ADULTS COMMITTEE

Cambridgeshire County Council

Date:Tuesday, 17 May 2016

Democratic and Members' Services
Quentin Baker
LGSS Director: Law, Procurementand 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	**Notification of Chairman/Woman and Vice-Chairman/Woman for the Municipal Year 2016/17**	
2	**Apologies and Declarations of Interest** *Guidance for Councillors on declaring interests is available at http://tinyurl.com/ccc-dec-of-interests*	
3	**Minutes of the 1st March 2016**	**5 - 22**
4	**Petitions**	

DECISIONS

5	**Cambridgeshire Local Assistance Scheme (CLAS) for 2016-17**	**23 - 34**

The Adults Committee comprises the following members:

Councillor Michael Tew (Chairman) Councillor Anna Bailey (Vice-Chairwoman)

Councillor Chris Boden Councillor Sandra Crawford Councillor Lorna Dupre Councillor Derek Giles Councillor Lynda Harford Councillor Samantha Hoy Councillor Gail Kenney Councillor Richard Mandley Councillor Paul Sales Councillor Graham Wilson and Councillor Fred Yeulett

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

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Agenda Item No: 3

ADULTS COMMITTEE: MINUTES

Date: Tuesday 1st March 2016

Time: 2.00 p.m. to 16.35 p.m.

Present: Councillors A Bailey (Vice-Chairwoman), C Boden, P Brown (substituting for Councillor Yeulett), S Crawford, D Giles, S Hoy, G Kenney, M Loynes (substituting for Councillor Harford), R Mandley, L Nethsingha, P Sales, M Tew (Chairman) and G Wilson

Apologies: Councillors L Harford and F Yeulett.

152. DECLARATIONS OF INTEREST

None.

153. MINUTES – 12TH JANUARY 2016 AND ACTION LOG.

The minutes of the meeting held on 12th January 2016 were agreed as a correct record and signed by the Chairman.

The Action Log was noted. Members requested that the older completed actions were removed from the log. **ACTION**

154. PETITIONS

No petitions were received.

155. PROPOSED CHANGES TO THE SUPPORT PLANNING SECTION OF THE POLICY FRAMEWORK

Members considered a report that provided feedback on the consultation on proposed changes to the Support Planning section of the Care Act Policy Framework for adults with eligible social care needs. The revised Support Planning section was presented for approval by the Committee. Officers highlighted that 81% of respondents to the consultation stated that the proposed changes would have a significant impact on them and that overall the response was generally cautious but respondents were open to proposals.

During discussion of the report Members:

- Welcomed the content of the consultation questionnaire but expressed disappointment in the volume of responses received. It was suggested that Parish and Town Councils be involved in future consultations in order to extend public involvement.

- Noted the high quality of responses and identified a number of themes from the responses.

- Questioned how voluntary support was monitored and how safeguarding risks were mitigated. Officers recognised that risk to individuals would increase as a result of the changes but safeguards were in place to mitigate them as much as possible. Ultimately however, Members noted that there was not the resource available to mitigate all risk.

- Noted that there were no assumptions made regarding the willingness of family members to undertake caring duties during the assessment process. Discussions would take place with families to understand their willingness and whether it was forced or not.

- Expressed concern regarding the low number of responses received from older people and wondered whether people with complex needs had been overlooked during the consultation process.

- Noted that although 83% of respondents stated that the proposed changes would make a significant difference to them it did not specify whether those changes would be negative or positive.

- Requested that the differences between the Support Plan and the Personal Budget be made more explicit and suggested that the Council presented itself as too paternalistic in section 1.5 of appendix C. **ACTION**

- Requested that the explanation of "top-up fees" in section 1.7 of appendix C be made clearer. **ACTION**

- Questioned the assurances in place regarding the corporate risk register. Officers informed Members that the Children's Families and Adults Risk Register would be presented to the Committee for review at its July meeting. **ACTION**

- Expressed concern that families and dependants could be less rigorous and dependable than paid care agency staff. It was therefore questioned how the proposed changes would be monitored by officers and Members. Members requested that Spokes be kept informed about the impact of changes to support planning on individuals and take a view on whether further consultation was required. Officers drew Members attention to the links with the Transforming Lives programme of work and the annual survey that reported customer satisfaction levels. It was agreed that the methods of monitoring the impact would be added to the Spokes agenda for discussion. **ACTION**

- Questioned how exercise levels were measured for individuals and what qualified as the correct type and amount of exercise. Officers informed Members that there was a large amount of public health research in this area and an individual taking the exercise was required to provide feedback.

- Questioned how the effectiveness of contingency plans would be measured. Officers highlighted the links with Transforming Lives and how it allowed teams to have more time for reflective discussions. The role of the Multi-Agency Safeguarding Hub (MASH) was also brought to Members attention.

Councillor Bailey, with the agreement of the Chairman and Members of the Committee, proposed an amendment to recommendation a) of the report that replaced "on" with "of".

It was resolved to:

a) Note the feedback received through the consultation of the proposed changes to the section on the Support Planning section of the Care Act Policy Framework.

b) Approve the revised Support Planning section of the Care Act Policy Framework.

156. BETTER CARE FUND PLANNING FOR 2016/17

The Committee received a report that updated Members on the development of the Better Care Fund (BCF) Plan for 2016/17 and sought the view of Members in order to inform the plan. Officers explained that Better Care Fund planning had been challenging because the release of national guidance by the Government had been delayed to 23 February 2016. Members noted the events surrounding Uniting Care Partnership and some of the changes to the Better Care Fund that included the following: the removal of the performance related pay element of the Fund; the addition of a new national condition regarding the management of Delayed Transfers of Care (DTOCS); a significant increase in the Disabled Facilities Grant (DFG) administered by District Councils created by the removal of the Adult Social Care Capital Grant Funding; and the requirement for local areas to develop a plan for multiple years that described a move towards the Government's definition of integrated health and social care services.

During discussion Members:

- Drew attention to the £0.9m allocated to transformation projects and questioned whether more money should have been allocated to transformation work. Officers explained that it did not represent the totality of transformation work within the directorate.

- Questioned the speed at which Disabled Facilities Grants were delivered in the community from assessment to implementation. Officers confirmed that the process was lengthy but work was being undertaken with District Councils to streamline the process and to look at revising how DFG cases are prioritised. Officers agreed to include Councillor Sales in the work. **ACTION**

- Raised concerns that good words would not be reflected in positive outcomes for service users and questioned why the target to reduce the number of non-elective admissions to hospital had been missed. Officers explained that the year had been dominated by the setting up of Uniting Care Partnership and its subsequent

collapse and there was a lack of focus on preventing hospital admissions. There was a dilemma over meeting national aspirations versus the reality of events that were taking place. The evidence was that work should be focussed on preventing hospital admissions and work was taking place with District Councils to identify triggers around people becoming more vulnerable in the community such as applications for single occupancy discount for Council Tax and applications for assisted bin collection.

- Questioned what the Rockwood Frailty Tool was. Officers informed Members that it was a standard measure of assessing an individual's frailty in simple terms for all agencies.

- Sought clarification regarding the vision for 2016/17 as it appeared it had been presented before and questioned whether Neighbourhood Teams had been set up. Officers explained that the Plan was largely re-energising what had been presented previously to the Committee and confirmed that Neighbourhood Teams were in place. Social Workers had been identified who would be linked with the Teams.

- Questioned whether, as stated in appendix A of the report, prioritising funding for care home placements to ensure that people were supported to live independently as long as possible was an oxymoron. Officers agreed to review the wording.

- Underlined the importance of shared IT and noted officer discussions were continuing with the Clinical Commissioning Group and a bid had been made to Vanguard to address the issue. Discussions had also taken place with Cambridgeshire and Peterborough Foundation Trust (CPFT) on the matter.

- Confirmed that regarding DFG funding, money was passed to the relevant District Council and if it was not spent then it would retain the money.

- Agreed that, given the short timescales, Members would be involved in further development of the BCF Plan by officers sending updated versions to Members by email for individual comment.

It was resolved unanimously to:

a) Note the update on the BCF planning for 2016/17.

b) Comment on the proposed approach to BCF Planning.

c) Comment on the proposed priorities for transformation set out in Appendix A.

d) Comment on how they would like to be involved in the BCF as the Plan was developed further.

157. BUILDING COMMUNITY RESILLIENCE

A report was received by the Committee that introduced, "Stronger Together – Cambridgeshire's Strategy for Building Resilient Communities, and sought the views of Members on the actions that were taking place in support of the strategy. Officers drew

the attention of Members to the links with Transforming Lives and the Better Care Fund. Six areas of activity contained in section 3 of the report were highlighted to Members, together with the development of a business case that would be presented to the General Purposes Committee.

During discussion of the report Members:

- Expressed concern that the quality of services could be determined by the energy of Parish Councils and not based on need and therefore service delivery would be fragmented across the county. Members questioned how areas of activity would be mapped and tracked. Officers explained that work was at its early stages and monitoring work would develop as the strategy developed.

- Noted the importance of residents associations and groups as a source of information and support in urban areas.

- Questioned whether local libraries could be relied upon to remain open given reductions in local authority funding. Officers explained that buildings were being assessed to bring services together in a community hub format which would make rural libraries more sustainable for the future.

- Confirmed that the profile of volunteers was changing as people retired later and had less time to carry out voluntary work. The importance of adapting to engage with volunteers of all ages was noted.

- Confirmed the importance of church and faith groups in delivering community resilience and ensuring that networks between all groups were strong to allow people to be kept informed of what was happening in their community.

It was resolved unanimously:

> To comment on the actions proposed to support the Community Resilience Strategy.

158. TRANSFORMING LIVES: A NEW STRATEGIC APPROACH TO SOCIAL WORK AND SOCIAL CARE FOR ADULTS IN CAMBRIDGESHIRE

Members received a report that provided an update on the progress made on key areas of the implementation of the Transforming Lives model. Officers drew Members attention to the transformation work that was currently taking place. Members were informed that the operating model for the Contact Centre was changing with a multi-disciplinary team receiving calls in order that a detailed exploration of need took place at an early stage. Members noted the setting up of the Multi-Agency Safeguarding Hub (MASH) and its purpose, together with the revised Contact Centre operating model that would enable Health and Social Care Teams to fully embrace the Transforming Lives model.

During discussion Members:

- Noted that the Transforming Lives model appeared to be a return to a more traditional approach to social work. Officers confirmed that the model was far less prescriptive in its approach to social work and care management.

- Questioned what approaches other local authorities were taking to delivering social care services and whether Cambridgeshire was leading the way with the Transforming Lives model. Officers advised that learning was being shared between local authorities but Cambridgeshire was largely leading the way with the model. Members were informed that some local authorities were adopting models similar to Transforming Lives but some were moving in the opposite direction to more prescriptive models of delivering health and social care.

- Expressed disappointment that no evaluation data was included in the report and requested that a report be presented to Spokes and Committee at the earliest opportunity. **ACTION**

- Welcomed the change in terminology that referred to people as citizens rather than customers.

- Highlighted the importance of being able to compare care outcomes and experience of the service.

- Referred to an email received from a member of the public that suggested staff were spending more time assessing individuals than caring for them and questioned if there was any data available on the time spent on assessments. Officers explained that Transforming Lives was the vehicle that would enable a move away from process based social work. Members were advised that spending time completing a thorough assessment was invaluable and the focus of assessments should be around listening to people rather than paperwork.

