focusses on building on people's existing strengths, their natural support networks, the use of technology and new care models to meet needs.

Reducing the overall cost of care packages will also produce a financial benefit for people who contribute to the cost of their own care (in full or in part). Social care costs can be substantial for families and so making

care more cost effective can produce very significant financial benefits for families.

What negative impacts are anticipated from this proposal?

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. Decisions about the best care setting for an individual will always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

A/R.6.129 - Russell Street Learning Disability Provision Re-design 2018-19

Project Overview

Project Title	A/R.6.129 - Russell Street Learning Disability Provision Re-design 2018-19		
Saving	£70,000	Business Planning Reference	A/R.6.129
Business Planning Brief Description	Provide the existing permanent residential provision through an external provider as a supported living project and develop a traded in-house service that can respond to immediate needs for carer and support using the vacated residential provision. This will support the work to move people from 'out of county placements' back into Cambridgeshire bringing them closer to family and friends.		
Senior Responsible Officer	Claire Bruin		

Project Approach

Background

Why do we need to undertake this project?

There is a lack of emergency or interim provision for people with learning disabilities within Cambridgeshire. The existing out of area placements project A/R.6.127 will require moving people with learning disabilities and complex needs back into Cambridgeshire, where appropriate. Having a service in Cambridgeshire to provide interim support will enable the flexibility needed to support people to move back into Cambridgeshire and closer to their existing networks of support.

What would happen if we did not complete this project?

The overarching savings programme for adults with learning disabilities may not be delivered. In particular, we may not be able to move people with learning disabilities back into Cambridgeshire when it would be beneficial and more cost-effective to do so.

Approach

Aims / Objectives

The overarching aim of this work is to ensure that our in house service at Russell Street is operating as efficiently as possible and is providing the right sort of provision to support our strategic direction for people with learning disabilities.

The secondary aim of this work is to support people placed out of Cambridgeshire to move back into Cambridgeshire as smoothly as possible. This will involve reshaping the existing provision to provide interim support for people moving back into Cambridgeshire.

Project Overview - What are we doing

The expectation is that we will provide the existing permanent residential provision through an external provider as a supported living project. This will be done through mini-competition through the existing Supported Living Framework for both the care and accommodation. This will release capacity in our in house service

as well as providing some cost savings through the 'hotel' costs for the existing residential provision.

The released capacity in our in house services and the vacated residential service will be used to respond to immediate care needs as well as providing interim support for people returning to Cambridgeshire.

What assumptions have you made?

- There is an external provider who will take on the existing residential service at Russell Street through a Supported Living model.
- There is an appropriate property near enough to Russell Street to enable transfer of the residential service to a supported living model.
- There will be sufficient interim and immediate demand to necessitate a dedicated service.
- The in house team will be able to meet the interim and immediate demand that is created.

What constraints does the project face?

There will need to be a procurement process to obtain an external provider to take on the residential service as a supported living project.

Once the capacity has been released for interim and immediate care, the work to bring people back from outside Cambridgeshire will provide a significant proportion of the demand. If that work has not proceeded at pace, there may not be sufficient demand for the service.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

What is outside of scope?

Project Dependencies

Title

A/R.6.127 - Care in Cambridgeshire for people with learning disabilities

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Lack of suitable property.

Lack of financially viable setting costs.

Lack of demand for the service

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

People with learning disabilities living at the Russell Street residential scheme.

People with learning disabilities returning to Cambridgeshire through the work from A/R.6.127

People with learning disabilities with immediate care needs.

Providers of supported living services in Cambridgeshire.

Parents/carers of the above groups of service users.

What positive impacts are anticipated from this proposal?

- Provide a provision which that can support the process of service users returning to county from out of county placements ensuring the service users are closer to their existing networks of support.
- Offer a transitional setting for services users to enable progression towards independence.
- Parent/carers are able to visit and support people with learning disabilities more easily.

What negative impacts are anticipated from this proposal?

There may be some disruption for the existing service users at the residential provision in Russell Street. This is likely to be short-lived and there will support available to mitigate any negative effects.

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

This is a project focused on people with learning disabilities, therefore people with learning disabilities are likely to be disproportionately impacted. The overall impact is expected to be positive for this group.

Business Case

BP - Learning Disability - Converting Residential Provision to Supported Living

Project Overview

Project Title	BP - Learning Disability - Converting Residential Provision to Supported Living		
Saving	£694,000	Business Planning Reference	A/R.6.126
Business Planning Brief Description	The opportunity has been identified to work with providers of residential care and to consider whether any individuals they support could have their needs met by supported living arrangements instead of residential care. Where this is the case we will work with the providers to convert the provision from residential to supported living. This approach can be beneficial for all parties with a lower cost of care for providers and commissioners and service users holding their own tenancies and having access to additional flexible income as a result of changes to benefit entitlements.		
Senior Responsible Officer	Mubarak Darbar - PAT Team Lead Tracey Gurney - LDP Head of Service Claire Bruin - Director of Adult Social Care		

Project Approach

Background

Why do we need to undertake this project?

Savings identified leading to better outcomes for people with learning disabilities.

What would happen if we did not complete this project?

Savings would not be achieved.

Approach

Aims / Objectives

Aims are as follows;

- 8 services to convert from residential to supported living.
- Financial benefits to the council as housing costs are met through housing benefit.
- Social benefits for people as they can hold their own tenancies, enabling them to have better control over the support they receive.

Project Overview - What are we doing

We are identifying existing residential care provision where there is potential to work with the provider and the service users to convert the model to supported living settings.

There is a staged process for each provider

- initial service viewing.

- initial benefits estimates
- reassessments of service users
- negotiation with out of area commissioners.
- families meeting takes place.
- financials are finalised.
- feedback requested by families.
- submit de-registration plan to CQC.

What assumptions have you made?

1. Providers/Service users/Families are in agreement in principle with this idea.
2. Assumption is that our calculations are correct in that this is better value for council.
3. OOA commissioners will be in agreement.
4. CQC will be in support of the de-registration plans.
5. All 8 services can be de-registered by the end of the year.

What constraints does the project face?

1. There is no potential to extend the project.
2. Dependent upon unanimous agreement from Service Users/Families/providers.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

8 residential units identified as potentially suitable are in scope at this stage.

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non FinancialBenefits

Non Financial Benefits Summary

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

People with learning disabilities currently living in residential settings.

What positive impacts are anticipated from this proposal?

The model of supported living will be more focused on empowerment and independence and choice and control than residential provision

In most cases service users will experience a positive financial impact as benefit entitlements will change meaning they will have improved disposable income.

Supported living arrangements also offer service users greater security of tenure, in residential settings providers are only obligated to offer 28 days notice if they want to end the offer of a place – whereas in supported living the tenure is significantly more secure.

What negative impacts are anticipated from this proposal?

No negative impacts are envisaged

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

Business Case

Learning Disabilities – Out of Area Placements 2018/19 (A/R 6.127)

Project Overview

Project Title	Learning Disabilities – Out of Area Placements 2018/19 (A/R 6.127)		
Saving	£315,000	Business Planning Reference	A/R.6.127
Business Planning Brief Description	This will enable people with learning disabilities who have been placed 'out of county' to move closer to their family by identifying an alternative placement which is closer to home. This will not only reduce cost but will also mean that it is easier for family and friends to visit and supports the Council's commitment to build on assets and take strengths based approach. This will be approached on a case by case basis and will involve close work with the family and the person we support.		
Senior Responsible Officer	Mubarak Darbar - to March 2018 - PAT team lead Tracy Gurney - LDP Head of Service Claire Bruin - Director of Adult Social Care		

Project Approach

Background

Why do we need to undertake this project?

The programme of work will achieve improved outcomes for people with learning disabilities and financial efficiency for the local authority by identifying and providing suitable care arrangements in Cambridgeshire for people who are currently living in other counties.

The work programme will achieve 2 outcomes:

1. A comprehensive review of all current out of area placements and a managed programme to organise care in Cambridgeshire where it is in service users' best interests and in line with their wishes.
2. A strategic commissioning review of the sufficiency of care provision in Cambridgeshire now and in the future – and plan to create the additional capacity and improved commissioning processes we will need to minimise the number of new out of area placements in future.

What would happen if we did not complete this project?

If this project were not completed, increasing numbers of people with learning disabilities would be placed out of county at a distance from their existing networks of support and potentially at an increased cost for the Council.

Approach

Aims / Objectives

1. A comprehensive review of all current out of area placements and a managed programme to organise care in Cambridgeshire where it is in service users' best interests and in line with their wishes.
2. A strategic commissioning review of the sufficiency of care provision in Cambridgeshire now and in the future – and plan to create the additional capacity and improved commissioning processes we will need to minimise the number of new out of area placements in future.

Project Overview - What are we doing

The request is for investment from the Transformation Fund for two social worker posts for a 12 month period to a total cost of £120k. The work required to achieve the savings is equivalent to two social worker posts for 12 months, but the funding will be used flexibly to achieve savings. The expectation is that the funding will be front loaded to achieve pace in delivering the savings. The overall saving to be achieved is £373k. £60k of the savings achieved through this project will be reinvested on an ongoing basis to provide brokerage support to the Learning Disability Partnership, initially to support this work and then to provide ongoing business as usual brokerage support. Therefore the net saving for 2018/19 is £313k.

It is not necessarily appropriate for every person placed out of county to be brought back to Cambridgeshire. Of the 130 existing people with learning disabilities living out of area 27 have been identified where it would be beneficial for them to move back to Cambridgeshire. There are a further 35 people where more work is required to identify if a move back to Cambridgeshire would be beneficial.

What assumptions have you made?

The savings identified against this bid are based on the following assumptions:

- a) 5 people will be moved into Glebe Farm by April 2018, a new service being built by Kingsley Healthcare. This cohort is already identified and waiting on the service to be built.
- b) 31 additional people with a variety of sizes of care packages and a confidence level of 50% will be moved back in Cambridgeshire. This is modelled on extending the existing cohort of people identified to move back to Cambridgeshire. The saving modelled is a full year effect, however the introduction of the 50% confidence level will allow account for some slippage relating to timing.

What constraints does the project face?

Risks and mitigation relating to this saving are therefore:

- a) The Glebe Farm cohort are unable to move in before April 2018. This risk is being mitigated by close communication with Kingsley Healthcare to ensure that we have the most up to date information regarding their service development.
- b) 31 additional people are not able to be moved back into county. This risk is being mitigated by identifying dedicated social workers to work on this. This will enable the social workers to progress conversations with the existing provision, family and advocates at pace to support the move back into county.
- c) There is insufficient provision in county to meet the needs of those moving back to county. This is being mitigated by the reinvestment of some of the saving into 2 people dedicated to brokerage, providing additional capacity in service development and negotiation to meet the needs of those moving back to county.
- d) People are moved back into county but there are fewer savings delivered than anticipated. This will be mitigated by the regular review and re-modelling of the savings to be delivered from the identified cases. The current modelling is based on a conservative estimate of the number of people that can be moved back into county combined with a challenging target for the amount of savings to be delivered from each case. Combined with the confidence level of 50%, this means that there is sufficient flexibility in the modelling for the savings to be delivered even if not necessarily from the originally anticipated people.
- e) There is a risk that savings may be delayed if a number of the cases need to go to Court of Protection. The mitigation for this risk is frontloading the social workers' time to identify cases that may need to go to Court of Protection quickly so that the delay can be minimized.

Delivery Options

Has an options and feasibility study been undertaken?

See Documents section as above.

Scope / Interdependencies

Scope

What is within scope?

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non FinancialBenefits

Non Financial Benefits Summary

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

People with learning disabilities placed out of county
Parent/carers and support networks of people with learning disabilities
Providers for people with learning disabilities both in and out of county

What positive impacts are anticipated from this proposal?

