

TRANSFORMATION FUND BIDS

To: General Purposes Committee

Meeting Date: 10th January 2017

From: Chief Finance Officer

Electoral division(s): All

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

Purpose: This report sets out requests for investments from the Transformation Fund that are required to deliver transformational improvements in service delivery and associated savings within the 2017-22 business plan.

Recommendation: It is recommended that General Purposes Committee approves the following business cases and associated investment from the Transformation Fund, and recommends their inclusion in the Business Planning Tables:

- a) Enhanced Response Service – Falls and Telecare
- b) ‘No Wrong Door’ hub model to improve outcomes for children on the edge of care, looked after and care leavers

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1. BACKGROUND

- 1.1 In response to recognising that the traditional method of developing budgets and savings targets through departmental based cash limits was unsustainable in the long term, the Council has agreed a new approach that will result in an outcome focussed method to Business Planning.
- 1.2 As a consequence it was agreed that the Council would need to establish a fund that could be used to supplement base budgets, ensuring that finance is not seen as a barrier to the level and pace of transformation that can be achieved. The approval of a change in the basis for defraying the Council's debt enabled the establishment of a Transformation Fund of nearly £20m.
- 1.3 It has been agreed that executive summaries of proposals seeking pump priming investments of over £50,000 from the Transformation Fund will be presented to the Committee. Investments below this level can be approved without Committee approval but will be reported to the Committee retrospectively.

2. INVESTMENT PROPOSALS

- 2.1 Attached within the appendices to this report are two proposals requesting funding from the Transformation Fund. These proposals should secure significant revenue reductions in the base revenue budget.
- 2.2 The titles of the two proposals are:-
 - a) Enhanced Response Service – Falls and Telecare
 - b) 'No Wrong Door' hub model to improve outcomes for children on the edge of care, looked after and care leavers
- 2.3 The first of these proposals relates to savings within Adult Social Care, developing a partnership to deliver response services for non-injured falls, telecare alerts and other timely one off personal care incidents. Falls are the third highest reason for admission to the three local acute trusts. Hospital admission amongst the over 85s often leads to a reduction in mobility and independence which can in turn result in transfer to a residential or nursing home at the point of discharge, which becomes a cost to the Council. This initiative aims to reduce the number of unnecessary ambulance call outs, identify opportunities for early preventative interventions and provide practical support for informal carers.
- 2.4 The second proposal relates to savings within Children's Social Care, improving outcomes for children on the edge of care, looked after children and care leavers. The model aims to ensure the needs of children and young people in Cambridgeshire are addressed within a single team of trusted and skilled workers, which will support a young person throughout their care journey. Through this work it is aimed to improve young people's outcomes and reduce risks for looked after children and care leavers with complex needs. The model also reduces the number of children becoming looked after due to family breakdown, delivers a wrap-around service to children with complex needs who would otherwise require external agency placements, and reduces the need for emergency placements resulting from current placement breakdowns.
- 2.5 As a package, the two proposals request cash investments totalling £1,307k, with cash savings of £7,702k over the period from 2017-18 to 2021-22.

- 2.6 The following tables set out the total request for funding from the Transformation Fund for the two proposals, aligned to the relevant Transformation workstreams, and the total savings across the period of the Business Plan. Please note, that the figures are in absolute terms as opposed to the previous presentation that was aligned to the approach that is adopted for the Business Plan i.e. marginal movements between years. This is in accordance with the request from Members at a previous Committee meeting.

Investment request:

	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000
Adults Services	24	393	-	-	-	-
Children's Services	-	497	393	-	-	-
Total	24	890	393	-	-	-
Cumulative total	24	914	1,307	1,307	1,307	1,307

Savings:

	2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000
Adults Services	-	-	-390	-390	-390	-390
Children's Services	-	-559	-1,089	-1,478	-1,508	-1,508
Total	-	-559	-1,479	-1,868	-1,898	-1,898
Cumulative total	-	-559	-2,038	-3,906	-5,804	-7,702

- 2.7 The Committee is asked to approve the investment requested from the Transformation Fund, and recommend their inclusion in the Business Planning Tables.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

This report sets out proposed investments and savings across Transformation workstreams.