- Questioned whether mobile devices would be corporately owned. Officers confirmed that such devices would be corporately owned and outlined the advantages of mobile devices to staff in the Reablement Team who spent a large proportion of their day travelling to enable them to work more flexibly and make best use of their time.

It was resolved unanimously to:

a) Comment on the current progress and ongoing plans in place for implementation across the service areas;

b) Comment on current progress and ongoing plans for the areas of cross-cutting work that support implementation of the model in service areas.

159. FINANCE AND PERFORMANCE REPORT JANUARY 2016

The January 2016 Finance and Performance report was presented to Members. Officers drew Members attention to the decrease forecast overspend for the Learning Disability Partnership (LDP), the increase to the forecast underspends in Older People's

Services and Mental Health, increased client contributions and decreasing external spending on care.

During discussion Members:

- Questioned the forecast variance for the LDP Budget. Officers explained the importance of ensuring that the commitment records were up to date as it was suspected that the end of year forecast was inflated. Members were informed that work was being undertaken to improve the accuracy of commitment records.

- Welcomed the Delayed Transfers of Care (DTOC) figures that showed continuing improvement in delays attributed to social services and questioned the impact of seasonal fluctuations on figures. Members noted that two hospitals had blamed Cambridgeshire County Council for DTOCS and requested that officers relay Members dissatisfaction with apportioning blame in such a manner. Officers confirmed that the changing seasons affected the number of admissions to Accident and Emergency departments. Members noted that robust discussions took place regularly with NHS colleagues regarding DTOCS and the desire to ensure effective prevention work to reduce hospital admissions.

- Requested that the most up to date figures for DTOCs were included in the Finance and Performance report. Officers explained that DTOC figures were subject to a great deal of evaluation prior to their inclusion in the report. The attributing of DTOCs to either the NHS or the Council could take a significant length of time.

- Highlighted that poor quality referrals from hospitals to care teams were contributing to social care DTOCS. Officers confirmed that the quality of referrals was an issue and the Reablement Team were challenging poor referrals with the hospitals.

- Noted that the recruitment and retention of staff was improving as the volume of vacancies was reducing but competition with other Local Authorities was great. The Committee noted that recruitment of social workers was never delayed to achieve savings.

It was resolved unanimously:

To review and comment on the report.

160. DOMESTIC ABUSE STRATEGY – MANAGEMENT INFORMATION

The Committee was presented with the measures developed to assess the impact of the Domestic Abuse Strategy. Officers drew Members attention to the Domestic Abuse Governance Board and the revised governance arrangements. Members noted the difficulty in gathering statistics regarding domestic violence and that increasing numbers of incidents of domestic violence did not necessarily mean that numbers were increasing overall.

During discussion Members:

- Expressed alarm at the figures set out in paragraph 2.4.2 of the report. Officers

explained that the statistics were of limited scope, highlighting the disparity between those that report incidents and those that did not.

- Welcomed that the complexity of domestic abuse had been identified within the report and noted that because not all cases of abuse were the same, the response to each case had to be tailored accordingly.

- Questioned why homicide rates had increased. Officers explained that there were seasonal fluctuations in the figures but the statistics had remained fairly constant for the last 15 years.

- Expressed concern that the incorrect information was being measured and that although the Partnership Offer was presented in a good format it did not make logical sense. Officers confirmed that the document reflected national and international issues with data recording. The only data set currently was the National Crime Survey that had significant issues with it. A new strategy provided by central government would help address the issues.

- Questioned how prevention work took place. It was explained that prevention work was currently based around education and lobbying government in order to be able provide relationship education in schools. Engagement work was ongoing with further and higher education establishments regarding providing relationship education.

- Noted that a new strategy from the Government was due on 8 March 2016 and a new action plan would be developed as a result with strong intervention and prevention strands.

- Expressed disappointment and concern regarding the deletion of an existing Health Independent Domestic Violence Advisor (IDVA) post.

Councillor Wilson proposed an amendment, with the agreement of the Chairman and the Committee, to recommendation c) of the report to read:

Note and express concern on the implications of the deletion of the Health IDVA post and ask officers to write to the CCG to express the Committee's concern

It was resolved unanimously to note:

a) The findings of the report, and that a progress report on the activities was requested from the Chair (s) of the Cambridgeshire and Peterborough Domestic Abuse and Sexual Violence Partnership.

b) That all strategic actions contained within appendix 1 of the report were now either complete or would be carried forward into the new joint plan.

c) Note and express concern on the implications of the deletion of the Health IDVA post and ask officers to write to the CCG to express the Committee's concern.

161. ADULTS COMMITTEE AGENDA PLAN

The agenda plan for the Committee was presented to Members. It was requested that a report on Transforming Lives Progress Data was presented to the July meeting.

It was resolved unanimously to note the agenda plan.

Chairman

Appendix A

Adults Committee

Minutes - Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Adults Committee and will form an outstanding action update from meetings of the Committee to update Members on the progress on compliance in delivering the necessary actions.

This is the updated action log as at 6 May 2016

Minute No.	Report Title	Action to be taken by	Action	Comments	Completed
Minutes of 1st September 2015					
115.	**FINANCE AND PERFORMANCE REPORT – JULY 2015**	T Kelly	Members requested to hear about progress in making the arrangements for funding of Continuing Health Care cases more transparent in relation to paragraph 1.4 of the report	This relates to 104b. Officers have confirmed that this work is underway. A formal Review is taking place with the Clinical Commissioning Group. We key managers and Practitioners have also been trained, and a Continuing Healthcare (CHC) lead has been employed for the Council.	**Ongoing**

Minutes of 3rd November 2015					
121.	**Progress Report on The Prospective Purchase of Southwell Court Residential Care Home.**	A Loades	Officers confirmed that a progress report on the Council providing a care facility would be brought to Committee at the earliest opportunity.	**Update: A**dults Committee were informed that a decision has been made by the Council to not proceed with the purchase of Southwell Court following the advice of an external Consultant. The committee were also advised of the continuing interest of South Cambridgeshire District Council	**Ongoing**
126.	**Adults Committee Agenda Plan, Appointments to Outside Bodies and Committee Training Plan**	D Snowdon	Democratic Services to circulate dates of training to Members as and when they became known.	To be circulated as training dates become available	**ongoing**

Minutes of 1st December 2015					
131.	**Ditchburn Place – Extension of Six Month Contract**	R O'Driscoll/ T Kelly	Members requested that the unit cost of the provision be included in the Finance & Performance Report.	This information is currently being collected as part of wider commissioning analysis of extra-care and will be included in a later report	**Ongoing**
134.	**Transforming Lives: A New Strategic Approach to Social Work and Social Care for Adults in Cambridgeshire.**	M Hay	To share the revised Operating Instructions with Councillor Sales when completed.	Work is progressing	**Ongoing**
136.	**Finance and Performance Report: October 2015.**	T Kelly	Members requested information to be provided within the finance tables to demonstrate how figures had been arrived at as it was difficult to follow why it was expected to see an increase in the number of people using Physical Disability Services and the overall unit cost of care.	Activity data remains in development and it is not proposed to make further changes to the format this financial year. Further responses to these points are provided in section 3.0 of the Finance and Performance report presented to the January committee.	**Complated**

137.	**Adults Committee Review of Draft Revenue Business Planning Proposals for Older People, Mental Health and Adult Care Services 2016/17 to 2020/21**	C Bruin	A Member highlighted that at a recent meeting of the Physical Disability and Sensory Impairment Partnership Board it was mentioned that there were a number of occasions where care providers were being paid by the Council but cancelling care calls at short notice. Officers agreed to investigate this further with Members of the Board.	Work is progressing	**Ongoing**
Minutes of 12th January 2016					
143.	**Drug and Alcohol Inpatient Detox Beds Contract Exemption.**	S Talbot	Members requested information regarding the outcomes of patients.	We are currently undertaking a review in the next couple of months to track patients through the system who have accessed the detox beds. We should have this information available by June 2016.	**In progress**

Minutes of 1st March 2016					
153.	**Minutes – 12th January 2016.**	D Snowdon	Members requested that older, completed actions were removed from the log.	All completed actions removed.	**Completed**
155.	**Proposed Changes to the Support Planning Section of the Policy Framework.**	C Bruin	Members requested that the differences between the Support Plan and Personal Budget were made more explicit and suggested that the Council presented itself as too paternalistic in section 1.5 of appendix C.	In progress	**Ongoing**
155.	**Proposed Changes to the Support Planning Section of the Policy Framework.**	C Bruin	Members requested that the explanation of “top-up fees” in section 1.7 of appendix C be made clearer.	In progress	**Ongoing**

155.	**Proposed Changes to the Support Planning Section of the Policy Framework.**	C Bruin	Corporate Risk Register to be presented to the July Committee.	Has been scheduled for July	**Completed**
155.	**Proposed Changes to the Support Planning Section of the Policy Framework.**	C Bruin	Requested that the methods of monitoring the impact would be added to the Spokes agenda for discussion.	Date to be identified	**Ongoing.**
156.	**Better Care Fund Planning for 2016/17**		Councillor Sales to be included in the work regarding the streamlining of DFG processes.	Councillor Sales advised that this was an incorrect minute, and that he did not wish to be directly involved in this review.	**Completed**

158.	**Transforming Lives: A New Strategic Approach to Social Work and Social Care in Cambridgeshire.**	C Bruin	Members requested that a report regarding evaluation data be presented to Spokes and Committee at the earliest opportunity.	Added to the forward agenda plan to be presented in May.	**Completed.**

Agenda Item No: 5

CAMBRIDGESHIRE LOCAL ASSISTANCE SCHEME (CLAS) FOR 2016/17

To:	**Adults Committee**
Meeting Date:	**17 May 2016**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**For key decision: n/a** **Key Decision: No**
Purpose:	• **To provide an update on CLAS** • **To seek outline agreement to work up a new approach to CLAS arrangements that provides information and advice as well as access to goods and services**
Recommendation:	**The Committee is recommended to:** • **Consider the proposed alternative approach to providing a Cambridgeshire Local Assistance Scheme as outlined in Section 4.** • **Support further investigation into this alternative approach.** • **Agree further updates be provided to Adult Spokes rather than further reports to committee.**

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1. BACKGROUND

1.1 In 2012, funding was devolved by Central Government to local authorities to develop schemes that would replace the national Social Fund/Crisis Loan/Community Care Grant arrangements. With relatively short notice and reduced funding, an approach was developed for the Cambridgeshire Local Assistance Scheme (CLAS) to provide practical, one-off, support for families and vulnerable individuals living in or moving into Cambridgeshire and facing exceptional pressures.

1.2 A tender was launched for an organisation to support the scheme. This was awarded to Charis Grants Ltd, for an initial term of 2 years from April 2013, with an extension at a reduced cost. A further extension has recently been agreed for the year 2016-17.

1.3 During 2015-16, the budget for CLAS included investment funding to enable investigation into making the scheme more sustainable in the long term. During 2015-16, the budget for CLAS was £386k, with access to contingency funds taking this up to £513k if necessary (following a recommendation from the General Purposes Committee in May). At the end of the year total spend was £306k.

1.4 In 2016-17 the budget has been set at £316k (after the application of a £70k business plan saving). There remains a £163k contingency in 2016-17 which has been allocated to the CFA budget (rather than held separately by GPC) during Business Planning. Given the spending level in 2015-16, Officers are proposing that this contingency is not required and is available for re-allocation. All proposals for 2016 and beyond included in this document do not include use of contingency funding.