People with learning disabilities who it is appropriate to move back into county will be closer to their existing support networks which is associated with better outcomes.

Parent/carers will no longer need to travel significant distances to visit service users.

People with learning disabilities who it is not appropriate to bring back into Cambridgeshire will have a detailed reassessment to ensure that their current placement is meeting their needs.

What negative impacts are anticipated from this proposal?

There will potentially be some minor disruption in some services due to people moving in or out. This will not be of a greater magnitude than the normal disruption caused by placement moves.

Are there other impacts which are more neutral?

N/A

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

The project is focused on people with learning disabilities, therefore there will be a disproportionate impact on people with learning disabilities. The impact is expected to be positive.

Business Case

A/R.6.132 Mental Health Demand Management

Project Overview

Project Title	A/R.6.132 Mental Health Demand Management		
Saving	£400,000	Business Planning Reference	A/R 6.132
Business Planning Brief Description	We are working closely with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to transform the social care offer for adults and older people with mental health needs. Savings totaling an estimated £400k are anticipated from a range of approaches, include demand management, staffing restructures, strategic commissioning and the use of technology		
Senior Responsible Officer	Charlotte Black		

Project Approach

Background

Why do we need to undertake this project?

This work is being delivered to respond to the financial challenge facing the local authority which means we need to deliver multi-million pound savings from all parts of the business. In order to deliver financial savings whilst continuing to improve outcomes for service users our approach is based around

- Investing in our services to transform them, delivering better outcomes and constrained demand
- Transforming the way we work – making improvements to how we manage our business, our people and our money
- Better managing the contracts we have with suppliers and external providers
- Developing new and deeper partnerships – bringing benefits for all

What would happen if we did not complete this project?

We would not deliver the financial savings associated. Ultimately if the County Council is unable to identify sufficient transformation schemes to address the funding gap then it would have to make reactive decisions to reduce services or raise thresholds.

Approach

Aims / Objectives

To deliver financial savings to the local authority - working estimate of £400k in 2018/19

To drive efficiency savings from externally commissioned care contracts

To increase the use of assistive technology amongst people with mental health needs - supporting them to live and recover more independently and reducing care costs

To secure efficiency savings from within the staffing model at Cambridgeshire and Peterborough NHS Foundation Trust

Project Overview - What are we doing

We are working closely with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to transform the social care offer for adults and older people with mental health needs. Savings totalling an estimated

£400k are anticipated from a range of approaches.

There is a focus on strategic commissioning of external providers with savings anticipated from the re-tender of a major supported accommodation contract and of domiciliary care.

Through 2018/19 we are looking to significantly increase the use of assistive technology for service users with mental health needs – reducing the cost of care packages.

We are continuing to invest in the range of community based support models for people with mental health needs – helping people to remain living in their own home or a community setting whilst they get support – and reducing the reliance on costly residential and in-patient settings. We are developing preventative services and integrating the vital support provided by the voluntary sector around community and specialist mental health services that will be delivered through the Recovery and Inclusion service. The business case for additional investment in an Integrated Primary Care Mental Health Service - including specialist mental health social workers is in development and is proposed to come forward for Transformation Funding - to support the delivery of the savings highlighted in this draft case

A range of internal efficiencies have been driven out as part of an ongoing restructure within CPFT – returning a saving to the Council.

What assumptions have you made?

What constraints does the project face?

There are some diminishing returns from approaches which have delivered savings in previous years - for example

Efficiencies from the residential and nursing home and care packages have been delivered for the previous 3 years and the scope is almost exhausted from this avenue

Additional investment in community-based models will be required if we want to continue to shift care away from in-patient settings to community-based service delivery

all service users will have been reviewed using appropriate funding tools to ensure health funding is appropriately apportioned - no little financial benefit likely from further reassessments

Social Care Service for people with mental health needs are provided on an integrated basis as part of the wider health and care system - therefore to achieve transformational change and drive out all benefits we need to work with our health partners and secure system wide change. For example if the number of admissions to in-patients settings could be reduced (by changing the support model and pathways) it would deliver reduced demand for ongoing social care - this goal is being pursued as joint action with the Clinical Commissioning Group but is not wholly within the gift of the Local Authority.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

This proposal covers the totality of savings from mental health budgets - and so covers service users of working age in Adult Mental Health Services as well as older people with mental health needs age over 65

What is outside of scope?

Children's mental health services are out of scope

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Uncertainty of demand-led budgets

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This project will impact on adults and older people with mental health needs who are eligible for adult social care support. It will also impact on the various practitioners within the Cambridgeshire and Peterborough NHS Foundation Trust who provide adult social care services

What positive impacts are anticipated from this proposal?

The use of assistive technology and development of community-based models of care will hopefully increase the proportion of service users who can continue to live at home or in community settings during and after their period of mental health support. By helping people to remain living in their own homes we can help them maintain relationships with family and friends, retain the confidence to cope with independent (or semi-independent) living and increase their chances of thriving after their period of treatment and support.

What negative impacts are anticipated from this proposal?

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. The evidence suggest that service users living within the community and semi-independently supports better outcomes - with the community focus supporting effective recovery and a greater chance of them returning to good mental health sustained over the longer term. However living more independently does by definition mean that intensive help is not available as readily as it would be in a 24 hour setting for example. Decisions about the best care setting for an individual will of course always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.

Are there other impacts which are more neutral?

We will hope to achieve efficiencies from the re-commissioning of external care contracts - this should not reduce care standards and quality.

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected groups and how these will be addressed

Business Case

Better Care Fund

Project Overview

Project Title	Better Care Fund		
Saving	£7,200,000	Business Planning Reference	A/R.6.128
Business Planning Brief Description	The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system.		
Senior Responsible Officer			

Project Approach

Background

Why do we need to undertake this project?

The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system. Priority areas of focus are protecting frontline services, preventing avoidable admissions to hospital and ensuring people can leave hospital safely when their medical needs have been met. The Cambridgeshire BCF plan includes new schemes around preventing falls, increasing independence, investment in suitable housing for vulnerable people and enhanced intermediate care, Reablement and homecare for people leaving hospital. The Better Care Fund includes an element of funding intended to protect Adult Social Care services, as the revenue support grant has decreased and demand continues to increase. On this basis a proportion of the overall BCF spend is proposed to be taken to savings – helping avoid the need for any service reductions. Cambridgeshire and Peterborough's full BCF plan is contained within the papers for the Health and Wellbeing Board, available at https://cmis.cambridgeshire.gov.uk/ccs_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx

What would happen if we did not complete this project?

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

See

https://cmis.cambridgeshire.gov.uk/ccclive/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx

What positive impacts are anticipated from this proposal?**What negative impacts are anticipated from this proposal?****Are there other impacts which are more neutral?****Disproportionate impacts on specific groups with protected characteristics****Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

Business Case

Managing Demand in Older People's Services

Project Overview

Project Title	Managing Demand in Older People's Services		
Saving	£1,000,000	Business Planning Reference	A/R.6.172
Business Planning Brief Description	Across Older People's Services we continue to invest with our partners in new service models which help us respond to the rising demand for care by supporting service users to retain and regain their independence.		
Senior Responsible Officer	Charlotte Black		

Project Approach

Background

Why do we need to undertake this project?

We need to respond to the pattern of rising demand for care - driven in large part by the increasing number of older people in Cambridgeshire and the rising cost of care stemming from inflation and capacity shortages. If we do not change the way we meet people's needs, reduce the level of demand through effective preventative action and manage the cost of care package the budgets in social care will become unsustainable. An effective demand management strategy is therefore essential.

What would happen if we did not complete this project?

Ultimately if the cost of providing social care to older people and other client groups cannot be effectively controlled it would make the County Council's budget position unsustainable - leading to reactive reductions to services in order to balance the budget.

Approach

Aims / Objectives

To ensure we manage the level of demand for care in older people's services

To invest in new preventative and early intervention initiatives to help people remain more independent and live healthily in their own homes for longer

To secure financial savings for the local authority - without the need for service cuts or reductions

Project Overview - What are we doing

Across Older People's Services we continue to invest with our partners in new service models which help us respond to the rising demand for care by supporting service users to retain and regain their independence. The programme is succeeding – we have seen increasing numbers of people receiving a period of help but then returning to independence, the proportion of services users still living in their own homes rising rapidly, a decreased use of residential and nursing care and consistently strong feedback from service users about the quality of care. We expect to deliver further savings through demand management in 2018/19 of circa £1000k in total. We are working to further improve the Reablement Service offer, reaching more people in the community and improving the proportion leaving the service without ongoing care needs. We are continuing to expand the successful Adult Early Help provision, further widen our assistive technology offer, the use of community equipment and investment in housing related support. We are piloting the Neighbourhood Cares model which we hope will see a reduction in back office costs and reduce the need for high cost care

packages.

Through the Sustainability and Transformation Plan we are investing with our health partners in a range of key demand management initiatives. This includes a significantly enhanced falls prevention programme which will ease the demand for care driven by older people suffering injury as a result of a fall. This joint work is led via our Public Health teams and a range of social care and health partners and will deliver investment in:-

- Enhancement and expansion of strength and balance exercise provision
- Enhancement of the existing specialist Falls Prevention Health Trainer Service
- Strengthening Falls Prevention Delivery and Integration in the Community
- Development and implementation of Fracture Liaison Services (FLS) across all acute Trust areas
- Employment of Public Health Falls Prevention Coordinator

We are also working with STP partners to develop and implement a ‘discharge to assess’ approach which will enable people leaving hospital to have their needs assessed in the community. This is expected to reduce duplication and result in a more realistic care and support plan reflecting people’s potential for independence.

What assumptions have you made?

The modelling for the overall budget reduction is informed by the recent trends in service users numbers in the various client types and the average cost of care packages. There are also underlying assumptions about the impact of Reablement Services, analysis of the impact of Adult Early Help and modelling within the business case for the Falls Prevention Programme.

The estimated savings amount may change as a result of further modelling or if the trends in demand alter as the current financial year progresses.

What constraints does the project face?

Work to address demand pressures in care for older people is constrained significantly by workforce challenges in recruiting to key roles – in particular social workers, reablement staff and homecare providers – all of which are in insufficient supply.

We are also operating in the context of a local health system which is under-substantial pressure – health and care services are working together strategically to address underpinning trends in demand – whilst also having to content with immediate financial pressures, peaks in demand pressure and shared workforce challenges.

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

What is outside of scope?

Project Dependencies

Title

Cost and Savings

See accompanying financial report

Non Financial Benefits

Non Financial Benefits Summary

Risks

Title

Unexpected demand pressures

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

This proposal relates to all service users supported by Older People's teams - in particular those with eligible needs for social care or where we are working with people to prevent needs escalating. The service age threshold is 65+, but the majority of service users are 80+.

What positive impacts are anticipated from this proposal?

Our social work strategy is based around supporting people to live as independently as possible for as long as possible. In this way we can reduce care costs whilst also securing better quality of life for service users. In particular we want to support people to remain living in their own homes for as long as possible and to receive support from their own network of natural support - rather than just a reliance on formal care provision.

This scheme is also about prevention - with the investment in the falls prevention programme in particular offering better preventative work which will reduce the number of people having falls, incurring injuries and losing quality of life as a result. All of our work is about building on individual strengths and community resilience to help people live happily and healthily for longer.

Where service users are paying for their own care (in part or in full) then our work to support a greater degree of independence will also have a direct financial benefit – for example if we can keep people in their own homes for longer rather than requiring residential care, or meet their needs with fewer daily care visits then the amount paid in contributions to the cost of care will be much lower – and the depletion of financial assets will be much slower.

What negative impacts are anticipated from this proposal?

There are no negative impacts envisaged and there is no change to the care threshold or service level associated with this saving. The proposal is about working with people in the right way, supporting their independence and acting preventatively.