3.2 Helping people live healthy and independent lives

This report sets out proposed investments and savings across Transformation workstreams. The impacts associated with the people living healthy and independent lives will be captured within supporting detail and/or Community Impact Assessments within the Business Plan.

3.3 Supporting and protecting vulnerable people

This report sets out proposed investments and savings across Transformation workstreams. The impacts associated with supporting and protecting vulnerable people will be captured within supporting detail and/or Community Impact Assessments within the Business Plan.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

The report above sets out details of significant implications in paragraph 2.6.

4.2 Statutory, Risk and Legal Implications

There are no significant implications within this category.

4.3 Equality and Diversity Implications

The draft Community Impact Assessments providing as supporting information ([link](#)) capture the current understanding from the services of the impacts on Equality and Diversity. These CIAs should continue to be updated as the projects progress in order to continue developing that understanding.

4.4 Engagement and Consultation Implications

There are no significant implications within this category.

4.5 Localism and Local Member Involvement

There are no significant implications within this category.

4.6 Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Chris Malyon
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Fiona McMillan
Are there any Equality and Diversity implications?	Yes Daniel Thorp
Have any engagement and communication implications been cleared by Communications?	N/A – no implications Mark Miller
Are there any Localism and Local Member involvement issues?	N/A – no implications Mark Miller
Have any Public Health implications been cleared by Public Health?	N/A – no implications Tess Campbell

Source Documents	Location
None	Not applicable

ENHANCED RESPONSE SERVICE – FALLS AND TELECAREOverview

The proposal is for a partnership to deliver response services for non-injured falls, telecare alerts and other timely one off personal care incidents, when someone uses their personal alarm and it is a silent call or there are no friends, family or neighbours to respond. At present the absence of the response service is resulting in several unnecessary costs to public services. Falls are the third highest reason for admission in the three local acute trusts.

1. Calls to ambulance for people who need attention but actually do not need to go to hospital (62% ambulance calls for falls are not transported). Many of those are taken to hospital as there are no alternatives to respond to the presenting situation. This response service will provide that, therefore avoiding unnecessary admissions that commonly result in residential / nursing placements which reduce independence and increase cost to the Council.
2. The deployment of very costly overnight support (sleep ins /waking nights) for people with learning disabilities - in case anything happens
3. Decisions to recommend costly residential/nursing home care because they are considered too much at risk overnight without a quick response support being on hand

Outline of the proposal

Additional capacity is needed in the Council's Reablement teams to take on the responding role over and above their existing workload. This would form part of an integrated pathway with appropriate links made to the Ambulance Service, Primary Care, Community Health Service and the Joint Emergency Team (JET).

Proposed team structure is a North Team covering Huntingdonshire and Fenland area and a South Team covering Cambridge, South and East Cambs. Responding team shift pattern is 3 shifts per 24 hours:

- 7.00 to 14.30
- 14.30 to 22.00
- 22.00 to 7.00

Two staff needed per shift.

This will require an additional 14.5 FTE Reablement staff above existing establishment. A Coordinator will be required to provide leadership and oversight during the night. It is proposed this resource can be absorbed within our current staffing arrangements.

There is an opportunity to enhance the utilisation of the existing night teams and ensure coverage throughout the county by undertaking a consultation with staff that will implement more equitable structures in the Reablement teams.

Outcomes expected

The response service would be available 24 hours a day 7 days a week and cover Cambridgeshire. The target response time would be one hour. The responders would address immediate needs, provide reassurance and practical help, for example getting up from the floor, and would escalate requests to other services if needed. The responders would instigate any follow up actions or preventative measures that were appropriate for the individual and would mitigate risks of reoccurrence. The responders would be trained and would also have the necessary equipment available to them. The monthly telecare call centre reports (funded

through Assistive Technology phase 1 approved by GPC) can be used to identify repeat callers and instigate preventative interventions with key partners such as the floating support teams, Adult Early Help, ATT, Falls Prevention pathway, MDT co-ordinators and the Health and Wellbeing Network. Discussions are also underway with the CCG and Cambridgeshire Fire and Rescue Service about the potential for them to trial being part of this response when support is needed for someone who has had a non-injured falls- learning from a similar project in Gloucestershire. There is no expectation of funding from the Council for this service.