2. REVIEWING THE CURRENT SCHEME

2.1 Applications to the scheme are made through 'authorised agents'. These are professionals who already work with vulnerable families and individuals (e.g. social workers, Children's Centres, housing providers, voluntary organisations and charities). The rationale behind the authorised agents approach is that the workers are fully aware of the needs and circumstances of the individuals they are supporting. The agents can apply on behalf of their clients for an award up to a value of £350. The applications set out the exceptional circumstances that have led to a need for food; white goods; furniture and beds; bedding; clothing; utility (gas/electricity). No cash awards are made. Full criteria and details can be found at: www.cambridgeshire.gov.uk/clas

2.2 The agent is responsible for checking eligibility and stating the case for their client, giving details of the circumstances that have caused this need, how they have already attempted to resolve the situation and any other support in place.

2.3 The current scheme does not necessarily expect that clients will be provided with, or access, information and advice about money matters to help them in the longer term. Instead it focuses on the short term provision of practical goods or resources.

2.4 The quality of the application (and thus access to such goods) and additional money matters support is dependent on the experience of the agent and their knowledge of how the system works.

2.5 Charis Grants processes the application, checking their records to mitigate the risk of fraud and auditing 1 in 10 applications by requesting supporting evidence. They facilitate the award and supply the new goods. They have access to suppliers and the goods are charged to the scheme at below retail price, although are in the main new items.

2.6 The current scheme is heavily used by housing providers.

2.7 Monitoring of the scheme is based on data on the number of applications, type of need, location, award made etc. with no additional reporting on specific circumstances and ongoing support.

2.8 Evaluation of the impact of CLAS has not been built into the scheme, however, previously case examples have been utilised to provide evidence of the benefits of CLAS.

2.9 GPC agreed on 19 May 2015 to increase the current allocation of £350k to a maximum of £513k for CLAS as set out in the February 2015 Government's announcement confirming the allocations to Local Authorities for local welfare and health and social care needs, noting that:

a) The current allocation of £350k was likely to be insufficient to meet the demand for direct provision despite the agreement to reduce the amount per successful application from £535 to £350; and
b) The £513k funding would be reoccurring but a decision about the future funding of CLAS would be reviewed in the light of some plans to make CLAS more self-sustaining during 2015-16.

2.10 During the financial year 2015/2016 the funding was used as follows:

- £75k scheme administration
- £200k direct delivery (provision of goods listed in 2.13)
- £30k investment (investigating sustainability schemes see 2.15)
  Total: £305k

There has been no use of the contingency funding made available by GPC in May 2015.

2.11 The spend on direct delivery reduced in 2015/16 due to fewer applicants.

2.12 The spend for direct delivery funding is set out below: Some applicants may receive more than 1 award depending on needs and circumstances, but in total not exceeding £350).

2.13

Award	No. of awards	Total cost
Supermarket food vouchers	169	£5,570
White goods	835	£145,381
Furniture and beds	213	£24,006
Bedding	202	£9,719
Clothing vouchers	300	£13,262
Utility payments	75	£2,978
Total	**1,794**	**£200,916**

Applications received, by vulnerability group	
Family who meet eligibility criteria	390
Homelessness	196
Serious long term illness	119
Carers who receive or are entitled to carers allowance	34
Mental health	189
Young people leaving local authority care	12
Learning and physical disability / serious long term illness	98
Total received	**1038**

2.14 Of the 1038 applications received, 929 were successful. A number of applicants withdrew their application. In the main though an applicant was unsuccessful as they did not meet the eligibility criteria or were applying too soon after a previous award. Some applicants received more than one award hence the number of applicants and number of awards do not match.

2.15 Originally £100k was set aside for investments to investigate sustainability schemes with a series of outline proposals developed to utilise this resource and presented to committee on 7th July 2015 Each original proposal was investigated as to how it could be taken forward. These were:--

2.16 Using recycled goods with Cambridge Re-use– proposed investment £31,500. White goods currently feature highly on the budget spend, understanding opportunities to use recycled goods more effectively was seen as important. Work on the proposal to supply recycled white goods raised issues around installation and delivery of products and upon further investigation it was found that this would not be a viable, cost effective option via Cambridge Re-Use. Cambridge Re-Use submitted an alternative proposal to trial recycled fridges and freezers in the Cambridge City area with a view to expanding this if successful. The cost to the investment fund would be significantly less than detailed in the original proposal (£600). This was agreed by the Task & Finish group; however, due to issues between Cambridge Re-Use and their supplier they withdrew the proposal as they could not guarantee sufficient stock to meet CLAS clients' needs.

2.17 CAB Right Advice, Right Time project – investment £23,500 Investment to expand the Rural Cambridgeshire Citizen Advice Bureau led Right Advice, Right Time project to create a countywide universal information and advice service that offers quick and easy access to multiple advice agencies in the

whole of Cambridgeshire and to invest in volunteer training and development. This is CAB's digital response centre. Between October 2015 and January 2016 they dealt with approx. 400 new clients with 1100 issues; the majority presenting with debt, benefits, tax credits, employment and housing problems. 80% of these were resolved at first contact without the need to approach CLAS. The remaining 20% were signposted to other forms of support, some but not all of which may be to CLAS. This work is closely linked to Cambridgeshire County Council's vision and strategy.

2.18 Networking - proposed investment £1,000

Five area conferences to allow the authorised agents and other professionals providing crisis support to meet and build support networks, share data and continuing to shape strategic approach to crisis support. This plan for use of investment resource has not gone ahead as we recognised the need to develop the scheme. Instead, regular email updates have been sent to existing authorised agents and CLAS has been promoted to attract new agents. We will continue to communicate with agents via direct email, as required with a view to involving them in discussions and research around the future of CLAS and development proposals.

2.19 H-Cap/Love Oxmoor project – proposed investment £8,300

Proposal to introduce safety equipment, recycled white goods and furniture to their community shop and the development of a toolkit to be used to establish similar projects throughout the county. Work on this proposal identified that supplying goods through the community shop was not an option as the shop was very small, has no storage facility and if they were to maintain stock this would require ongoing investment and resource from CCC, and very practically the model is only to sell goods of £1 or less. Development of a toolkit for working with other areas was also not seen as an option for this organisation as the project was very much aimed at pooling resources and development to meet local needs.

2.20 Research into furnished lettings for vulnerable people – investment £6,375

The trigger analysis that was carried out in 2014 highlighted that providing furnished lettings to vulnerable tenants could sustain tenancies and lessen the demand for CLAS, for example applicants to the scheme may be coming out of homelessness with no means to furnish and establish their home and sustain their tenancy or may be fleeing domestic violence. CHS group agreed to investigate the workability of this. Their findings were to be reported by the end of March 2016 with recommendations.

2.21 Food banks

Following actions suggested by Adults Committee on 7 July 2015 we have encouraged food bank volunteers to apply to become CLAS agents. We worked with the Task and Finish Group, many of whom refer their clients to food banks around how they can ensure their clients make effective use of CLAS.

3. RESEARCH INTO ASSISTANCE SCHEMES AROUND THE COUNTRY

3.1 It has been difficult to evaluate the impact of the CLAS system in Cambridgeshire due to the monitoring process set out in the original contract.

3.2 Work has focussed on understanding more about the different approaches in place across the country, particularly those that focus on building people's resilience as well as being able to access goods for those with the most urgent needs. (All local assistance projects across the country were looked at: http://www.cpag.org.uk/lwas) Appendix 1 sets out more detail of some of the approaches considered based on research from other examples across the country.

4. OUTLINE PROPOSAL FOR NEW SCHEME

4.1 In developing an alternative approach CCC will work closely with district councils and other local partners to establish the range of needs of people in different parts of the county and how needs are currently addressed and reflected in their use of the current CLAS scheme. For example, East Cambridgeshire District Council is a relatively low user of CLAS and has recognised ways of targeting vulnerable families to identify their needs and provide early intervention before a crisis can escalate.

4.2 We will liaise with housing providers, the Department of Work and Pensions and existing providers of information and advice, e.g. CAB, to gather a broader picture of need within Cambridgeshire and to identify other forms of support that are available to avoid duplication.

4.3 Learning from the investment work, particularly the Right Advice, Right Time project which is already providing a first contact, information and advice led solution, we would like to test out an alternative approach to the CLAS scheme currently in operation and consider something akin to the schemes in Peterborough, Hampshire, Cumbria, and Leicestershire.

4.4 The suggested new arrangement would fund an organisation(s) to provide advice and problem resolution, with a focus on helping people to help themselves. The organisation would actively seek out alternative solutions e.g. charity, grants and support offered elsewhere (including the voluntary & community sector). They would aim to maximise benefits (e.g. free childcare, free school meals, heating grants); debt resolution; short term advances; budgeting loans, discretionary housing payments; affordable lending and savings e.g. Credit Unions; and access to other means of support, including food banks and utility vouchers, with financial support and access to goods being part of the solution to those most in need, rather than the primary service.

4.5 At this stage of research, our preferred option is one similar to Peterborough's PCAS (see appendix 1) where an external organisation in Peterborough, provides resolution in the form of advice and support to tackle the root cause of the problem for the applicant and avoid repetition. This would ensure consistency so that all clients receive the same standard of information and advice, from an accredited provider. Currently this is dependent on the

background and knowledge of the authorised agent who is making the application on their behalf. The proposed changes would allow people to self refer and their needs and eligibility for further support would be identified at the point of providing information and advice. We would still expect professionals working with vulnerable clients to identify their needs and signpost their clients to the new scheme, without the need for the authorised agent model.

4.6 A proportion of the overall funding, which will be determined based on research to be carried out, would be allocated to the provision of recycled furniture and refurbished white goods for people in need of immediate hardship resolution. Currently new white goods are provided.

4.7 In Peterborough the scheme is clearly measured and equated to avoided costs, such as the need to access statutory services, to demonstrate savings.

4.8 The proposed scheme aims to provide a lower cost and more sustainable approach for the Council to fund, and a service which seeks to support people to become more resilient, and enabling the most vulnerable to get financial support if this is imperative. We would expect the new model to operate at £300k per annum.

4.9 Evaluation of the scheme will be built into the new model in order to fully understand the impact for individuals and how it might mean the avoidance of costlier statutory services.

4.10 To develop this work further we are looking to:

- Scope out an initial draft for consultation with key partners such as the district and city councils, DWP and the voluntary & community sector.
- Test out any potential new approach with existing authorised agents.
- Undertake a Community Impact Assessment.
- If the new approach is seen positively, complete an appropriate procurement process with an intended start date of April 2017.
- Following approval, updates would be received by Adult Spokes, rather than further reports into committee.

5. ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

5.1.1 The following bullet points sets out details of implications identified by officers:

- Securing and retaining employment can be greatly assisted by people being in settled accommodation and this is an area that CLAS has been able to contribute to through its support.
- Having the right information and advice to prevent further financial problems will help people to manage their money and remain settled in their local community

5.2 Helping people live healthy and independent lives

5.2.1 The following bullet point sets out details of implications identified by officers:

- CLAS has an important contribution to the health and independence of

people in exceptional circumstances, often with nowhere else to turn.
- The provision of information and advice, in addition to access to further support and goods will help to ensure that people are able to return to more settled lives and as result have regained their independence.