Care packages will always be designed to meet needs and achieve positive outcomes for service users - but it is important to be clear that in some case this will lead to fewer hours of care being delivered or people being supported to live more independently. All of the evidence suggests that this approach is better for service users - but it is potentially less risk-averse and will represent a change for service users and families. We will work with them to address any concerns they might have about the ability of service users to cope with greater independence - ensuring that contingency plans are always in place and that advice is on hand if questions or concerns arise.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

The above impacts relate specifically to older people - who are the focus on this proposal. The expectation is that our strategy will continue to lead to better outcomes and services for older people as well as financial savings to the local authority.

Business Case

A/R.6.143 Homecare re-tendering

Project Overview

Project Title	A/R.6.143 Homecare re-tendering		
Saving	£306,000	Business Planning Reference	A/R 6.143
Business Planning Brief Description	Re-tendering of home care to develop the market through a number of best practice initiatives including the expansion of direct payments		
Senior Responsible Officer	Richard O'Driscoll - Lead Decision Maker Claire Bruin		

Project Approach

Background

Why do we need to undertake this project?

Cambridgeshire County Council's current Home and Community Support contract comes to an end in November 2017 and as a result the services need to be retendered to ensure continuity of services for Cambridgeshire residents.

Home and community services are currently procured separately for the disciplines of Older People, Physical disability, Learning Disability, Children's and Mental Health Services. This has resulted in some capacity issues for some disciplines and some geographical areas. To address these deficits, create efficiencies and for increased synergy across all service areas a new home and community support contract will be introduced. We aim to improve service availability, user choice, flexibility of provision and further prevent delays in the provision of homecare.

What would happen if we did not complete this project?

Without this project we would not have a home and community support service contract in place from November 2017. The current capacity issues would remain and efficiencies would not be delivered.

Approach

Aims / Objectives

1. To jointly procure home and community support services across Cambridgeshire for children, adults with physical and learning disabilities, older people and people with a mental health need.
2. To improve the availability and flexibility of home care services, whilst ensuring that we maintain a high quality service.
3. Deliver an efficient and cost effective homecare service - effective pricing structure to be implemented, savings achieved and capacity increased.
4. To commence the transition towards an outcomes based approach to commissioning home and community support services for Cambridgeshire citizens.

Project Overview - What are we doing

This project will be responsible for delivering the Home and Community Support contracts for:

- Cambridgeshire County Council Children's Social Care
- Cambridgeshire County Council Learning Disability Partnership
- Cambridgeshire County Council Older People and People with a Physical Disability
- CCG Children's Continuing Healthcare (CHC)
- Cambridgeshire County Council Adult Mental Health Services

Work will include:

- Consultation with home care users, community groups and care providers to ask about their views of home care services.
- Development of a new specification for home and community support.
- Financial modelling to provide effective pricing structures.
- Competitive tendering process for homecare services. Providers will be selected on the basis of quality, CQC rating, cost, capacity and ability to meet current and future service requirements.
- Introduction of a procurement model called Dynamic Purchasing system (DPS) which allows successful providers to bid for individual packages of work. As part of this procurement model the Council needs to implement a system capable of advertising care packages, receiving provider's bids and awarding work.
- Development of homecare brokerage service
- Communication and engagement with providers, service users and stakeholders
- Workforce development - to develop the County Council's strategic position and response to supporting the development of the homecare workforce.
- Development of an outcome focused approach
- Rationalisation of CCC and CHC discharge cars

What assumptions have you made?

We will not be progressing a joint tender process with Peterborough City Council.

Peterborough and Cambridgeshire CCG Continuing Healthcare services will be included in the tender process

What constraints does the project face?

Recruitment and retention is an ongoing challenge for this sector. A further and specific challenge for the homecare workforce is the impact of Brexit and potential effect on recruitment.

Risk of reduced resources / changes to resources and structures as a result of internal changes (e.g. Corporate Capacity Review, LGSS, Children's Change Programme, CCG changes)

County Council IT systems are currently unable to support outcome based payment models

Delivery Options

Has an options and feasibility study been undertaken?

Scope / Interdependencies

Scope

What is within scope?

Home & community support across Older People, Learning Disability Services, Children's services, services for

people with a physical disability and people with a mental health need and for CCG Children's Continuing Healthcare.

What is outside of scope?

Arrangements at Peterborough City Council

Project Dependencies

Title

Development of centralised brokerage

Cost and Savings

See accompanying financial report

Non FinancialBenefits

Non Financial Benefits Summary

Increased synergy across service areas.

Improved service availability, user choice and flexibility of provision

Prevent delays in the provision of homecare.

Increased homecare capacity

Risks

Title

Reduced resources

Risk of successful post award challenge

Current provider failure

CHC providers not meeting standards/quality

Brokerage Service is not in place and operational by 1 November 2017

Project Impact

Community Impact Assessment

Who will be affected by this proposal?

Homecare users, carers and providers across Cambridgeshire

What positive impacts are anticipated from this proposal?

We aim to improve service availability, user choice, flexibility of provision and further prevent delays in the provision of homecare.

What negative impacts are anticipated from this proposal?

Service users may experience a change in carer.

Are there other impacts which are more neutral?

Disproportionate impacts on specific groups with protected characteristics

Details of Disproportionate Impacts on protected characteristics and how these will be addressed

OLDER PEOPLE'S ACCOMMODATION STRATEGY

To: **Adults Committee**

Meeting Date: **12th October 2017**

From: **Richard O'Driscoll – Head of Commissioning (Adults)**

Electoral division(s): **All**

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

Purpose: **This paper is to provide an update to the Committee of recent progress in delivering the Older People's Accommodation Strategy**

Recommendation: **The Committee are asked to consider and comment on the report.**

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1. BACKGROUND

1.1.1 The Older People's Accommodation Strategy, published in April 2016, sets out Cambridgeshire County Council's approach towards both meeting and preventing the increasing demand for specialist accommodation for older people.

The strategy was produced in collaboration with the Older People's Accommodation Programme Board. The membership of this Board comprises of officers representing a wide range of organisations and services across Cambridgeshire including;

District and City Councils
Cambridgeshire County Council
Cambridgeshire and Peterborough Clinical Commissioning Group
Cambridgeshire University Hospitals and Hinchingsbrooke Hospital

The priorities of the strategy are to;

- Address current issues to help manage demand in the health, social care and housing systems in the short term
- Increase choice and affordability for those requiring specialist care in the medium and long term
- Influence and develop a choice of good accommodation options for older people (general needs and specialist supported) in the medium and long term

1.2 Increasing Demand

In Cambridgeshire, there is a rapidly expanding older population, a tightening of public sector funding and a system of specialist and care accommodation for older people that seems to be at capacity. These factors have created a situation where key services are in short supply, restricting choice and contributing to pressures in NHS and Social Care Services. A particular area of concern is hospital discharge, where the availability of residential and nursing home placements is one of the major causes of delay.

Over the next 25 years, the population of Cambridgeshire will grow to approximately 801,100 in 2036. The population of people who are over 65 is expected to grow rapidly over that period too. By 2036, there are expected to be 195,200 people over 65 living in Cambridgeshire, approximately twice the 100,300 that were living here in the 2011 census.

2. MAIN ISSUES

2.1 Approach

The strategy sets out an ambitious approach to co-ordinate the activities of a number of public bodies to increase the understanding of need and to influence the supply of appropriate accommodation to maximise independence, by making the most effective use of public assets and services. The strategy also includes measures to redesign existing accommodation pathways to make more effective use of resources and to

improve outcomes. To support progress a range of short, medium and long term aims were initially set out in an action plan to encourage progress. However, it should be noted that since publication of the strategy a number of significant internal and external changes have occurred. Some of these provide new opportunities-notably the closer working with Peterborough City Council and the establishment of the combined Authority-and some have had an adverse impact on progress.

The Work streams within the Action Plan are as follows;

1. Home Improvement Agency and Disabled Facilities Grant
2. Expansion of affordable residential and nursing care homes
3. Hinchingsbrooke Health and Care Campus
4. Healthy New Towns
5. Extra Care and Sheltered Housing
6. Market Intelligence and Long Term Vision

An update on progress across these work streams is provided in the following section.

2.2 Progress Update

2.2.1 Home Improvement Agency and Disabled Facilities Grant

In 2015/16 a Review was carried out into the way the Disabled Facilities Grant Capital Allocation is utilised by the district councils within Cambridgeshire. This Government funding for housing adaptations (which now comes through the Better Care Fund) has increased in Cambridgeshire from £1.9m to £3.8m over the last three years.

A number of work streams have come out of the Review and the district, county and CCG partners continue to meet quarterly in order to agree, discuss and review progress. A decision was also made to re-direct the County Council's revenue funding of £300K per annum into preventative activities. This includes investment in Adult Early help and the pilot activity listed below.

1. Policy - A policy group is currently working on a common DFG Adaptations Policy across the county. This will add detail to the Joint Adaptation Agreement in which shared principles were established, and provide consistency not only for vulnerable customers, but to partner agencies who currently work across different policies in each district. It is hoped that a common policy can be adopted by April 2018.
2. Prevention Trial – Older people. This is starting in South Cambridgeshire this month. The County Council is working in partnership with the Elderly Accommodation Council – First Stop and the district council to develop a Cambridgeshire HOOP (Housing Options for Older People) tool. There is an online tool that is being promoted in a variety of ways, and a local leaflet has been printed which will be distributed throughout the district.
<http://hoop.eac.org.uk/hoop/start.aspx>

The aim is to support older people to consider their housing options in a positive way at an early stage, prior to considering adaptations to their home. We have employed an Adult Early Help co-ordinator to work on this trial for a day a week, visiting people with more complex needs who require more than First Stop can offer by way of telephone advice. We are also working closely with Care-

Network who have secured funding to develop an older people's volunteer peer support service, where older people who have moved or adapted their homes are available to talk to those considering it. The plan is to have a countywide service in place by April 2018.

3. Prevention Trial – Children with a disability. This is being developed in partnership with Huntingdonshire District Council where a housing specialist has been seconded for a day a week to the Children's Disability Team. They will work with Social Workers and the Children's OT service to identify families where major adaptations might be required in future and explore with them their long term housing solutions. The Officer begins in post on 7th September. Again the plan is to have a countywide service in place by April 2018.
4. Home Improvement Agency Performance – the three HIAs in the county have begun to review their internal processes and procedures with a view to becoming more efficient and speeding up delivery of adaptations. They are also considering the impact that the loss of County and CCG revenue will have on their business model. The long term aim is still to work towards a countywide HIA service and the County Council will support district partners with this where possible.

2.2.2 Expansion of affordable residential and nursing care homes

A detailed paper setting out progress against this work stream was presented to the September Adults Committee. In summary, in January 2017, the Adults Committee resolved to:

- Support the principle of using Council assets to intervene in the Care Home market to increase capacity and secure affordable provision for Cambridgeshire residents;
- Commence engagement with service providers.

Since then the project team has engaged with the market through Gleeds Advisory, an external specialist property and construction consultancy. This provided an initial response which has informed our procurement approach. Based on the review from Gleeds and feedback from the market, a blended approach to procurement is considered the most appropriate way forward. This approach acknowledges that different solutions will be needed for different locations across the County and takes into account existing provision, the need to phase the developments over a period of time, as well as interest from the market and local needs. The blended approach includes:

- Procurement of a care provider as a long-term strategic partner who would: bring specialist knowledge in relation to the development of care homes; operate the homes on a long lease arrangement; provide a specified number of affordable beds and pay a commercial rent to the Council.
- Multiyear commissioning arrangements with existing providers who may be interested in extending current provision.
- Maximising capacity through existing block contracts.
- Commissioning arrangements which maximise a 'one public estate' approach (i.e. Health). A recent example is the inclusion of a new Nursing Home in the NHS plans for the Princess of Wales Hospital in Ely.