The main benefits of this service would be:

1. Reduction of unnecessary ambulance call outs and their associated costs
2. Early identification of individual's circumstances deteriorating and instigation of preventative interventions. This would, in many cases, lead to postponement of need for a social care package.
3. Increased support for informal carers knowing that there is a responding service to assist, especially overnight, enabling them to continue their role for longer, and enabling individuals to remain at home for longer.
4. Facilitate a campaign for the increase of uptake of community alarms and telecare sensors and detectors, thus promoting the prevention offer to a wider range of individuals.

One of the main benefits of telecare was demonstrated through a 6 month evaluation of the Assistive Technology Telehealthcare (ATT) service. It demonstrated avoided costs for health, housing and social care. 17 users reports were obtained of the number of alerts from sentinel events. After eliminating for technical faults there were 400 sentinel events all of which were successfully responded to by informal carers and nominated key holders. This is an average of 23 sentinel events over 6 months that required no statutory service to respond.

Assumptions

Reablement staff costs are based on 44 week availability at grade 2 taking into account weekend and overnight pay rates. Existing night staff in reablement teams would be deployed into the Enhanced Response Service. However an additional 14.5 whole time equivalent staff would need to be recruited to cover 24/7. The cost of additional staff and associated overheads is £393K per year.

Savings based on postponement of a homecare package are assumed to be at the rate of four per month for a year at an average cost of £160 per week. The total number of new homecare packages in 2015/6 was 957. The expected reduction is 48 homecare packages at a total of £399K full year effect.

Savings based on postponement of a placement in residential or nursing home care are assumed to be at the rate of two people per month. The average cost differential between residential/nursing and home care is £308 per week. The total number of new residential and nursing home placements in 2015/6 was 672. The expected reduction is 24 placements at a total of £384K full year effect.

Once it is established, the ongoing costs of the service (£393k) will be funded from the full-year savings of £783k, resulting in a net saving of £390k.

The figures have assumed no income from smaller housing associations for providing out of hours response service for their sheltered housing schemes. Once the core service is established and capacity for the team is known there may be some opportunities for income generation.

Risks

1. Lone working across 24/7. Mitigation: staff carry personal alarms with GPS positioning, plus robust lone working procedures with clear escalation to co-ordinators and on call managers
2. Difficulty recruiting Reablement staff. Mitigation: targeted recruitment campaign with drop in events.
3. Multiagency proposal. Mitigation: Enhanced Response Service Project Group with representation from all agencies engaged in the funding, planning and implementation
4. Savings not achieved. Mitigation: Savings projected have been based on conservative estimations of avoided costs and low numbers.

Community Impact Assessment

Provided as supporting information.

Return on Investment

[illegible]

‘NO WRONG DOOR’ HUB MODEL TO IMPROVE OUTCOMES FOR CHILDREN ON THE EDGE OF CARE, LOOKED AFTER AND CARE LEAVERS.

Overview

'No Wrong Door' is a model that is being employed successfully by a number of local authorities, with North Yorkshire being the pioneer. It aims to provide young people who are experiencing family breakdown, those looked after, and those leaving care with flexible accommodation and support from a single multi-agency team. The team comprises residential staff, outreach workers, clinical staff, speech and language therapists, police officers and support from drug and alcohol services, youth offending services, supported accommodation provision and housing providers. Key to the model is a shared management structure, training and a shared understanding of the model's culture and vision.

We are looking to implement a 'No Wrong Door' model in Cambridgeshire to ensure that our children and young people's needs are addressed within a single team of trusted and skilled workers. This integrated team, through a key worker, will stay with the young person throughout their care journey. The team will bring together a variety of accommodation options, services and support under one management umbrella, providing consistent relationships and continuity of key worker as young people move to more independent accommodation. An evaluation of the 12 month pilot project in North Yorkshire revealed that 86% of adolescents remained at home through this successful out-of care support, with reductions in remands and crisis presentations. In the 12 months to the end of March 2016, just one new out-of authority placement was used.