5.3 Supporting and protecting vulnerable people

5.3.1 The following bullet point sets out details of implications identified by officers:
- CLAS is a scheme targeted at the most vulnerable and by definition those seeking assistance from the scheme have found themselves in in potentially harmful situations e.g. fleeing domestic violence; without shelter, food or heating.
- Providing information and advice and intervention to prevent problems escalating or returning will contribute to this.

6. SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

6.1.2 The following bullet point sets out details of implications identified by officers:
- The proportion of funding allocated to information and advice and how much will be retained to provide goods and furniture will need to be calculated based on research to be carried out.

6.2 Statutory, Risk and Legal Implications

6.2.1 The following bullet points set out details of implications identified by officers:
- **Statutory**: The provision of a local welfare assistance scheme is not a statutory obligation.
- **Risk**: Increased risk to people in crisis: It is hard to quantify whether those that have been supported by the existing CLAS scheme would have been more at risk if the scheme hadn't provided them with the assistance it did, in the way it did. The proposed scheme aims to provide information and advice, along with access to goods and services, to mitigate the risk of a problem or situation escalating or reoccurring.
- **Legal**: There are no significant legal implications within this category.

6.3 Equality and Diversity Implications

6.3.1 A Community Impact Assessment will be carried out on the proposed new scheme if the direction of travel is agreed by Committee.

6.4 Engagement and Consultation Implications

6.4.1 The report above sets out the implications for this priority in paragraph 4.1, 4.2 and 4.10.

6.5 Localism and Local Member Involvement

6.5.1 The following bullet point sets out details of implications identified by officers:
- The development of future options for the scheme has the scope to involve

local communities and this will be looked into with the involvement of the voluntary & community sector alongside the routes for moving the scheme forward.

6.6 **Public Health Implications**

6.6.1 The following bullet point sets out details of implications identified by officers:

- As CLAS provides emergency food and heating it can have a direct impact on people's health. Sometimes these people already suffer and/or are recovering from a period of ill health.
- The provision of information and advice can also signpost people to other organisations and support groups to help them to manage their health and wellbeing.

Source Documents

Source Documents	**Location**
Cambridgeshire CLAS Allocation of Funding paper Minutes of GPC meeting	GPC 19 May 2015
Cambridgeshire Local Assistance Scheme paper Minutes of Adults Committee	Adults Committee 7 July 2015

Appendix 1: Details of some of the local assistance schemes in place

Peterborough City Council's (PCC) Peterborough Community Assistance Scheme (PCAS)
This scheme is delivered by the CAB and is open to anyone over 16 living in the Peterborough area who is on means tested benefits and facing hardship or dealing with an emergency situation.

People must apply in person via the CAB who assess their situation and provide advice and ongoing resolution to financial and other related problems in the first instance. Once advice has been given, if necessary CAB facilitates access to food banks; emergency fuel payments; emergency recycled white goods (via their WEEE Re-Use facility) and furniture and other basic needs such as clothing, toys and household items (via CareZone charity using donated items). There is no financial limit to the award.

PCC uses the majority of its funding to pay for staff at the CAB to provide the advice and access to wider PCAS. The focus of PCAS is to get people out of their situation with advice rather than goods.

PCAS provides some funding to support foodbanks and recycled goods schemes.
https://goo.gl/1qHwEA

The infrastructure to deliver a scheme like PCAS in Cambridgeshire does not exist; there is no established countywide recycled goods centre or furniture distributor. Opportunities were explored during 2015/16 (2.15-2.21) and gave us a valuable insight into provision and its effectiveness on a small scale in localised areas. We have started investigating how this might work across the whole of Cambridgeshire and have met with the Waste Management Service on 4 April 2016. We are also liaising with PCC around their current networks for providing recycled furniture and white goods and how this could expand into Cambridgeshire.

PCAS/CLAS comparison
Impact evidence from PCC scrutiny day 2014 and CLAS grant making reports

- PCAS 2014/15 = 197 of 5367 clients received recycled white goods (3.5% of clients) total spend not reported.
- CLAS 2014/15 = 1651 of 3547 awards for new white goods (46.5% of awards / 74% of awards funding)
- CLAS 2015/16 = 835 of 1794 awards for new white goods (46.5% of awards / 73% of awards funding)
- PCAS 2015/16 data not yet available

Similar schemes operate in Southampton, Trafford and East Devon.

Hampshire Local Welfare Assistance
This scheme provides information and advice only and signposts to other organisations. No goods or services are provided. Links on website to food banks, money advice, grants and advances, charities and recycled goods.
http://www3.hants.gov.uk/adultservices/local-welfare-assistance

Similar schemes operate in Cumbria and Leicestershire.

Rotherham Crisis Loan Service
This scheme is run by a credit union offering interest free loans. Each applicant has a financial assessment.
http://goo.gl/o1WNMx

Similar schemes are provided by Wolverhampton, Sheffield and Wigan.

Agenda Item No: 6

UNDERSTANDING THE IMPACT OF TRANSFORMING LIVES IN 2015-16

To:	**Adults Committee**
Meeting Date:	**17 May 2016**
From:	**Adrian Loades, Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide information on the impact of Transforming Lives on services, outcomes and financial commitment in adult social care in 2015-16 as requested by the Committee**
Recommendation:	**The Committee is asked to note and comment on the analysis undertaken to assess the impact of Transforming Lives.**

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1.0 BACKGROUND

1.1 In 2014, the Council's Cabinet and the Adults Service Committee agreed that a new strategic framework for adult social work and social care in Cambridgeshire should be developed to 'transform the lives' of the individuals, families and communities within Cambridgeshire. This framework aimed to ensure that we are meeting our legislative duties and are able to respond to future national agendas, and will help to reduce demand on our services, enabling us to work towards making the savings that are required.

1.2 Transforming Lives represents an approach that is proactive, preventative and personalised and will enable the residents of Cambridgeshire to exert choice and control and ultimately continue to live, to the fullest extent possible, healthy, fulfilled, socially engaged and independent lives.

1.3 The vision for this new way of working is to:

- Enable people to live independently
- Support people in a way that works for them
- Support the development of strong, connected communities
- Recognise the strengths of individuals, families and communities and build upon these
- Work in partnership to achieve this

1.4 The programme started with a pilot in October 2014 when East Cambridgeshire Learning Disability Partnership started working in a 'Transforming Lives' way. Other teams in Learning Disability Partnership and Disability Services (including Physical Disability) starting attending training and were encouraged to make use of Transforming Lives approaches from April 2015, and in October 2015, the Transforming Lives approach was formally rolled out to those teams. This roll-out has involved staff training, changes to processes and procedures, changes to information systems, the introduction of different financial approaches and work with the voluntary and community sector. This remains a work-in-progress. The implementation in Learning Disability and Disability Services is still underway, and work is ongoing to implement the model in Older People's Services, as previously discussed by the Committee. An account of the changes involved in implementing aspects of the Transforming Lives in East Cambridgeshire has just been published by Community Care and can be found at: http://www.communitycare.co.uk/2016/05/03/three-conversations-changed-way-social-work/

1.5 At the meeting of Adults Committee on 1 March 2016, the Committee requested that a report containing evaluation data about Transforming Lives be presented to the Committee at the earliest opportunity. This report therefore provides information about the changes in services and outcomes for people who have been supported in a 'Transforming Lives' way.

1.6 Understanding the impact of Transforming Lives is a complex question. The information and analysis presented in this report focuses on using forecast commitment as a way of making comparisons, and makes a number of other assumptions that will be noted in the body of the report. It is only an incomplete picture of the impact of Transforming Lives and should be supplemented with quality assurance information, the results of

the annual service user survey, information about complaints etc.

2.0 UNDERSTANDING THE POPULATION

2.1 The analysis focuses on the group of people who had some involvement with Learning Disability Partnership, Physical Disability or Disability Services in 2015-16. This includes service users who received a service like home care or assistive technology, carers of people who are service users who are known to the teams and may have received a carer support service, and people who received an assessment but did not go on to receive a service. It will not include anyone supported by Older People's Services or Mental Health as those services were not formally operating according to Transforming Lives principles in 2015-16.

2.2 There are approximately 3500 people in this group, as shown in the table below:

Group	Number of service users	Number of carers	Total
Disability Services	122	44	166
Learning Disability Partnership	1683	557	2240
Physical Disability	816	306	1122
Grand Total	**2621**	**907**	**3528**

'Carers' are defined as people who have received a carer's service only (typically respite, Carer Breaks, Carer Grant). Some people will have received a carer's service and be a service user in their own right also, and they have been included in the 'service user' category. 'Disability Services' is defined here as people supported by the Autism and Adult Support Team, Sensory Services and Specialist Disability teams. These have been distinguished from people supported by the Physical Disability team.

2.3 The way that these teams work and the characteristics of the people they support are slightly different. Understanding these differences helps to contextualise the comparisons presented below.

2.4 The Disability Services group is has relatively fewer service users than the other groups. The teams in this group tend to provide specialist support to people with particular needs, most commonly people with sensory impairment or who have autism. The Autism and Adult Support Team is new, and through 2015-16 transferred people from other teams (particularly Learning Disability). This level of change in the group means that there are not many people included from these teams in the comparisons below.

2.5 The Learning Disability Partnership is the largest group, with 2240 people supported during 2015-16. It has a relatively low turnover of people (approximately 4% in 2015-16) because most of the people they support are born with a disability (so transfer from Children's Disability Services) and do not typically move around the country. This group has a younger age profile than other groups as a result. There is a wide spread of levels of need within this group, as shown by the cost distribution graph, with some people on relatively low cost packages and others (who could have multiple and profound support needs) on some of the highest cost packages the Council supports.

2.6 Physical Disability is a middle-sized group in this analysis, supporting 1122 service users during 2015-16. It has a relatively high turnover of people (21%) annually compared to Learning Disability. This is because often people supported by Physical Disability have a degenerative condition that they have had for some time, and they may only be supported for a few months before they pass away. However, there is also a cohort of people within this team who are supported for a longer period of time. Generally, people supported by Physical Disability do not transfer from Children's Disability Services, but become eligible for support as they get older, or following an injury. Packages are typically smaller than those found in Learning Disability, although there are a small number of high cost packages where people have multiple and profound needs.

2.7 The teams' formal contact with service users often takes place through an assessment of need or a review. There are different types of assessments and reviews, ranging from full-blown social care assessments to specialist occupational therapy (OT) or assistive technology (ATT) assessments.

2.8 In total the teams did 458 assessments and 2225 reviews in 2015-16. On average the teams did 38 assessments and 185 reviews per month, with more assessments at the beginning of the year. 35% of all assessments were social care assessments of need, and 40% were specialist OT or ATT assessments. 80% of all reviews were social care reviews.

2.9 Data relating to this population and the associated activity is shown in Appendix 1.

3.0 DEFINING COMPARISON GROUPS

3.1 In order to compare people who have been worked with in a Transforming Lives way with those who have not, to see if there are any similarities and differences, it is necessary to divide the population into groups, in the way a full-blown trial would define a 'treatment' group and a 'control' group. This analysis uses the presence of a particular type of case note on an individual's file to define whether they should be in the 'Transforming Lives' cohort or the 'non-Transforming Lives' cohort. These will be called the TL cohort and the non-TL cohort from here on.