Within this blended approach is an assumption that, to stimulate interest in the market and maximise the financial value of the arrangements to the Council, a multi-year operating agreement based on a number of Council places at an agreed rate with the remainder for the provider to sell at market rates will be negotiated. To support the next phase of market engagement, the project team has commissioned additional expertise and capacity from colleagues in Cardiff City Council, who have experience of complex large scale procurement. Over the next three months, they will work closely with the project team and our own (LGSS) procurement team to develop a sourcing strategy and plan which will enable us to move to competitive dialogue with the market in November 2017. The cost of additional specialist commissioning/procurement support is likely to be £75k based on indicative number of days required. The sourcing strategy will take into account the need to secure beds at different times in different locations to meet demand and the sourcing plan will ensure that additional capacity arrives in the marketplace in carefully managed phases.

2.2.3 Hinchingsbrooke Health and Care Campus

Plans to re-develop the existing Hinchingsbrooke Hospital site, to create a multi-faceted health and social care campus have been incorporated in to the Older People's Accommodation Strategy. The aim is develop services such as GP at scale, health and wellbeing, key worker accommodation, student accommodation, dementia, various residential elements and older people's care. However, the recent merger of Peterborough and Stamford Hospital Foundation Trust and Hinchingsbrooke Hospitals has meant that for the moment progress appears to have stalled in this area.

2.2.4 Healthy New Towns

The Northstowe development has been selected as an NHS Vanguard for the Healthy New Town (HNT) programme. The initial bid and the on-going development work is being supported by a partnership comprising the following organisations

- South Cambridgeshire District Council (SCDC)
- Cambridgeshire County Council
- Cambridgeshire and Peterborough Clinical Commissioning Group
- Cambridge University Hospital Trust
- Cambridge Institute for Public Health
- The Homes and Communities Agency (HCA)

SCDC and its partners, including the Home and Community Agency, the main developer of 85% of this site, are participating in NHS England's Healthy New Town programme, to trial approaches which will build health into new communities, in order to provide lessons which can inform both developments elsewhere in Cambridgeshire and nationally.

Sheffield Hallam University have been commissioned to produce a study which is due to be finalised by the beginning of October into the housing, support and care needs of older people. As the research is being funded through the Healthy New Town programme, the project will focus on South Cambridgeshire but will also incorporate Cambridge City. The study will provide an evidence base to determine an appropriate level of provision of accommodation for older people with particular reference to Northstowe and the larger new communities. In addition, the study will develop a tool which will assist to predict these for the locality should also be able to be used for other areas, both locally and nationally.

2.2.5 Extra Care and Sheltered Housing

Work on the 'market position statement' for sheltered and extra care housing has paused. This is in part due to the uncertainty surrounding the current and future revenue funding for supported housing. In 2015 the government announced its intention to restrict housing benefit funding of supported housing, which includes sheltered and extra care schemes to the Local Housing Allowance rate. As sheltered housing and to a greater extent, extra care schemes contain communal facilities, including lifts, lounges and dining areas this represents a significant financial risk to housing providers wanting to develop new schemes.

The Department for Communities and Local Government (DCLG) had advised that a number of working groups had been set up to look at options for funding supported housing but no announcements have been made.

2.2.4 Market Intelligence and Long Term Vision

There are some direct links between this activity and some of the other work streams. In particular the Research being undertaken by Sheffield Hallam University as part of the Healthy New Towns Vanguard. The findings will inform the longer term vision and key communication messages for the market. Additionally the work relating to Home Improvement and Disabled Facilities Grants has included a pilot project to bring the the Housing Options, HOOP model, into Adult Early help and South Cambs District Council. The Combined Authority has also identified housing options as a key area for development, and work undertaken to date has included activity resulting from the older Peoples accommodation strategy.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

Within the *Expansion of affordable residential and nursing care homes* Workstream, plans are being developed to build up to 7 new residential and nursing care homes. These developments will bring capital investment in the region of £50 million and a large number of new jobs in both the construction and care industries.

3.2 Helping people live healthy and independent lives

The core aim of the Older People's Accommodation Strategy is to ensure that the housing system, including all partners, provides the ability for older people to live healthy and independent lives.

3.3 Supporting and protecting vulnerable people

As well as aiming to prevent the need for ongoing social care and helping people to live healthy and independent lives, the Older People's Accommodation Strategy recognises that there will be more vulnerable older people in need of a more intensive support package. Therefore, the strategy sets out the Council's position in meeting the needs of this group of older people by expanding on the current range of residential and nursing care homes

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Approximately, £100K has been spent to date for specialist Consultancy fees relating to the development and procurement of new care home provision. Further resources will be expended in conducting a competitive dialogue. As yet the full costs are not known, but will be identified in the work being undertaken by Cardiff City Council.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

As indicated Cardiff City Council have been commissioned to construct a procurement Strategy. As part of this process they are working with Commissioners from the County Council and Local Government Shared Services. The Council will need to ensure that any competitive tendering exercise is completed in line with the Public Procurement Regulations 2015 and Local Authority Contract Procedure Rules.

4.3 Statutory, Legal and Risk Implications

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

- Specialist advice sought to date indicates that large scale market intervention is required to ensure that we meet our statutory obligations and to manage the financial risk.

4.4 Equality and Diversity Implications

The report above sets out details of significant implications in paragraph 2.2. In addition, if the Council does not stimulate the market and provide appropriate beds Individuals, there will be a shortfall of services in a number of locations, seriously limiting choice.

4.5 Engagement and Communications Implications

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

- This initiative has been developed as part of a multi-agency strategy. Its implementation will be shaped by working with key organisation and community stakeholders

4.6 Localism and Local Member Involvement

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

- As part of the wider Older People's Accommodation Strategy, work is underway to ensure the need for increased older people's accommodation, including affordable care home provision, is incorporated into Local Plans.

4.7 Public Health Implications

- 4.7.1 The Older People's Accommodation Strategy aims to ensure better coordination of services across the housing system with a focus on prevention and appropriate housing choices. The outcome of this is to keep people well and healthy and in home as long as possible.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	Yes or No Name of Financial Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes or No Name of Legal Officer:
Have the equality and diversity implications been cleared by your Service Contact?	Yes or No Name of Officer:
Have any engagement and communication implications been cleared by Communications?	Yes or No Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes or No Name of Officer:
Have any Public Health implications been cleared by Public Health	Yes or No Name of Officer:

Source Documents	Location
Older People's Accommodation Strategy	Older People's Accommodation Strategy

DELIVERING BETTER OUTCOMES THROUGH TECHNOLOGY ENABLED CARE

To: **Adults Committee**

Meeting Date: **12th October 2017**

From: **Will Patten, Service Director, Commissioning**

Electoral division(s): **All**

Forward Plan ref: **Key decision:** **No**

Purpose: **To report on the work of the Assistive Technology Telehealthcare Team and the Double-Up Project to demonstrate the positive outcomes and challenges of providing technology enabled care.**

Recommendation: **It is recommended that the Committee review and comment on the work of both teams and their progress to date.**

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1. BACKGROUND

- 1.1 Care technology, whether that is defined as assistive technology, telecare, telehealth, tele-monitoring, daily living equipment or all of the above, when appropriately deployed, has a growing track record of delivering high quality care whilst reducing the cost of other types of care provision. This report demonstrates how best practice is being used across Cambridgeshire to deliver higher standards of care sustainably, at a lower cost, and delivering better outcomes for people in terms of health and wellbeing.
- 1.2 The report focusses on two key areas of work. Firstly, the Assistive Technology Telehealthcare (ATT) Team and secondly the Double-Up Team. Both of these services are responsible for delivering solutions that have technology at their heart and are an essential part of the health & wellbeing, transformation and prevention agendas. For each of these services the report will explain:
- The background to the service and its aims
 - How the service is commissioned
 - How the service works from assessment of people, through provision of services, to review and evaluation
 - How the service delivers outcomes for service users and carers
 - The future development plans for the service and some of the challenges that these might entail

2. ASSISTIVE TECHNOLOGY TELEHEALTHCARE (ATT) TEAM

2.1 Background

Assistive Technology is an umbrella term for any device or system that allows individuals to perform tasks they would otherwise be unable to do, or increases the ease with which they are able to complete those tasks. In Cambridgeshire, the term 'assistive technology' tends to be used when referring to the sub-range of electronic technology which broadly falls into two categories – Telecare and Telehealth. These are defined in more detail at paragraph 2.3. The Assistive Technology service was founded in 2002 with a small amount of funding allocated to mental health services. It was boosted in 2004 with the Preventative Technologies Grant (PTG) and the allocation for Cambridgeshire was £800K over two years. Ongoing investment in the service was secured through mainstream budgets from 2006 and has enabled ATT to grow into the service it is today. Some local authorities chose to use the PTG to simply enhance their community alarm (Lifeline) services. In some places, this led to large amounts of equipment being purchased which were never actually deployed. Cambridgeshire chose to retain an in-house bespoke service so that people could be given more choice and control and the team could build solutions around people's individual needs. This approach and ethos is maintained in the current service.

The team consists of:

- Manager
- Senior Practitioner
- 5 Technologists
- 1 Technician
- 2 administrators

They are a countywide team, employed by the County Council, and operate out of Amundsen House in St Ives. The team provides a service to people of all ages and across all service user groups, including children, although most of their work is with adults.

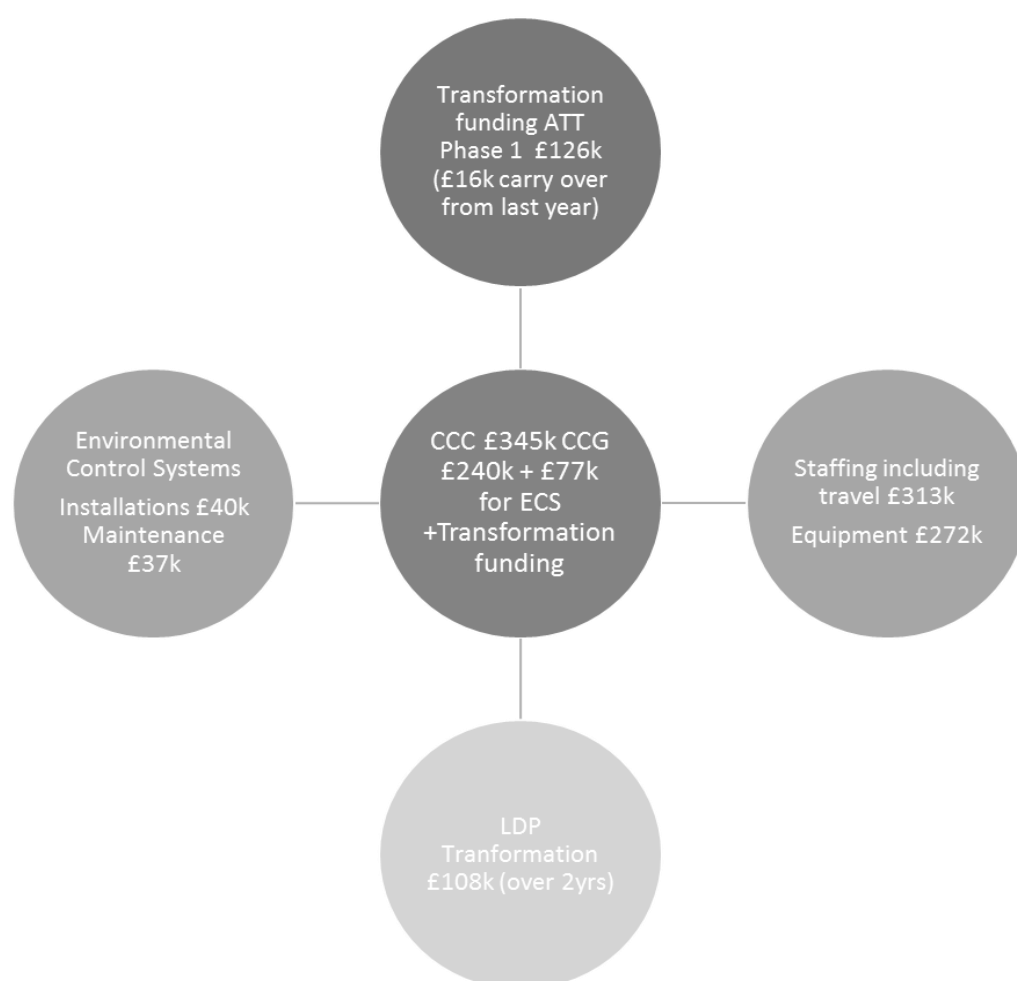
2.2 **Commissioning**

ATT is commissioned via a Section 75 Agreement with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). It is a wholly integrated service responsible for delivering both health and social care outcomes. The budget for 2017-18 is £585K which consists of £345K from the County Council and £240K from the CCG. The budget covers both staffing and equipment costs. In addition to the baseline budget, the service has secured Transformation funding for 2017-18 totalling £110K to roll out the use of the *Just Checking Assessment Tool* (see paragraph 2.5) as well as facilitating the completion of a workforce development programme and to support other areas of innovation and service improvement across the county.