Outline of the proposal

Create a 'No Wrong Door' model using Victoria Road residential home in Wisbech as the hub base. The plan for delivery and associated costs will be as follows:

Scoping and implementation phase

The scoping and implementation phase of the project will begin with a visit to North Yorkshire - partners have funded their own costs. 25 hours of internal project officer time will be dedicated to the implementation phase. There will be no cost for this. Four stakeholder workshops will be held - cost £3,900 for external trainers, venues and materials.

There will be marketing activity to secure additional foster carers and supported lodgings carers, introductions and assessments of these carers - cost £60 000, and the delivery of therapeutic re-parenting training, restorative practice training and Therapeutic Crisis Intervention Training - cost £40,000. These costs are approximate and will be refined as a priority during early implementation.

Delivery phase (annual cost)

A No Wrong Door Manager will be employed on a 2 year fixed term basis to oversee implementation and delivery of the model - cost £60,000

A data analyst will be employed - funded by partner agencies

Additional staff costs to deliver the project will be:

A band 6 mid-point Speech and Language Therapist - cost £42,8141.

5 fte Clinicians - cost £70,627

Relief contractors (£15.00 per hour for 7 x 8 hour shifts per week) - cost £20,561 (plus £23k from current Victoria Road budget)

0.6 fte Advocacy Worker at £30k per annum - cost £18,000

Maths and English teaching provision (20 hours per week @ £35 per hour for 38 weeks per year) - cost £26,600

Contracted residential staff (excluding relief staff) will bring no additional costs as they will be funded by current Victoria Road budget

Foster carer skills payment (3 additional foster carers at £473 x 52 weeks per year) - cost £73,788

Fostering allowances for additional young people placed (5 placements at average of £200 per week for 45 weeks per year) - cost £45,000

A budget for activities, including time-away breaks - cost £20,000

Residential non-staff costs - cost £16,425 (plus £49k in current Victoria Road budget)

There will be a formal review after 1 year.

Outcomes expected

The No Wrong Door model enables 'Staying Close' for young people who live in residential care for them to continue to receive support from the residential hub staff. The introduction of a 'No Wrong Door' model in Cambridgeshire would aim to achieve the following outcomes:

- Better outcomes for children in respect of range of areas including reducing risks from Child Sexual Exploitation, missing episodes and self harm; reduction in offending; improvements in emotional well-being; more stable and sustained return home or prevention of becoming looked after; better care leaver outcomes such as improved rates of young people in education, employment and training (EET), young parenting etc
- Young people having sustained relationship with keyworker, and key team throughout their journey into adulthood – enabling young people to trust adults to stick with them
- Delivery of a seamless journey for young people from children's services into adult life
- Improved placement stability
- Reduce need for specialist placements
- Workforce development opportunities for foster carers, staff and other professionals
- Wider community and professional partnership engagement in supporting looked after children and care leavers

This service will require start-up costs and delivery costs for the first two years (2017/18 - 2018/19) but in the years following, the costs of the model will be offset by reductions in the number of looked after children and cost of specialist external placements.

Where children become looked after in an emergency they may be placed with an Independent Fostering Agency (IFA). If the placement for these children was at the hub (placements already funded by running costs) there would be a saving £207,504 (calculation based on trend data).

Key to the model is the consistent wrap-around support for young people with complex needs to avoid the use of costly external residential provision that may not meet need. The average cost of this type of placement is £2,300 per week. Over each year, if 10 such young people could be supported by the hub rather than being placed or remaining in external residential provision the savings would be £1,196,000 across 2017/18 and 2018/19 financial years. Some savings have already been identified for the looked after children budget; this approach contributes to achieving and exceeding these savings targets.

The hub model will also prevent placement breakdowns by providing outreach support for young people and their carers. If the hub support prevented breakdowns, taking a very conservative estimate of avoiding escalation of one young person to a residential placement (£52k) and avoiding 10% (or 5 placements) of other placements breaking down (£52k) would result in a saving of £104k across 2017/18 and 2018/19.

Assumptions

- ## Risks

- ## Community Impact Assessment

Return on Investment

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