3.2 The analysis focuses on change over the year for each cohort in order to measure the impact of Transforming Lives over time. The forecast commitment cost is useful for this purpose, and provides a proxy for the number and intensity of formal services that the person needs. This gives an estimate of what a full year's worth of the current package would cost. Different estimates made at different times (the beginning and end of the year, described as 'T1' and 'T2') should show differences in the amount of support that a person needs (a cost was not available for every service user so these have been shown separately in the table below). A hypothesis might be that the level of formal care support required by people in the TL cohort should be lower than the level of formal care support required by people in the non TL cohort.

3.3 Applying these two conditions to the population gives the following groups:

	Not TL	TL	Grand Total
No cost at T1 and / or T2	1530	109	1639
Disability Services	124	12	136
Learning Disability Partnership	870	67	937
PHYSICAL DISABILITY	536	30	566
Cost at T1 and T2	1606	283	1889
Disability Services	24	6	30
Learning Disability Partnership	1074	229	1303
PHYSICAL DISABILITY	508	48	556
Grand Total	**3136**	**392**	**3528**

The group that will be used for the comparison is shown within the box above, and totals 1889 people, of which 283 are in the TL cohort and 1606 are in the non TL cohort. The need for a cost at T1 and T2 means that Transforming Lives work with 109 people cannot be included in this analysis (shown in the shaded cell). This is unfortunate, because smaller sample sizes have larger margins of uncertainty, so this reduces the confidence we should have in the findings of the comparison. However, it is unavoidable, because without two commitment estimates the strategy of comparisons over time cannot be used.

3.4 This approach uses administrative data that has not been collected specifically for the purpose of evaluating Transforming Lives, and as such has limitations that it is important to acknowledge. There are three important assumptions that are made in using this approach. Firstly, there is an assumption that the presence of a Transforming Lives case note on a person's file accurately identifies the group of people who have received the Transforming Lives 'treatment'. Since Transforming Lives is the way that all of the teams are working, it is likely that there are people for whom the Transforming Lives principles of strength-based assessment, support focused on community and informal networks, and outcome-based support planning have been used in developing their care and support plan, but where a Transforming Lives case note has not been recorded. If there are commitment estimates at the beginning and end of the period available for these people, they will be included in the non TL cohort and will make it harder to discern any differences between the two cohorts.

3.5 Secondly, there is an assumption that forecast commitment is a good proxy for package size, and that changes in the package are shown in the forecast commitment promptly and reliably. This relies upon the business processes of the administration of care and support, and some of the changes that are part of Transforming Lives fall outside the scope of the 'usual' business process. For example, a short-term or time-limited service that is focused on a particular outcome may not be accurately recorded in the commitment record, because the business process to collect this information is not sensitive to this change that has been introduced by Transforming Lives. It should also be noted that it is not possible to infer

anything about savings from the forecast commitment estimates used here, as they relate only to a part of the overall group of supported services, and not at all to anyone who was opened or closed during the year, whereas ensuring that the budget is on target involves consideration of all of these things.

3.6 Thirdly, this approach assumes that success is defined by a reduction in the amount of committed services. Whilst this may be true overall, it is not necessarily true in the context of any given individual. People's needs change all the time, and successful Transforming Lives work might involve maintaining stability when a situation is threatening to get much worse, or increasing support slightly but maintaining a community setting rather than moving someone to a placement in accommodation with 24/7 support. Some of the implications of this are explored below.

3.7 Data about the number of Transforming Lives case notes recorded during 2015-16 and a diagram showing the construction of the comparison groups with an explanation of the assumptions is shown in Appendix 2.

4 COMPARISON

4.1 Having established the cohorts, there are a number of comparisons that can be made. This section will go through the results of a comparison of

- Service use
- Activity
- Change in services
- Forecast commitment

Further information on these areas can be found in Appendix 3.

4.2 The Service Profile report contains information about the number of services of different types that have been open at some point during the year. In the year, approximately 5200 services were open at some time, 4330 for the non TL cohort and 880 for the TL cohort. A comparison of the services opened for people in the TL cohort to the people in the non TL cohort shows that community based services are slightly more common in the TL cohort than for people not in the TL cohort. The biggest differences are in day care, occupational therapy, and home care, all of which are slightly more common services in the TL cohort than the non TL cohort. This fits with the principles of Transforming Lives working.

4.3 The instances of formally recorded activity to support a service user could be regarded as a proxy for the amount of work that is done with that person. When the average number of different types of involvement is derived from the activity report, it is clear that the TL cohort benefited from a higher level of activity by social workers and care managers (see shaded pairs). This could be evidence of the Transforming Lives principle 'stick like glue', i.e. provide intensive, strengths-based, problem-solving support when needed.

	Average of:						
	Case Notes (All)	Contacts	Assessments (All)	Plans	Provisions	Reviews	Total
Disability Services	37.3	0.7	0.2	0.9	1.1	0.7	40.9
Not TL	31.7	0.5	0.0	0.8	1.1	0.8	35.0
TL	59.7	1.2	0.8	1.0	1.2	0.7	64.5
Learning Disability Partnership	25.4	0.4	0.1	0.4	0.6	0.7	27.5
Not TL	20.6	0.3	0.1	0.3	0.5	0.6	22.5
TL	48.0	0.7	0.1	0.5	0.9	1.0	51.2
Physical Disability	44.1	0.8	0.1	0.5	0.7	1.1	47.2
Not TL	42.3	0.8	0.1	0.4	0.6	1.0	45.2
TL	63.6	1.1	0.1	0.6	1.2	1.5	68.1
Grand Total	31.1	0.5	0.1	0.4	0.6	0.8	33.5

4.4 This activity resulted in some changes to packages. Generally the TL cohort seems to have been more likely to change the package, as a smaller proportion of packages were unchanged and larger proportions decreased or increased in value. In Learning Disability, a larger proportion of package decreased in value, with nearly 1 in 4 packages in the TL cohort decreased in value compared to around 1 in 7 decreasing in the non TL cohort. However, in Physical Disability and Disability Services a larger proportion of packages increased in value.

4.5 The comparison between the TL and non TL cohorts in terms of overall commitment is shown below.

Cohort	Number of service users	Sum of T1 cost (£)	Sum of T2 cost (£)	Sum of Difference (£)	Percentage change
Not TL	1606	57,701,140	59,787,802	2,081,625	3.62%
TL	283	11,239,553	11,359,957	120,403	1.07%
Grand Total	1889	68,940,693	71,147,758	2,202,029	3.20%

This shows that against a background of an overall increase, the TL cohort commitment did not increase by as much, proportionally.

4.6 The same table can be shown by team (see Appendix 3 for the detail). In Cambridge City, East Cambridgeshire, Fenland and Huntingdonshire LD Partnership teams, the TL cohort has increased by less than the overall figure and the non TL cohort. In Disability Services, South Cambridgeshire LD Partnership and Physical Disability, the TL cohort has increased by slightly more than the non TL cohort.

4.7 These figures also show the proportion of service users in each team who have had a TL involvement (that has been recorded as a TL type case note). These figures show wide variation. In East Cambridgeshire LD, which was an Innovation Site and has been operating in a Transforming Lives way for the longest, 73% of the service users who have a cost at T1 and T2 have had a TL involvement. However, in Fenland LD,

Huntingdonshire LD and Physical Disability, only 8 or 9% of the eligible service users have had a TL involvement recorded on their file.

5.0 SAMPLE OF PRACTICE AND OUTCOMES

5.1 We reviewed interventions with a sample of 18 people who are recorded on the system with frequent interactions, to document the common approaches used that were different as a result of using the Transforming Lives approach. We then considered what would have been done had a more traditional approach been used, to highlight if there was avoided cost.

5.2 The sample of 18 people lived in the following situations:

Type of accommodation	Number of people
At home with parents	6
Hospital	1
Independent in community	5
Specialist placement	2
Supported living	4
Total	**18**

5.3 They had the following key issues:

Key issue	Number of people
Challenging behaviour	5
Family finding it difficult to cope	4
Mental health issues	4
Hospital discharge	2
Court process regarding accommodation	1
High needs placement required	1
Physical health issues	1

5.4 In these 18 cases, four types of interaction were found which typified the Transforming Lives approach:

- Team Formulation - Working together with other professionals, partners, the entire family and community to identify the best solution or solutions for that person (demonstrated in 56% of the cases reviewed);
- Risk Management - Taking a more tolerant approach to risk, actively managing risks, whilst ensuring defendable decision making (demonstrated in 44% of the cases reviewed);
- Sustaining Positive Situations - Where a person is in the community, or receiving limited support, sustaining this for as long as possible (demonstrated in 72% of the cases reviewed); and
- Assuming Capacity - Listening to people and their families about what they feel able to do and what is important to them, working with people when they say they wanted limited or no support and doing everything we can to enable that (demonstrated in 50% of the cases reviewed).

5.5 The work has resulted in the following outcomes:

Outcome	Number of people
Positive - living where they have chosen	8
Positive - living where they have chosen, lots of choice and control	2
N/A	1

Positive - able to maintain stability	1
Positive - living where they have chosen, not in hospital	1
Positive - lots of choice and control	1
Positive - reduction in social isolation	1
Positive - temporary extra support now not necessary	1
Unsettled - as least restrictive as possible	1
Unsettled - in temporary placement	1
Total	**18**

5.6 As a result of these types of interactions we found that, when compared to the results had we taken a more traditional approach, the following scenarios were avoided or postponed:

- Residential/Nursing Care: 17% of cases
- Specialist Service/1-1 care: 33% of cases
- Supported Living: 11% of cases
- Hospital/Secure Setting: 22% of cases
- A cost to another CCC service (including services not in scope for this report) by supporting person to remain a carer:
    - Physical Disability: 6% of cases
    - Older Peoples: 6% of cases

5.7 These descriptions of practice and the outcomes support the picture presented in the numbers, especially around Learning Disability, that Transforming Lives practice is most helpful for supporting stability and helping people to maintain their situation even when experiencing a crisis; and this has a positive effect on the total package value because it does not escalate as much as non-Transforming Lives practice.

6.0 CONCLUSION

6.1 Only tentative conclusions can be drawn from the evaluation of the impact of Transforming Lives. Transforming Lives is one of a number of variables that will impact on the level and type of support that people will receive, ranging from changes in personal circumstances to other measures that the Council is taking to reduce costs. However, the findings with all caveats in place begin to support the starting assumptions of the positive impact of the Transforming Lives approach potentially at reduced costs. The work illustrates the need for ongoing evaluation in order that the impact of Transforming Lives is measured over time and as the model is more formally adopted across all services.

7.0 ALIGNMENT WITH CORPORATE PRIORITIES

7.1 Developing the local economy for the benefit of all

7.1.1 Transforming Lives is based on recognising the strengths and assets of individuals and of those within our communities. It is therefore a model which has progression at its core, and aims to ensure that people with social care needs are able to make an active contribution to the local economy wherever possible.

7.2 Helping people live healthy and independent lives

7.2.1 Transforming Lives aims to encourage people to live healthy, fulfilled, social engaged and independent lives. It is an increasingly proactive, preventative and personalised way of delivering services to adults and aims to enable the residents of Cambridgeshire to exert choice and control over their lives and to support family carers.

7.3 Supporting and protecting vulnerable people

7.3.1 The Transforming Lives approach will better ensure that we continue to use our resources to support the most vulnerable and those most in need of our support in our communities.

8.0 SIGNIFICANT IMPLICATIONS

8.1 Resource Implications

8.1.1 See conclusion at section 6 above. This paper concludes that the implementation of the Transforming Lives approach is likely to contribute to the delivery of the business planning savings proposals by helping to prevent, delay and reduce the need for care and support. Community based interventions focused on prevention and targeted short term activities to increase independence and reduce ongoing packages will be particularly important.