An additional £77K is contributed to the service annually by NHS England, via the CCG, to fund Environmental Control Systems (ECS) – see paragraph 2.4.

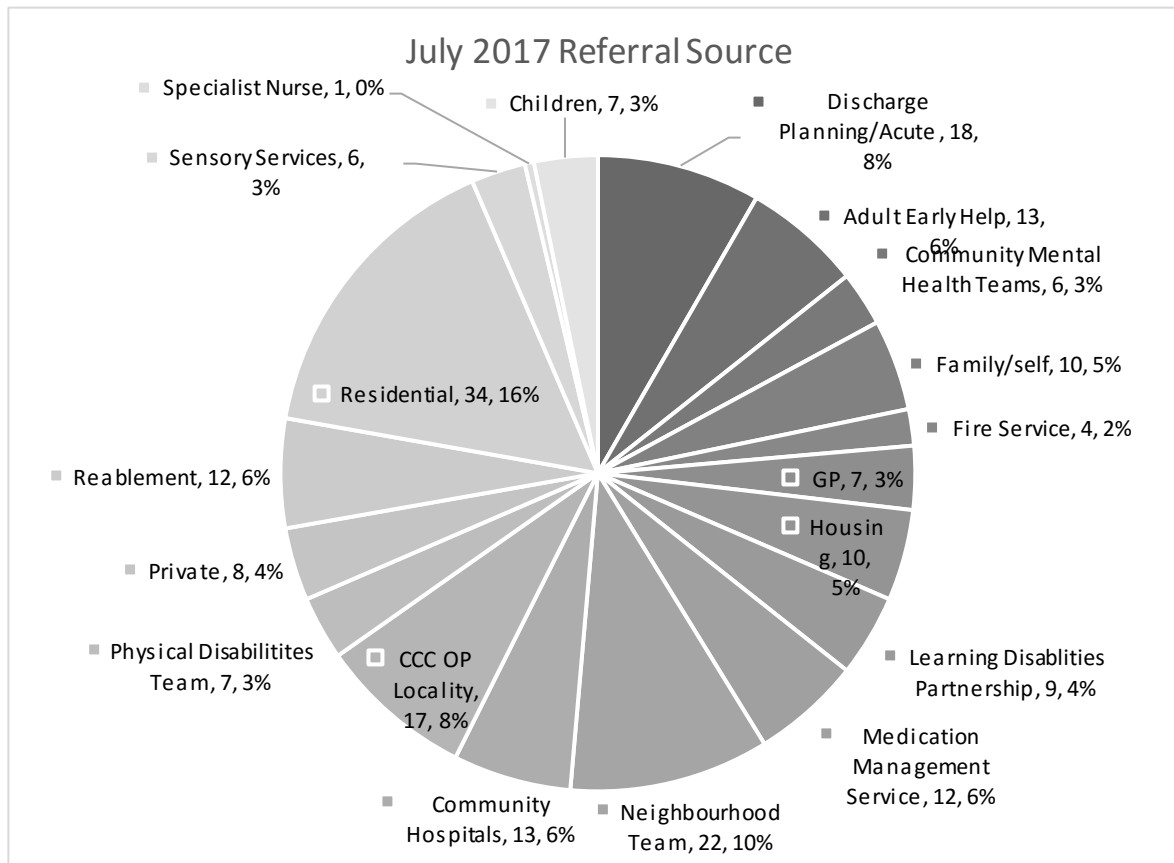
The service expects to end the year on a break even position but there is a risk there may be a slight cost pressure, particularly in the ECS service.

The diagram below summarises how the budget is allocated:

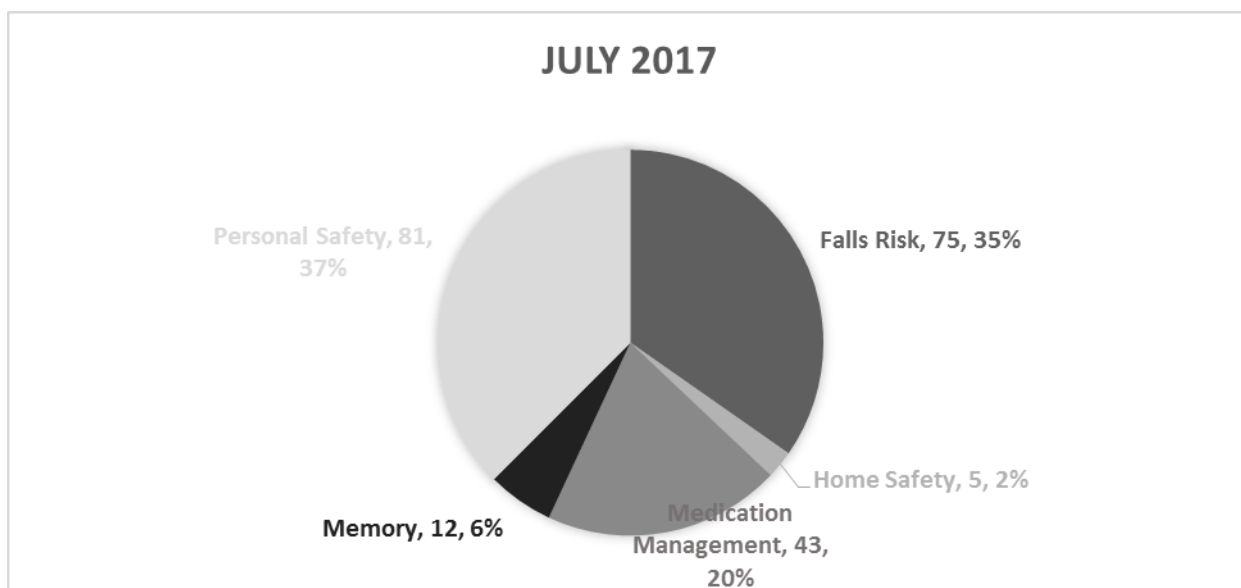


2.3 Referrals, Assessment and Service Provision

The team receives between 200 and 250 referrals a month. These originate from many different sources as can be seen from the diagram for July below.



People are referred to the service for many different reasons but the referrals generally fall into five main categories. The referral pattern for July 2017 demonstrates the typical range of referrals received.



Following receipt of a referral, the team will allocate the case to the most appropriate member of the team, depending on the complexity of the case. Some people might just need a brief telephone assessment whilst others will require more extensive involvement and a number of home visits to try out different pieces of technology in order to find the best one to meet a person's needs. This assessment will always need to take into account the needs of the person's carers as they are often the people who benefit greatly in terms of peace of mind, as is shown in the comments at the end of Appendix A.

Once the most appropriate piece of technology has been identified, this may be issued directly from the team, or requisitioned through the Integrated Community Equipment Service operated by NRS Healthcare. People also have the option of Direct Payment or private purchase and the team can signpost people who wish to buy equipment privately.

There are a number of different types of assistive technology, all of which are available from Cambridgeshire's service, following an assessment of need:

- ❖ *Standalone technology* consists of individual pieces of electronic equipment that enhance a service user's independence by prompting or reminding them. Alerts are not sent to either a carer or monitoring call centre. Such items include medication reminders and task prompt devices
- ❖ *Standalone Telecare* sensors and detectors are not connected to a monitoring call centre but are programmed to link to pagers or mobile phones carried by a carer – often a family member. Such equipment includes bed and chair leaving alarms, fall detectors, epilepsy monitors and GPS tracking devices
- ❖ *Connected Telecare* equipment includes wired and wireless sensors and detectors that are programmed through a base unit telephone or call system to alert monitoring call centres – *Lifelines* are an example of these. The call centre then tries to contact nominated key holders or emergency services. The variety of sensors and detectors are similar to the standalone range. There is normally a small weekly charge for the services of the call centre but this may be subsidised

via the local authority housing services or can be subscribed to privately

- ❖ *Telehealth* equipment enables people to take their own readings of their 'vital signs' such as blood pressure, blood sugar, temperature, weight etc. These readings can then be transmitted to a monitoring centre where they are read by a clinician who can instigate a response if the readings fall outside set parameters
- ❖ *Environmental Control Systems (ECS)* are devices which assist people who have severe physical impairments enabling them to control their surroundings – for example, controlling heating, remotely answering a door intercom / releasing a door to allow carers in, opening and closing curtains, switching lights on and off. The devices can be controlled by switches that respond to even the slightest movement – eg an eye blink might be used by someone who might be, in all other respects, completely paralysed. Funding for these systems has been controlled centrally for many years – first through Health Authorities and now via NHS England. Cambridgeshire are keen to align their ECS offer with the rest of the ATT service but the baseline funding for ECS is extremely small (only £77K per year to cover new installations and ongoing maintenance) so this has to be carefully managed.

2.4 **Delivering outcomes with Assistive Technology**

Outcomes are measured in terms of improvements in **health and wellbeing**, as well as in financial terms:

- The team recently installed an ECS for a young man with a progressive brain tumour who had no control over anything in his environment. By the provision of an ECS he is now able to control his TV and gain computer access which has completely transformed his life, and that of his carer
- An automated dossett box prevents a person becoming unwell by prompting them to take medication and may avoid them needing a formal carer for this
- An epilepsy alarm alerts a carer to the need to administer medication or offer physical interventions when a person is having a seizure and can avoid the need for a waking night support package of surveillance
- A bed / chair leaving alarm alerts a carer to the fact that a person may need help when mobilising and help to prevent falls
- A direct payment may be offered to a carer so that they can access the benefits of a pager through their smart phone, rather than having to carry a separate pager system

In terms of caseload, waiting times are kept to a minimum (currently between one and two weeks) and the team have around 80 open cases at any one time that they are actively working on. There are around 2000 open cases at any one time – these are cases that require ongoing support or an annual telephone review. This compares favourably with the national average of 2345 based on data from the Good Governance Institute (GGI).

It has not been possible to include, in this report, any specific comparative data with other local authorities as the models of service delivery vary enormously from one area to another and reporting is not consistent across those different areas. Central Government no longer ask for statutory returns in relation to how people are supported with assistive technology. However, the Telecare Services Association (TSA), a national organisation who support AT services, recommend measuring the percentage of people in receipt of a community care package that includes AT and suggest that local authorities aim for 50%.

Regarding outcomes in terms of **Financial Savings** the team have, based on first quarter data of their mainstream work, delivered circa £204K worth of domiciliary care savings (full year effect).

In addition to this, they have also demonstrated specific savings in relation to the deployment of the *Just Checking Assessment Tool (JCAT)*. JCAT is a system deployed to provide information about how a person is managing at home – for example, how often the person is moving around their home, how often they are boiling the kettle, how often they go to the bathroom etc. Such tools are commonly used to provide information to help inform what level of care package someone might need. There are no cameras or microphones, just simple motion sensors that create an easy to read activity chart detailing the person's movements, both day and night. Motion sensors are placed around the property and a controller with a multi-network SIM is plugged into the mains. The data gathered from 13 cases, where the JCAT was used, shows that the social care teams have been able to commission care packages consisting of fewer hours of care than was originally expected. The impact of JCAT on these 13 cases is summarised in the table below:

Care Avoided	Saving (full year effect)	Clients
Considering 24hr package	149,322	7
Increase in formal care package-day	8,265	3
Increase in formal care package-night	7,923	3
Total	£165,510	13

The service has been allocated £110K from this year's Transformation funding in order to enhance the assessment element of the service through more use of the JCAT. As well as the JCAT units, the Transformation Fund has also enabled the team to invest in an additional technologist and a technician on a two-year fixed term basis. The outcomes from this investment will be reported throughout 2017-18.

2.5 **Service Developments**

There are a number of areas of service development for the AT service. Some of these are already underway, whilst others are still in the planning stage and may present the service with a number of challenges, which are also explained:

❖ *Training Programmes*

The service has recently reviewed and changed the training programmes that it offers. Previously, the service offered a half-day Awareness Raising session and then a more extensive Trusted Assessor training. The Trusted Assessor training proved to be too resource intensive and did not deliver the expertise in the work force that we had anticipated which led to those regarding themselves as “Trusted Assessors” making inadequate referrals for equipment and then the work would have to be reassessed. The new one-day course, which is run on a rolling monthly programme, is called “*Think ATT*”. It aims to train people from across health and social care organisations (including the voluntary sector) to be confident in considering ATT interventions as part of their practice so that they can identify appropriate solutions for people. By doing this, their referrals to the ATT Team are more prescriptive and accompanied by a “Trusted Assessment”. This avoids the client having to have too many different interventions from different personnel. During the first quarter of 2017-18, 38% of all referrals to the team were completed to a standard whereby an AT solution could be deployed without any further assessment. The team are very pleased with this early success and expect this impact to grow in the coming months.

❖ *Transformation Funding – Phase Two – Enhanced Response Service*

This service will be developed in order to provide a response service for people who do not have family, friends or neighbours able to be a contact for the call centres should an alert be raised. The lack of this results in unnecessary costs to public services:

- Calls to the ambulance service for people who need attention but do not actually need an ambulance (the ambulance service considers such calls as low priority so there is often a delay in the person receiving help)
- The deployment of very costly overnight support (sleep-in or waking night support) for people with learning disabilities
- Decisions to recommend costly residential / nursing care for older people because they are considered to be too much risk overnight without quick response support being on-hand

This enhanced response service will be delivered through the Reablement teams and will be rolled out across the county during 2017-18

❖ *Learning Disability Initiative*

The Learning Disability Partnership (LDP) have recently terminated the use of an external consultant for their ATT assessments so that they can be undertaken by our own ATT Team. The savings target for this initiative is £214K for 2017-18 and the team anticipate being able to deliver on this. However, it is comparatively early days for this project and at the time of writing this report (August '17) the savings are estimated based on anticipated outcomes rather than cashed savings

❖ *Telecare Enabled Discharge*

This is in the early stages of development but will aim to support people being discharged from hospital through the provision of a telecare discharge package. This will consist of a lifeline, keysafe and telecare devices alongside the Enhanced Response Service. This could also be supported by a *Just Checking Assessment Tool* for those people where there are concerns about their ability to manage at home alone or where more assessment of the full situation at home is required

❖ *Re-branding*

The Manager and Commissioner of the ATT service have attended a number of conferences, seminars and exhibitions in recent months where it has become clear that the term 'Assistive Technology' is being phased out, in favour of Technology Enabled Care'. It should be acknowledged that the very long name of Cambridgeshire's team is not user friendly nor easily understood by local service users and carers. Commissioners and operational managers are therefore considering a re-branding during 2018, by possibly changing the name of the team to the Technology Enabled Care (TEC) Team. It is felt that this would be more catchy', meaningful and more easily understood by the general public and comments are welcomed on this

❖ *UK Telehealthcare Market Place Event*

UK Telehealthcare are a national organisation who support health and care professionals and providers to deliver the widest possible choice of Technology Enabled Care services. We are actively working with them to deliver a Market Place event in March 2018, probably at The Burgess Hall in St Ives. This event will be widely publicised and will offer the opportunity for commissioners, service providers and others to network and exchange information on best practice, new products and national developments

❖ *Understanding the Evidence Base*

As has already been mentioned, central government no longer requires statutory returns, or Key Performance Indicators (KPIs), as it did in the past. Reporting is now more outcomes focussed but defining specific outcomes measures can be problematic. Research evidence around the use of ATT has tended to be manufacturer or industry led and often the findings are over stated or out of date by the time the studies are published. Cambridgeshire's ATT service were involved in a comprehensive independent evaluation between September 2012 and March 2016 led by The Institute for Health Research, University of Bedfordshire. The study sample included all people referred to Cambridgeshire's ATT service, who were followed up for a year and methods used were both qualitative and quantitative. The key finding was that ATT reduced the number of face to face contacts with GPs by 20% but increased the number of telephone contacts with community health staff by 40% demonstrating a more cost effective whole-system service delivery. There was no significant impact on utilisation of acute hospital services. There were substantial benefits for both health and social care for people with telecare in the numbers of responses made by family members and nominated key holders. Overall, the qualitative feedback was very positive and has helped the ATT service to refine their processes to increase the

acceptance and compliance with using technology. The team are now one of the sites participating in the ATTILA national research project which is looking at whether assistive technology interventions can safely extend the time that people with dementia can continue to live independently in their own homes, and whether this is cost effective. The study is expected to publish a report during 2018

❖ *Community Lifeline Provision in Cambridgeshire*

The number of different community alarm providers and control centres covering Cambridgeshire makes provision of technologies from the ATT Team extremely complex. The team currently have to work with six different community alarm providers on a regular basis, all of whom have different protocols and ranges of equipment and some of whom are more willing to engage with the team than others. Some of this complexity is due to the differing approaches taken by the different district councils and the team would welcome the opportunity to explore the possibility of there being a more joined up approach to this across the county. There is evidence that other two tier authorities have managed to achieve some success when presented with similar situations

❖ *Working with Peterborough City Council (PCC)*

The AT service in Peterborough currently operates a different model to the Cambridgeshire service. PCC did not use its original Preventative Technology Grant allocation in the same way as Cambridgeshire did and the service has evolved differently and lacked year on year investment. Commissioners in PCC have recently commissioned a wide ranging review of AT services which is being undertaken by a consultant from the Telecare Services Association. At the time of writing this report, the review is still ongoing and is due to report end of September / early October. Cambridgeshire colleagues have been interviewed as part of the review and, without wishing to pre-empt the outcome of the review, it is expected that the two services will work much more closely together in the future so that the two service models are more aligned

❖ *The Integrated Community Equipment Service (ICES)*

The ATT service requisitions their equipment from NRS Healthcare who are the ICES contracted provider. The complexity of Cambridgeshire's ATT service, mostly as the result of the community alarm issue summarised above, means that it has taken over a year for NRS to fully appreciate the needs of the service and has led to some performance issues which have had to be closely monitored and managed by commissioners. At the time of writing this report (August '17) performance has begun to improve but will continue to be closely monitored. ICES is jointly commissioned by CCC and PCC but with separate Section 75 Agreements and pooled budgets with the CCG. It has recently been agreed that this situation should be reviewed with a view to having a Lead Commissioner operating on behalf of both local authorities with one Section 75 Agreement and pooled budget. A review and options appraisal will be undertaken in the next few months

❖ *Technological advances*

The provision of any technology based solution has to be mindful of the impact of the development of advancing technologies in an era where the latest gadget can soon become obsolete and overtaken by ever more advanced equipment. This is a particular issue for AT equipment where services have to be careful with stock control and avoid ending up with shelves full of yesterday's 'kit'. We feel this is well managed in Cambridgeshire but cannot afford to be complacent and must continue to strive to provide services that offer the best value for money as well as being the best way of meeting people's needs.

3. THE DOUBLE-UP TEAM

3.1 Background

The Double-Up Team are responsible for undertaking reviews and assessments of people who are in receipt of, or likely to need, care packages that consist of two carers because of the person's moving and handling needs, which often involve the use of hoists. The service users who they work with include some of the most dependent people in our community who have a range of long term disabilities and complex needs. The service users are very often full time wheelchair users or have extremely limited mobility and need assistance with all aspects of their personal care including transfers – ie hoisting from bed to chair, chair to toilet etc. The support they receive from formal and informal carers enables them to remain living as independently as possible in the home of their choice. The team's reviews are undertaken to see whether it is possible to reduce care packages so that people only need the support of one carer for some, or all, of their calls.

It is acknowledged that the name 'Double-Up Team' may seem a misnomer when it is single handed care that is being promoted. However, the term 'double-up' is widely used across the social care system in Cambridgeshire when referring to domiciliary care packages that involve the attendance of two carers. Local stakeholders immediately understood this term and so the name has stuck!

3.2 Commissioning

The Double-Up Team was set up nearly four years ago as a 'spend to save' initiative. This was based on evidence from other local authorities, primarily Suffolk County Council who had demonstrated positive outcomes through the deployment of Occupational Therapists (OTs) to undertake detailed reviews of service users resulting in the promotion of single-handed care through the provision of better moving and handling equipment and expert advice regarding moving and handling techniques. In Cambridgeshire, a business case was agreed in September 2013 and two members of the team started work that December. It was decided to set up the service in-house, rather than commissioning from elsewhere, so that there was full control over the project and so that social care outcomes could be closely and accurately monitored and easily reported.

The team now consists of a Lead OT Practitioner, two senior OTs and two OT Technicians. The baseline staffing budget for the team is £160K. The equipment that may be prescribed following review is funded through the Integrated Community Equipment Service pooled budget and expenditure is tracked on a monthly basis. The average monthly spend on equipment by the Double-Up Team is £6K.

The service has recently received additional investment of £90K from the Transformation Fund which is being used to focus on assessments of service users with learning disability who also have complex moving and handling needs, and to enhance the service's offer within the care home sector (see section 3.4).

3.3 Referrals, Assessment and Service Provision

The team receive their referrals from a variety of different sources but mainly from the care managers and social workers in the social care locality teams, across adults and children's services. They also work closely with colleagues in the acute trusts and the discharge planning teams so that "four times a day double-up" is not the default package for patients with complex needs being discharged from hospital. Similarly, they also work closely with the Reablement Teams so that the people who may need double-up care, when they first go home from hospital, can be reviewed at the earliest opportunity with a view to progressing to a single-handed care package if possible. It is also important for them to work closely with their OT colleagues in the Cambridgeshire & Peterborough NHS Foundation Trust (CPFT) so that there is shared learning for all.

The OTs ensure that they undertake the assessment of service users when the domiciliary care staff are present so that they can observe the moving and handling techniques and assess exactly what personal care tasks require two people. As double-up calls are often early in the morning or late in the evening, that team work flexibly to be able to carry out these visits at the most appropriate time. They involve the service user and their family carer as much as possible to ensure that they understand the purpose of this assessment and the case studies at appendix A demonstrate just some of the positive outcomes from this work and some of the comments that have been received from service users and their carers.