8.2 Statutory, Risk and Legal Implications

8.2.1 The Transforming Lives approach will help us to meet our statutory duties outlined in the Care Act 2014.

8.3 Equality and Diversity Implications

8.3.1 The Transforming Lives approach aims to maintain access to support by the full range of communities in Cambridgeshire. The implications for fairness, equality and diversity are being considered throughout the development of this approach.

8.4 Engagement and Consultation Implications

8.4.1 There are no significant implications within this category.

8.5 Localism and Local Member Involvement

8.5.1 There are no significant implications within this category.

8.6 Public Health Implications

8.6.1 The Transforming Lives approach seeks to have a positive impact upon the health and wellbeing of Cambridgeshire residents. Public Health colleagues will be involved in the development of the work. The emphasis on prevention of ill-health and preventing, reducing or delaying people's need for statutory social care support is aligned with public health objectives.

Source Documents

Source Documents	Location
Adults Finance Module Commitment Record Learning Disability Commitment Record Social care activity information Social care Service Profile extract	The activity and finance data upon which this report is based are available from Strategy and Commissioning, CFA. These data contain confidential service user information.

Appendix 1 – Understanding the population

Movements in and out of services 2015-16

	Started in year and still in	Already in and still in	Started and finished in year	Already in and finished in year	Grand Total
Service user					
Disability Services	7	80	2	33	122
Learning Disability Partnership	74	1549	6	54	1683
Physical Disability	76	595	39	106	816
Carer					
Disability Services	5	33		6	44
Learning Disability Partnership	27	517		13	557
Physical Disability	13	257	1	35	306
Grand Total	202	3031	48	247	3528

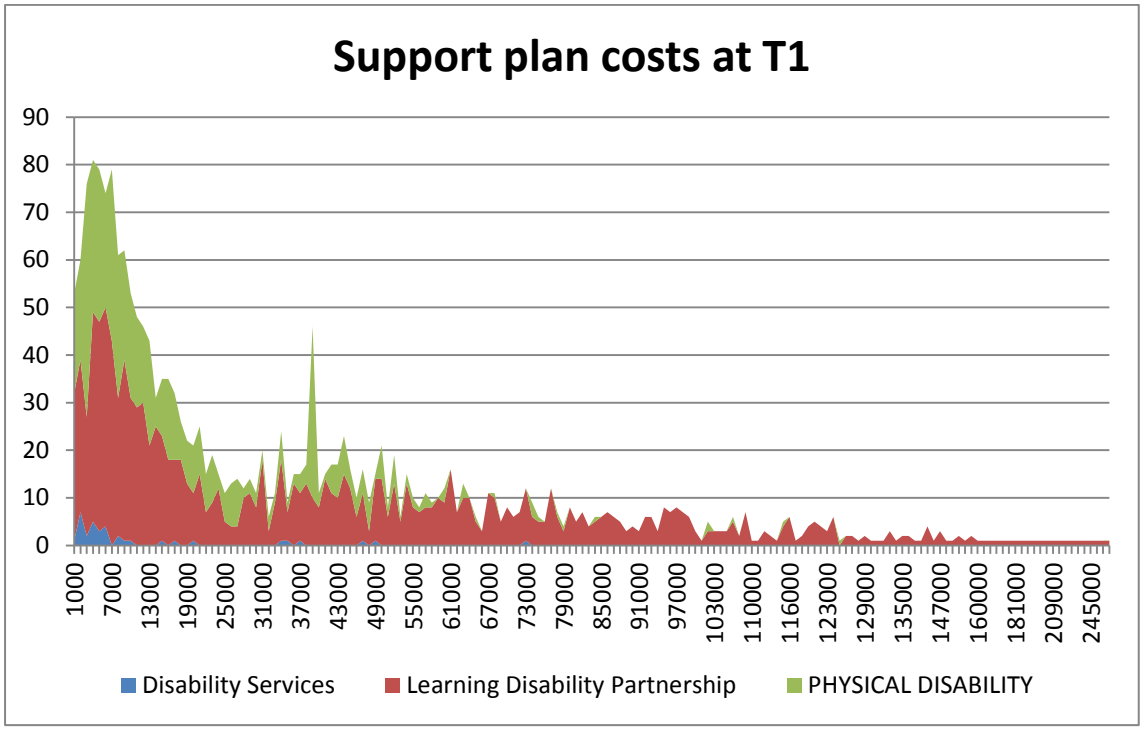
	Already in	Starts	Finishes	Average number	Turnover
Service user					
Disability Services	113	9	35	100	35%
Learning Disability Partnership	1603	80	60	1613	4%
Physical Disability	701	115	145	686	21%
Carer					
Disability Services	39	5	6	38.5	16%
Learning Disability Partnership	530	27	13	537	2%
Physical Disability	292	14	36	281	13%
Grand Total	**3278**	**250**	**295**	**3255.5**	**9%**

Starters and leavers are defined by services starting and ending (not referral or closure dates). Turnover is calculated as (Number of finishes / Average number in service at any given time).

Source: AIS, Service Profile 2015-16 Interim 1, Management Information Team, Strategy and Commissioning

Distribution of costs for service user packages

Not all of the people have a cost associated with them in the main commitment records. For example, people who have started later in the year may not have a cost at the beginning of the year. The chart shows the breakdown of those costs.

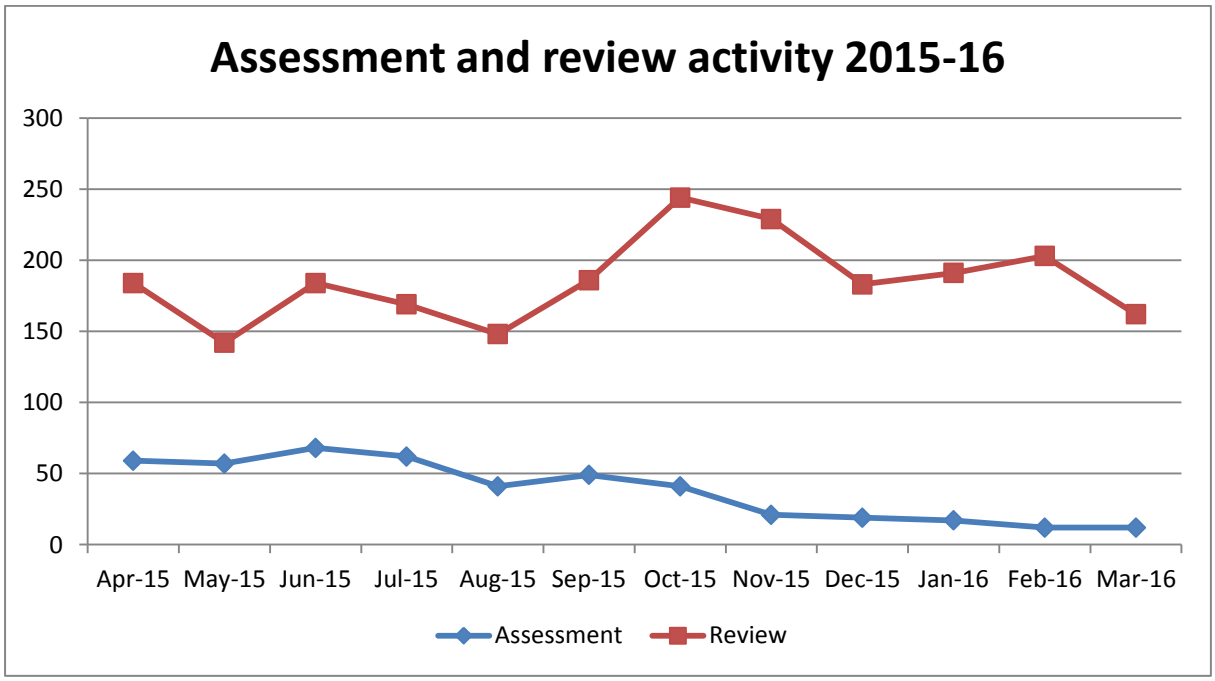


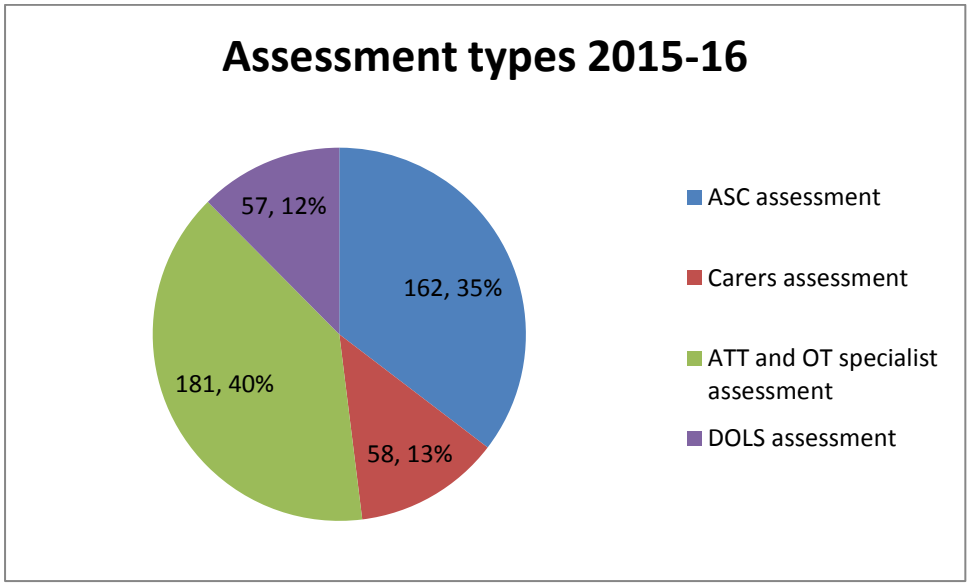
Source:

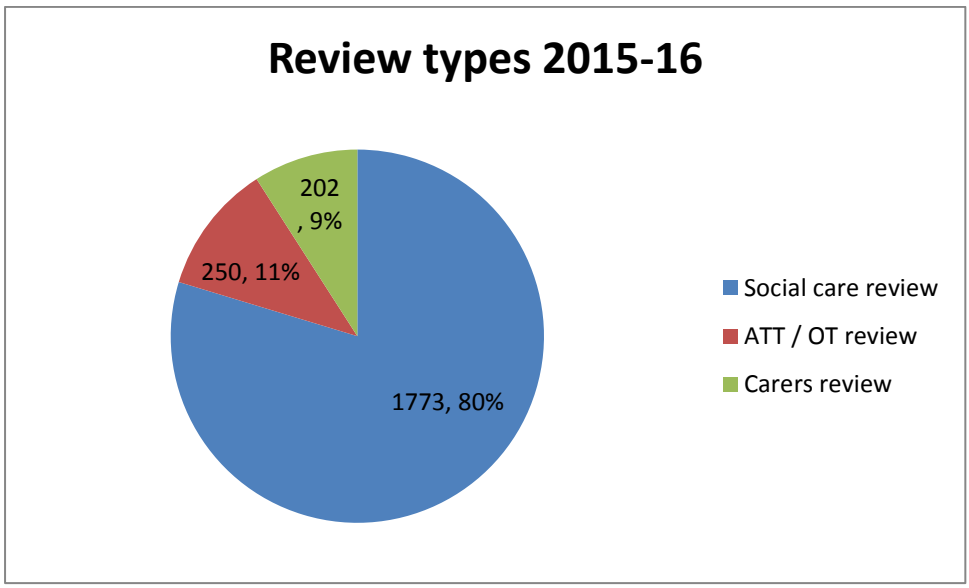
Disability Services and Physical Disability – 'support plan amount' field (weekly * 52), AFM commitment record, wk 2 2015-16