Following the assessment, the OTs may feel that the double-up care package is appropriate in order to manage the risks associated with moving and handling. Alternatively, they may continue to visit the service user a number of times and try out various different items of equipment in order to facilitate single-handed care. The equipment is requisitioned from the Integrated Community Equipment Service in the same way as it is for the Assistive Technology. The advances in technology in this sector are not as fast moving as those mentioned in relation to telecare equipment, however it is important for commissioners and therapists to keep up to date. This is achieved through attendance at conferences and exhibitions and by inviting manufacturers and suppliers to organise local demonstrations of equipment. Appendix A illustrates some of the items that are now routinely issued to service users with complex moving and handling needs in the community.

Once new equipment is in place, the OT Technicians undertake follow-up visits to ensure the new equipment is working well for all concerned. Once all parties are happy with the new equipment the team close their involvement in the case. Case records are entered on AIS and also on CPFT's *SystmOne* recording system so that CPFT therapists are aware of the Double-Up Team's involvement.

Once the OTs in the Double-Up Team have completed their review and provided what equipment might be required, they liaise with the locality social care teams to recommend what changes can be made to the care package. Savings, in terms of reduced domiciliary care costs, are not recorded until the team have confirmation from

the social care team that the revised care package is in place. This has been an essential element of the project so that savings are actual, and not assumed.

Working with the Domiciliary Care Providers

This was one of the major challenges for the Double-Up project due to some outdated moving and handling approaches taken by providers. At the beginning of the project, most of the providers challenged the idea of single handed care citing policies that stated two carers should always be present when a client is being hoisted. Fortunately, the early days of the Double-Up project coincided with the publication of a research paper, *"IT TAKES TWO? Exploring the Manual Handling Myth"* (HFH Consulting, Experts in Care, 2014). This paper helped to dispel the myths around always needing two carers to hoist someone and promoted the fundamental importance of detailed risk assessment being at the heart of every assessment, rather than having blanket approaches. The team have managed to build positive working relationships and the providers are now much more aware of the extensive range of moving and handling equipment on the market and the Double-Up Team ensure that the providers' moving and handling training programmes include training on the newer items of equipment that their care staff are likely to experience using in the community.

The team have also built a strong link with *Prism Medical*, one of the national suppliers of moving and handling equipment, and coordinate regular joint demonstration sessions at the NRS equipment depot in Huntingdon where care staff have a chance to practice using different pieces of equipment they will see, and need to use, in the community. These sessions are well attended and feedback has been very positive.

Prevention Cases and Avoided Costs

As well as undertaking reviews of people with existing double-up packages of care, the team also accept referrals where double-up care may be prevented. These referrals often originate from the domiciliary care providers themselves when they are beginning to struggle with the moving and handling needs of service users. In the past, it is likely that these cases would have been increased to double-up care with little, if any, OT re-assessment. This prevention work now constitutes over 50% of the work of the team and savings are calculated in terms of avoided costs.

3.4 Outcomes

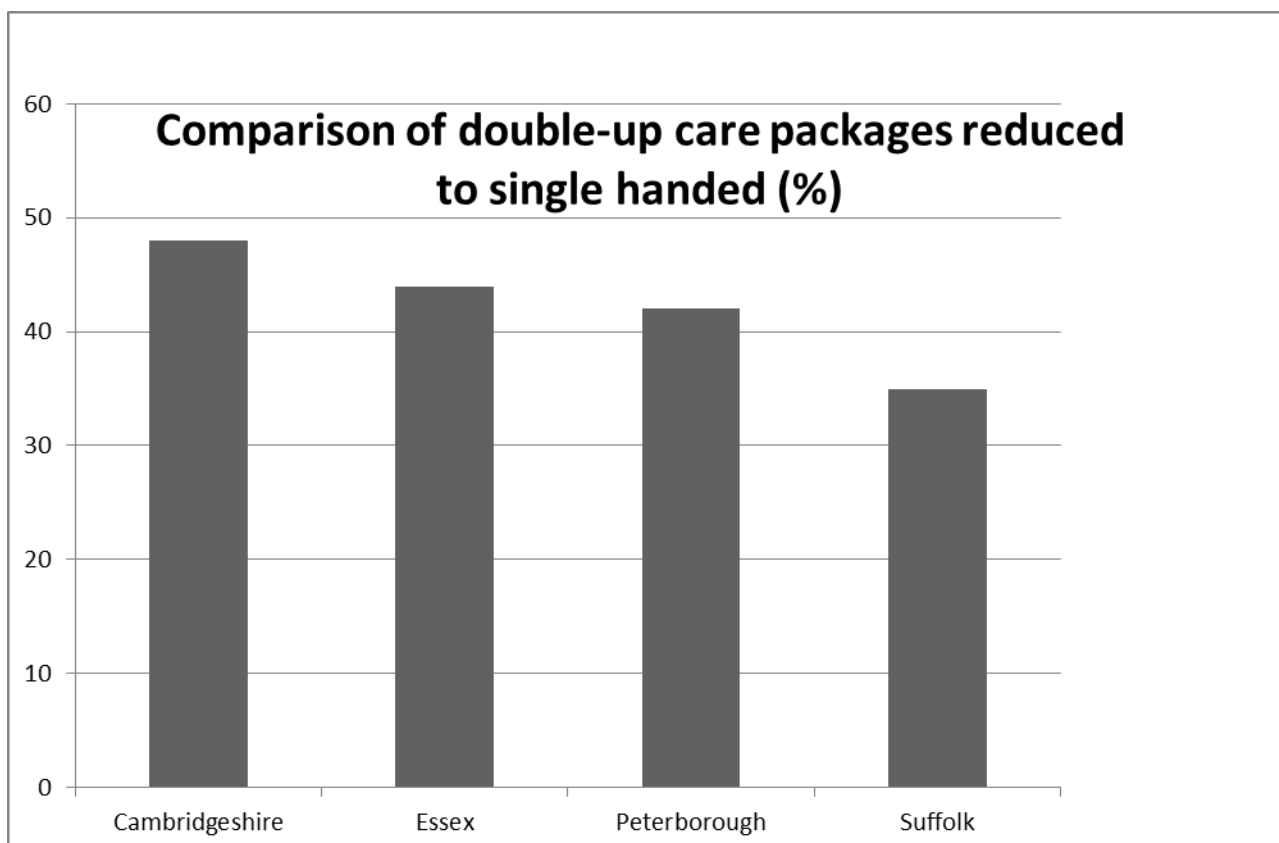
The outcomes of the Double-Up Team's work are not just measured in financial terms but in the impact that the changed care package has on people's lives and their well-being. This is clearly demonstrated in the case studies at Appendix A. The following points summarise the key outcomes from the team's work so far:

- ✓ Improved quality of life, dignity and well-being for service users and their family carers
- ✓ Promotion of as much independence, choice and control as possible for people, who, otherwise, have very complex needs and are dependent on others for most of their support
- ✓ 45% of service users report to be able to do more for themselves following the team's intervention and provision of alternative equipment
- ✓ 46% of service users report that their pain or discomfort has been reduced as the

result of using alternative equipment

- ✓ Only 30% of reduced or prevented care packages involve the issuing of additional and/or alternative items of equipment. The remaining packages can be reduced or prevented purely through close working with the domiciliary carers, provision of good information and advice and demonstration of moving and handling equipment that is already in situ
- ✓ Particular success in situations where people have a 24hour live-in carer and were previously having to have a second carer for some personal care calls. Most of these no longer need the second carer
- ✓ At the beginning of the project in 2014, there were 388 service users who were in receipt of a double-up package of care. There are now around 300 (the Double-Up Team cannot take credit for all of this reduction as it is also due to the impact of the Transforming Lives agenda and the changes in approach by the social care teams)
- ✓ On average, each review requires three visits before a decision is made as to whether a care package can be reduced. It should not be assumed that one review equals one OT visit
- ✓ The team have produced a full report on their work entitled "*Why wouldn't we do this?*" which has received interest from many other local authorities, and the Manager of the team has spoken at a number of national conferences and seminars which have been well received

Following the early successes achieved by the team, learning was shared with OT colleagues in PCC who now have their own single-handed care project which has begun to deliver a similar level of savings and other outcomes. The team continue to work closely with Peterborough colleagues to continue that shared learning. In terms of the percentage of care packages reduced from double-up to single-handed, the graph below demonstrates Cambridgeshire's outcomes when compared to some other local authorities:



savings on domiciliary care:

Year	Number of reviews undertaken	Domiciliary Care Savings, including avoided costs	Equipment Spend
2014/15	101	£671K (full year effect)	£16K
2015/16	185	£1.1m (full year effect)	£70K
2016/17	243	£1.3m (full year effect)	£73K
2017/18 (up to 31/8/17)	135(to date)	£594K (full year effect to date)	£37K (to date)

For 2017-18 the team has received additional investment of £90K from the **Transformation Fund** to deliver savings in two specific areas:

- ❖ *Learning Disability*. Reviews are undertaken of service users who have both learning and physical disability with high levels of need, often involving complex moving and handling. Many of the service users live in Supported Living Environments where there may be tenants with a variety of different needs. This presents a unique challenge in determining what levels of care each tenant requires and how to record savings in care costs within a supported living scheme. However, the work has begun to demonstrate savings (see below). It should be acknowledged that service users supported by the LDP may have

double-up care packages for other reasons – e.g. challenging behaviour, which the Double-Up Team cannot assist with

- ❖ *Care Home Initiative.* Since the beginning of the Double-up Project, the team have occasionally undertaken reviews of people who have been placed in care homes for respite care (see case study 'Ron' at Appendix A). This has exposed the team to the moving and handling techniques and equipment used in the care home setting and, unfortunately, they have observed some poor practice in a number of establishments. The Care Home Initiative is intended to facilitate a proactive approach within care homes towards improvements in moving and handling and to work closely with the CCG's Care Home Support Team who are leading on a number of quality improvements. The Double-Up Team are also linking in with the Complex Cases Panel to pick up referrals where service users might be able to be maintained and supported at home rather than having to move into a residential home and also in cases where people might be able to stay in a residential home rather than having to move into a nursing home. A person's moving and handling needs are often the reason for these moves. The team have begun to make an impact in this work but it is slow and savings will not be achieved in the same way as they are in domiciliary care.

The savings relating to Transformation Fund investment (LD & Care Home reviews) are currently standing at £59K against a 2017-18 target of £250K. It is likely that this target will not be achieved by the end of the year but the team will continue to bring savings in the mainstream domiciliary care sector as demonstrated in the previous table. Some of the achievements within the Care Home project are expected to be more qualitative and preventative rather than delivering hard financial savings – for example, by implementing better moving and handling practice it is likely there will be benefits in terms of falls prevention, prevention of pressure ulcers, prevention of admission to hospital and reduced injuries to care home staff through the use of correct moving and handling techniques. Evidence of these benefits is more difficult to capture and quantify but processes are being developed for this.

3.5 Service Developments

There are a number of other areas of work that the Double-Up Team will be working on in the coming months. These include:

- ❖ *Reviews of Children in receipt of Double-Up Care*
The team have had some early success with a few children and young people in receipt of double-up care. The volume of cases is very small compared to the number of adults' cases and the savings in relation to this work have yet to be confirmed. However, the team's expertise has been welcomed by colleagues in children's services and there has been shared learning for all
- ❖ *Working with the Neighbourhood Cares Project*
The leads for both the Double-Up Team and the Neighbourhood Cares project have had some early exploratory discussions regarding how the team might be able to offer double-up care reviews to people in the pilot sites. It should be acknowledged that whilst the County Council are aware of the number of service users in receipt of double-up care commissioned by our social care teams, there are many people living in the community who fund their own care packages and

may well benefit from similar interventions. By getting involved with these people at an early stage, it is likely that this could delay people's need for statutorily funded care. There will also be people in the pilot sites who would benefit from information and advice on the use and benefits of assistive technology telecare devices, and discussions have also begun around how best to deliver this

❖ *NHS Continuing Health Care (CHC)*

The CCG have recently commissioned the Double-Up Team to undertake reviews of their patients who are in receipt of double-up care packages in order to deliver some savings in terms of NHS CHC costs. This has been agreed via a formal Section 256 Agreement and the CCG are funding a 0.5fte OT post to cover this work. This initiative commenced on 1/8/2017 so it is early days to provide any report on outcomes or savings. It should be noted that the CCG are invoiced for any special (non-stock) equipment that is requisitioned for CHC patients and this is funded in addition to the part-time OT post.

4. SUMMARY

- 4.1 Both the ATT Team and the Double-Up Team are delivering solutions for people that mean they remain as independent as possible and are able to exercise choice and control over their lives. The teams are supported to take positive and acknowledged risks for their service users in order to provide less intrusive and less expensive forms of care. Technology enabled care services can make a significant contribution to delivering great outcomes for people, as well as cost savings. It is vital to involve all stakeholders in the development of these services and it is hoped that this report has demonstrated how this is being achieved in Cambridgeshire. These stakeholders are essential partners in co-creating services that realise the potential of technology and deliver the dignity and control that people want.

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

5.2 Helping people live healthy and independent lives

The whole paper aligns with this strategic priority and is evidenced in the case studies at Appendix A

5.3 Supporting and protecting vulnerable people

The whole paper aligns with this strategic priority

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

There are resource implications referred to throughout the paper with clear statement of outcomes in terms of financial benefits for both Assistive Technology Telehealthcare

and single-handed care. Both services are delivering evidence based practice and value for money

6.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications in relation to this.

6.3 Statutory, Legal and Risk Implications

All the work undertaken by both services has to meet the statutory obligations in The Care Act 2014 and other relevant legislation.

6.4 Equality and Diversity Implications

Both services are available across all communities, all service user groups and all age groups.

6.5 Engagement and Communications Implications

Individual changes to care packages are discussed at length with service users, family carers and formal carers.

6.6 Localism and Local Member Involvement

Members have always been supportive of the use of assistive technologies in the delivery of care and will need to be aware of the fast moving and changing nature of these types of provision which will impact on individuals.

6.7 Public Health Implications

There are no significant implications within the category

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes - Tom Kelly, Head of Finance
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	n/a
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	n/a
Have the equality and diversity implications been cleared by your Service Contact?	n/a
Have any engagement and communication implications been cleared by Communications?	n/a – no new implications. These were handled by the consultation on the new policy framework and Transforming Lives model
Have any localism and Local Member involvement issues been cleared by your Service Contact?	n/a
Have any Public Health implications been cleared by Public Health	n/a

Source Documents	Location
<ul style="list-style-type: none"> <i>Technology Services Association (TSA) Quality Standards Framework</i> (TSA, 2017) <i>IT TAKES TWO? Exploring the Manual Handling Myth</i> (hfh Consulting, Experts in Care, 2014) 	Room 015, Shire Hall, Cambridge

Appendix A

Case Studies, Equipment and Feedback from Service Users (names have been changed in all case studies)

Case study – Peter

Peter was a 72 year old gentleman with multiple sclerosis who lived with his wife in their own bungalow. Peter had been in receipt of a double-up care package for ten years. He was a full-time wheelchair user but on “good days” was able to take some weight during transfers with a rota-stand, but on bad days he would stay in bed as he didn’t like to be hoisted – Peter was a large gentleman and felt that manoeuvring him in a mobile hoist put too much strain on the carers, and he found the hoist uncomfortable.

Following the Double-Up OT assessment, his rota-stand was replaced with a Molift Raiser and he accepted a gantry hoist and Glove sling. His transfers can now be managed by one carer and he can get out of bed even on a bad day which means he no longer gets so depressed, and it relieves the pressure on his wife.

Peter said “...it has changed my life...and the carer talks to me now...rather than to the other carer!”

Number of annual care hours saved: 728

Financial savings on annual domiciliary care costs: £10,900

Equipment spend: £2,000



Profiling bed and gantry

Case Study - Penny

Penny was 44 and lived in her own bungalow with a live-in carer. Penny had a long term neurological condition and needed assistance with all aspects of her personal care and domestic tasks. She, and her carer, enjoyed going out to the theatre and visits to local pubs but were restricted in how long they could be out as Penny needed two carers to transfer her. They often had to return home at specific times in order to meet a second carer to assist the live-in carer with Penny’s transfers and personal care.

As a result of the Double-Up OT review, Penny was issued with a 4-way glide Bed Management System, a wedge and an Airflow Glove ‘in situ’ sling. The provision of these items meant that the live-in carer could safely turn Penny in bed by herself, without causing any drag or sheer, which meant that her risk of developing pressure sores was reduced. It also enabled the carer to fit the sling single-handedly.

The live-in carer now manages all Penny’s care and Penny can now choose when she wants to be transferred and has more flexibility in being able to get out and about.

Penny said “This has transformed my life in so many ways...it has given me my life back...”

Number of annual care hours saved: 1095

Financial savings on annual domiciliary care costs: £16,400

Equipment spend: £542



**Assisting someone to stand
with a Molift Raiser**

Case Study – Ron

Ron, a 77 year old gentleman who lived with his daughter, had to go into respite care when his daughter was unwell. The period of respite was initially for two weeks, but was extended to two months as his daughter remained unwell. Prior to his respite placement in a residential home, Ron had been independently mobile in a self-propelling wheelchair, and his daughter assisted him with transfers, using an Oxford Journey Stand Aid with standard sling.

The residential home insisted on hoisting Ron, with two carers. He therefore lost what little function he had in managing to transfer with the assistance of one person. Consequently, when his daughter was ready to have him home, the care home recommended that he needed “two to hoist” for all transfers.

This delayed his discharge from respite care much to Ron, and his daughter’s, frustration.

The OT reviewed Ron while he was in the care home and recommended a transport sling for use with the stand-aid. Ron eventually returned home and his daughter continued to be able to transfer him albeit with a transport sling, rather than the standard sling they had previously used. Had the appropriate equipment and techniques been used in the care home, Ron would have maintained what little independence he had and his discharge from respite would not have been delayed and would have avoided the additional costs incurred.



Transfers using a standing hoist...and....Four-way-glide bed management system

“The new hoist has changed my life, I now have the controls so that I can be in control...single care has enabled me to change agencies and get more suitable times...everything now is great!”

“...(the OT) was able to do what the hospital didn’t offer, to go out, actually listen and take an interest, and see mum as a person and give her the chance to recover at home”

“...I sleep better at night knowing (husband) is safe and comfortable”

'We started with the key finders and that was like a god send it was a blessing, all these things have been really helpful. You don't see the frustration in her...she used to get quite tearful sometimes with things because I think she was beginning to realize that you know things weren't quite right really so yeah no definitely really useful'

(Cathy, daughter, 'informal carer', Telecare standalone)

'I don't think any of us appreciated mum's illness really. I suppose it is one of the illnesses we thought would never happen and all of a sudden it all seems to move forward quite quickly and its acceptance that your mother needs help'

(Sarah, daughter, Telecare standalone, informal carer)

'Knowing that she's got the bed detector and the fall detector, it's a lot more off my mind if you now what

I mean, because with the fall detector you know, I know if she falls they'll phone up and then they'll phone me and then they'll get an ambulance you know, they always tell me if she's fallen. Its helped me a hell of a lot because its more peace of mind isn't it, hell of a peace of mind, I know that she's safe to a certain extent.

(Pamela, daughter, 'informal carer', telecare standalone)

'Have you ever got up at 2 or 3 o'clock in the morning cleaning up pee and poo off the floor! As soon as I hear that alarm go off I am out of bed quick so I can save myself a lot of work, it just helps, and I need a lot of help'

(Aubrey, Husband)

'I mean if you're in the garden for example and you have to keep coming in every ten minutes, are you ok, are you ok, and that (the equipment) has changed it because that way I can maybe stay out 20 minutes and in that time or maybe a bit more and in that time if he needs me he just pushes the button'

(Madeline, Wife)

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 2nd October 2017



Cambridgeshire
County Council

Agenda Item No: 9a

Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public. Additional information about confidential items is given at the foot of this document.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.

The agenda dispatch date is five clear working days before the meeting.

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
12/10/17	Finance & Performance Report	M Wade	Not applicable		04/10/17
	Transformation Programme – Double-up Team Update and ATT	D Mackay	Not applicable		
	Accommodation Strategy & Action Plan	W Patton	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
9/11/17	Finance & Performance Report	M Wade	Not applicable		01/11/17
	Transformation Programme - Reablement	W Ogle Welbourn/ W Patten	Not applicable		
	People and Communities Self-Assessment	C Black	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Older People Care Home development – update	R O'Driscoll	Not applicable		
	Staffing Structures – Benchmarking using CFO insights	W Ogle Welbourn	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
7/12/17	Finance & Performance Report	M Wade	Not applicable		29/11/17
	Transformation Programme – Adult Early Help (or January)	W Ogle Welbourn/ W Patten	Not applicable		
	Transforming Lives	C Bruin	Not applicable		
	CPFT 6 Monthly Report	D Cohen	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
11/01/18	Finance & Performance Report	M Wade	Not applicable		03/01/18
	Transformation Programme – Adult Early Help (or December)	W Ogle Welbourn/ W Patten	Not applicable		
	Housing Allowance – Update on national policy	W Ogle Welbourn	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
<i>[1/02/18] Provisional Meeting.</i>					24/1/18
8/03/18	Finance & Performance Report	M Wade	Not applicable		28/02/18
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/ W Patten	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for draft reports	Agenda despatch date
	Adults Committee Agenda Plan	R Yule	Not applicable		
<i>[12/04/18] Provisional Meeting</i>					04/04/18
24/05/18	Finance & Performance Report	M Wade	Not applicable		16/15/18
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/ W Patten	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		

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

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

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

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

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

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

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

Adults Committee Training Plan 2017/18

Below is an outline of dates and topics for potential training committee sessions and visits. The preference would be to organise training and visits prior to Committee meetings and utilising existing Reserve Committee dates:

Date	Timings	Topic	Presenter	Location	Audience
30 June	1-4:30pm	Local Government Finance	<i>Chris Malyon</i>	KV Room	Completed
JULY (7 July)	2-4pm	Safeguarding (<i>Children's & Adults</i>)	<i>Theresa Leavy / Sarah-Jane Smedmor / Claire Bruin</i>	KV Room	Completed
September (TBC)	TBC	Our funding arrangements for providing care - an overview of how funding is allocated to care packages, how direct payments work and pooled budgets with partner organisations	<i>Claire Bruin / Charlotte Black / Tom Kelly</i>	TBC	All Adults Members invited
SEPTEMBER (12 & 20 Sept)	9.00-17.00	A service users journey from Short Term & Access services such as Adult Early Help, Reablement and Assistive Technology through to Long Term Older People's services, including an overview of Discharge Planning – a day visiting various teams.	<i>Head of Service lead (Jackie / Vicky)</i>	Various	Completed
(TBC)	TBC (Visit)	Visit to the Multi-agency Safeguarding Hub (MASH)	<i>Jenny Goodes</i>		All Adults Members invited
(TBC)	TBC (Visit)	Visit to Respite care and day services (<i>could incorporate the above visit too</i>)	<i>Claire Bruin / Tracy Gurney</i>		
November (Date TBC)	TBC	Commissioning Services – what services are commissioned and how our services are commissioned across CFA	<i>Meredith Teasdale</i>		All Adults Members invited
21 November	TBC	Local Government Finance	<i>Chris Malyon</i>	KV Room	All Members invited
December	TBC	An overview of Carers Strategy	<i>Claire Bruin / Head of Services</i>		
December	TBC	An overview of Learning Disability Partnership, Physical Disability services and Adults Social Care	<i>Claire Bruin / Heads of Services</i>		