Learning Disability Partnership – 'Gross cost 2016-17' field, monthly manual commitment record snapshots

<u>Assessment and review activity 2015-16</u>



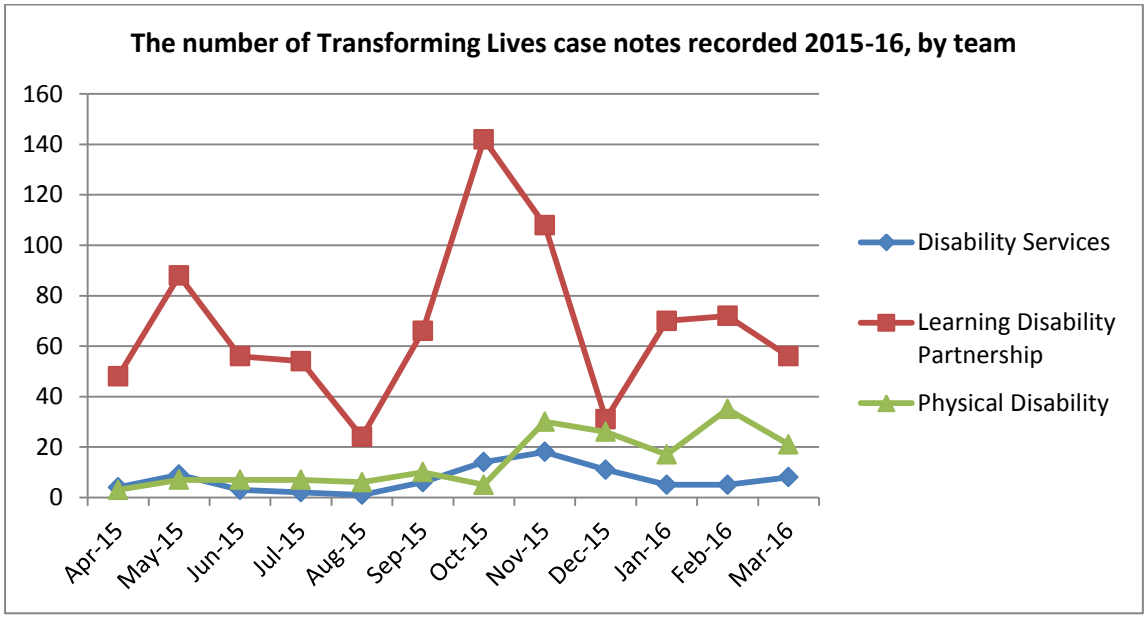




Source: AIS, activity data, produced by Management Information Team

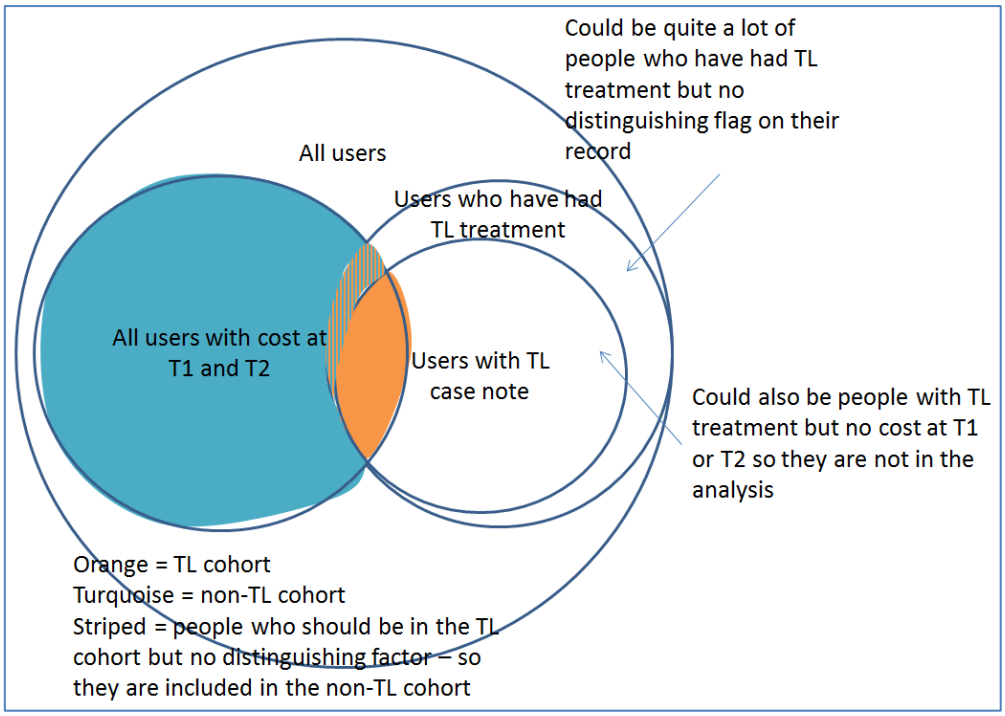
Appendix 2 – Defining comparison groups

The flag in the system that has been used to define a 'TL' cohort is the 'TL case note' – a type of case note used by teams to record an action, event, or other involvement on a person's record. 1075 TL case notes were recorded in 2015-16. The following chart shows the number recorded by team:

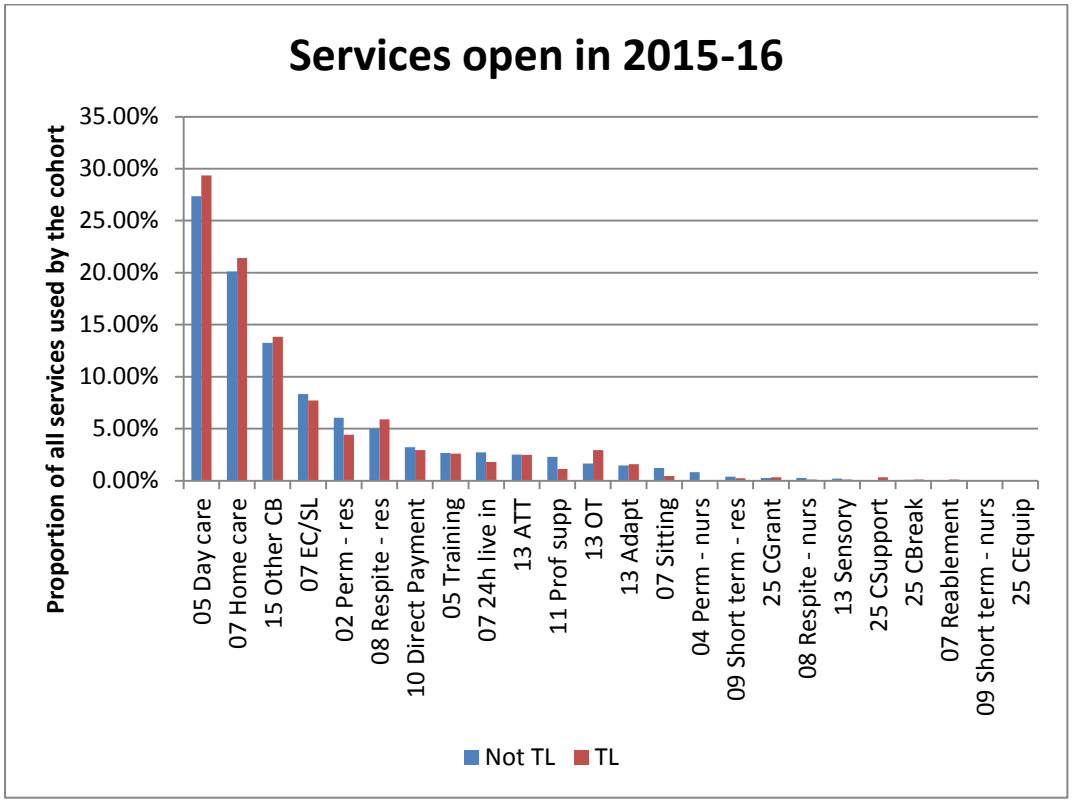


Source: AIS, activity data, produced by Management Information Team

Anyone with a TL case note on their record has been included in the 'TL' cohort. This method may not capture everyone who has been worked with in a Transforming Lives way, as the diagram below shows. If staff have not used the TL case note system but have done TL work, those people will be included in the 'non TL' cohort if they have a cost at T1 and T2. This could skew the analysis.



Appendix 3 – Comparisons



Source: AIS, Service Profile 2015-16 Interim 1, Management Information Team, Strategy and Commissioning

Disability Services	**Not TL**	**TL**
Cost decreased	5	0
No change	15	3
Cost increased	5	4
As percentages		
Cost decreased	20%	0%
No change	60%	43%
Cost increased	20%	57%

Physical Disability	**Not TL**	**TL**
Cost decreased	74	9
No change	295	20
Cost increased	140	19
As percentages		
Cost decreased	15%	19%
No change	58%	42%
Cost increased	28%	40%

Learning Disability Partnership	**Not TL**	**TL**
Cost decreased	156	55
No change	743	133

Cost increased	176	41
As percentages		
Cost decreased	15%	24%
No change	69%	58%
Cost increased	16%	18%

Source: Disability Services and Physical Disability – ‘support plan amount’ field, AFM commitment record

Learning Disability Partnership – ‘Gross cost 2016-17’ field, monthly manual commitment record snapshots

	Count of Name	Sum of T1 cost	Sum of T2 cost	Sum of Difference	% difference to T1 (positive is cost increase)	% of service users in TL cohort
Disability Services	30	422,380	471,039	43,622	11.52%	
AUTISM & ADULT SUPPORT TEAM	25	322,255	362,169	34,878	12.39%	32%
Not TL	19	269,651	299,801	25,114	11.18%	
TL	6	52,603	62,368	9,764	18.56%	
SENSORY SERVICES	4	92,254	100,998	8,744	9.48%	
Not TL	4	92,254	100,998	8,744	9.48%	
SPECIALIST DISABILITY SERVICE	1	7,872	7,872	0	0.00%	
Not TL	1	7,872	7,872	0	0.00%	
Learning Disability Partnership	1303	57,341,362	58,481,293	1,139,931	1.99%	
CAMBRIDGE CITY LD PARTNERSHIP	238	9,259,034	9,119,718	-139,316	-1.50%	32%
Not TL	180	7,092,025	7,051,056	-40,969	-0.58%	
TL	58	2,167,009	2,068,662	-98,348	-4.54%	
EAST CAMBS LD PARTNERSHIP	187	8,488,530	8,713,026	224,496	2.64%	73%
Not TL	108	5,004,264	5,182,284	178,020	3.56%	
TL	79	3,484,266	3,530,742	46,475	1.33%	
FENLAND LD PARTNERSHIP	231	11,221,192	11,321,864	100,672	0.90%	8%
Not TL	214	10,434,366	10,560,477	126,111	1.21%	
TL	17	786,826	761,387	-25,439	-3.23%	
HUNTINGDONSHIRE LD PARTNERSHIP	338	14,516,432	15,134,114	617,682	4.26%	9%
Not TL	310	13,455,954	14,078,678	622,725	4.63%	
TL	28	1,060,479	1,055,436	-5,043	-0.48%	
LDP YOUNG ADULTS	1	23,482	24,770	1,288	5.48%	
Not TL	1	23,482	24,770	1,288	5.48%	
SOUTH CAMBS LD PARTNERSHIP	308	13,832,690	14,167,801	335,111	2.42%	18%
Not TL	261	11,149,745	11,389,554	239,809	2.15%	

	TL	47	2,682,946	2,778,247	95,301	3.55%	
PHYSICAL DISABILITY		556	11,176,951	12,195,427	1,018,476	9.11%	
PHYSICAL DISABILITY		556	11,176,951	12,195,427	1,018,476	9.11%	9%
	Not TL	508	10,171,527	11,092,311	920,784	9.05%	
	TL	48	1,005,424	1,103,116	97,691	9.72%	
Grand Total		**1889**	**68,940,693**	**71,147,758**	**2,202,029**	**3.20%**	

The shaded cells highlight a comparison of the change in package of the two cohorts.

Agenda Item No: 7

TRANSFORMING CARE PLAN

To:	**Adult Committee**
Meeting Date:	**17 May 2016**
From:	**Executive Director, Children, Families and Adults**
Electoral division(s):	**ALL**
Forward Plan ref:	**For key decisions** *Key decision:* **No**
Purpose:	**To brief Adults Committee of the programme of work, known as Transforming Care, led by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), to develop community based services for people with learning disabilities and/or autism to reduce the need for in-patient beds.** **To agree the process for signing off the final plan that has to be submitted to NHS England (NHSE) by the 1 July 2016.**
Recommendation:	**The Adults Committee is asked to** **1) Note and comment on the draft Transforming Care plan** **2) To delegate authority to the Executive Director: Children, Families and Adults, to approve the strategy after it has been presented to the Children and Young People's Committee following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young Person's Committee.**

	Officer contact:
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Tel:	01223 715665

1.0 BACKGROUND

1.1 In 2012 the Department of Health commissioned an investigation into the abuse of people with learning disabilities living at Winterbourne View, an inpatient assessment and treatment service for adults with learning disabilities near Bristol. The subsequent report set clear expectations on commissioners to review the situation for people with learning disabilities and/or autism placed in inpatient services out of area and, wherever appropriate, to develop services locally to support them to return to the local area.

1.2 Progress nationally has been mixed and the Department of Health have established a three year programme, Transforming Care, to support the development of community based services and reduce the number of admissions into inpatient beds. The programme promotes the transformation of services for people of all ages with a learning disability and/or autism who display behaviour that challenges, including those who also have a mental health condition. The programme will drive the closure of the last long stay NHS hospital for people with learning disabilities that has remained open despite a comprehensive move to close the hospitals in the second half of the 1990's/early 2000's.

1.3 The programme has set planning assumptions that no area should need more inpatient capacity than is necessary at any one time to cater for:

- 10-15 inpatients in Clinical Commissioning Group-commissioned beds (such as assessment and treatment units) per million population.
- 20-25 inpatients in NHS England-commissioned beds (such as low-, medium- or high-secure units) per million population.

Locally, based on the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) 18+ population of 722,877, this would suggest that Cambridgeshire and Peterborough would need the following numbers of inpatient beds:

- 7-11 CCG commissioned beds
- 14-18 NHS England commissioned beds.

1.4 The national programme has led to the establishment of Transforming Care Boards for NHS and Local Authority systems to lead the changes, and has provided guidance and support to complete local plans for the changes that will be implemented. To emphasise the integrated approach to this work, the final plan has to be signed off by the key NHS and Local Authority partners before submission by 1 July.

2.0 Local Progress

2.1 The Transforming Care Board for our system is chaired by the CCG and the vice-chair is the Service Director, Adult Social Care, Cambridgeshire County Council. Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) are the other key NHS and Local Authority partners.

2.2 The integrated arrangements for people with learning disabilities in Cambridgeshire are well established with specialist health staff and social care staff working together in integrated teams within the Learning Disability

Partnership (LDP) service that sits within the management structure of the County Council. The LDP has been effective in repatriating nine of the 16 people who were in out of county inpatient beds, following the Winterbourne View investigation. We have also been working with CPFT to reduce the number of inpatient beds locally, with plans to strengthen existing community services and develop new models of support focused on avoiding admissions to inpatient beds. This work has fed directly into the local Transforming Care plan.

2.3 The draft plan (Appendix 1) sets out a description of how the current system operates; the governance arrangements for the programme and how service users and carers and other stakeholders will be involved; the current activity; the future vision and plans for implementation.

2.4 The local targets for people supported in inpatient beds by 2018/19 have been informed by the planning assumptions in paragraph 1.3 and current activity. The targets are

- To reduce from 10 inpatients to nine inpatients in CCG-commissioned beds (such as those in assessment and treatment units)
- To reduce from six inpatients to five inpatients in NHS England-commissioned beds (such as those in low-, medium- or high-secure units).

2.5 Draft versions of the plan have been submitted to NHSE in February and March and feedback received on how to strengthen the plan ready for final submission. The current draft has been strengthened with more detail on the implementation plan and more emphasis on the strong building blocks in place in Cambridgeshire. The building blocks include:

- the integrated community teams with health and social care staff
- the development of “assessment flats” that provided accommodation and support for people supported to move back to Cambridgeshire. These flats offer the opportunity for local health and social care to understand the needs of the person and develop appropriate services for them
- the integrated arrangements for lead commissioning with the pooled budget
- the use of Direct Payments to support both health and social care needs.

2.6 As part of the support from the national programme, key partners had a workshop on 22 April with the National Development Team for Inclusion (NDTi). This workshop has helped to focus on the work needed to finalise the plan including the need to describe the future model more clearly, in particular, linking together to two diagrams set out in section three of the plan.

2.7 The focus of the new model set out in section four of the plan (and set out below) builds on the positive approaches already in place and extends and strengthens these to ensure that community based responses will be available to support people in ways that minimise the need for inpatient admissions.

- Service users and carers having choice and control, including the use of Direct Payments and Personal Health Budgets
- Supporting carers, including parent carers, through services delivered by Cambridgeshire Carers Trust and the provision of personal budgets
- Progression and skills development to increase independence
- Flexible approaches to respond quickly and innovatively to address a range of situations that could otherwise escalate (see Transforming Lives

approach below)

- Further development of “assessment flats” used successfully in Cambridgeshire to repatriate people in out of area inpatient settings and development of other accommodation options
- Further development of Intensive Community Support to support people in their own homes and in “assessment flats”/crisis house to avoid admission to inpatient services unless MHA powers are appropriate or the risk to the person or the community cannot be managed in the community
- Maintaining the established role of Liaison Nurse in the acute hospitals to promote good access to mainstream health care services.

2.8 The feedback from NHSE and NDTi has confirmed that the Cambridgeshire and Peterborough system is well placed to finalise the Transforming Care plan and move forward into the implementation phase.

3.0 Approval Process

3.1 The date for the final submission of the plan (1 July) falls shortly before the July meeting of the Adults Committee, so it will not be possible to bring the finalised version of the plan back to the next Committee for formal sign off. It is therefore proposed that Executive Director is given delegated authority to approve the plan, in consultation with the Chair and Vice Chair of the Committee.

3.2 The plan will also be presented to Children and Young People’s Committee later in May with the same recommendation for delegated authority to be given.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

4.1.1 The development of local services in the community to support people with learning disabilities and/or autism will help to maintain this area of the health and care sector with the recruitment for health and social care professionals and other skilled and experienced care and support workers.

4.2 Helping people live healthy and independent lives

4.2.1 The Transforming Care agenda focuses on supporting people to live healthy and independent lives in their local community.

4.3 Supporting and protecting vulnerable people

4.3.1 The Transforming Care programme focuses on some of the most vulnerable people that we support within the health and social care system. The plan developed locally will build on current good practice – including operational and strategic integration – to provide a range of community based services to support people as an alternative to the use of inpatient beds.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 Working with the CCG, the Council will need to agree how much health funding to invest in strengthening community services and the most effective and efficient way to provide the relatively small number of inpatient beds required to meet specific needs when these cannot be met in the community because the person needs to be sectioned under the Mental Health Act or the level of risk to the person or others cannot be managed in the community.

5.1.2 The Transforming Care programme is supported by funding from the Department of Health against which Transforming Care Boards can bid to support the implementation of the plan. Recognising the need to invest in strengthening and developing a range of community based services, the Board has put forward a bid for £1,877,000 which will be match funded by the investments already committed in community and inpatient services. .

5.2 Statutory, Risk and Legal Implications

5.2.1 The Transforming Care programme will be delivered within the relevant legal frameworks for health and social care

5.3 Equality and Diversity Implications

5.3.1 There are no significant implications but the services will need to be accessible and offer equity across all relevant groups and across the County.

5.4 Engagement and Consultation Implications

5.4.1 Plans for engaging with people with learning disabilities and/or autism and their carers are included in the plan and have been discussed with service user representatives. Formal public consultation about the future of inpatient beds will need to be consulted on in line with NHS requirements. The Council will work collaboratively with the CCG and other NHS colleagues in the engagement of service users, carers and other stakeholders and support with any formal consultation.

5.5 Localism and Local Member Involvement

5.5.1 The further development of community services will be enhanced by the involvement of local communities. This will require local communities to be inclusive in their engagement with people with learning disabilities and/or autism. Local Members could support this work by positively promoting the inclusion of people with learning disabilities and/or autism within local communities.

5.6 Public Health Implications

5.6.1 The existing health and social care services promote the importance of healthy lifestyles and will continue to do so within the proposed changes.

SOURCE DOCUMENTS

Source Documents	Location
Transforming Care Plan – Appendix 1	Adults Committee 17 May 2016 http://www2.cambridgeshire.gov.uk/CommitteeMinutes/Committees/Meeting.aspx?meetingID=1184

Appendix 1

Transforming Lives in Cambridgeshire and Peterborough

Building on Strong Foundations

Content

1. Governance and stakeholder arrangement

Cambridgeshire and Peterborough are served by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), Cambridgeshire County Council (CCC) and Peterborough City Council (PCC).

1.1. Cambridgeshire

CCC have the lead commissioning responsibility and hold the pooled budget of approximately £75m per annum for health and social care services (excluding rehabilitation services and services commissioned by Specialist Commissioners). The pooled budget is made up of contributions from CCC (80%) and Cambridgeshire and Peterborough CCG (20%). The pooled budget is managed through a Section 75 agreement.

CCC also manages the Learning Disability Partnership (LDP), a service that integrates social care staff and specialist learning disability health staff. The health staff are employed by Cambridgeshire and Peterborough NHS Foundation Trust and managed within the Learning Disability Partnership. These arrangements are supported by a Section 75 agreement delegating authority to operate an integrated service.

The health and social care professionals include:

- community nurses
- speech and language therapists
- occupational therapists
- physiotherapists
- psychologists
- art therapists
- psychiatrists
- social workers
- adult coordinators

The professionals work in 6 integrated teams across Cambridgeshire. With offices in Cambridge, Huntingdon, Fenland and Ely. Together they assess, provide and arrange health and social care services for approximately 1600 people with learning disabilities.

There is Learning Disability Liaison Nurse post in each of the 2 acute hospitals within Cambridgeshire, in Cambridge (Addenbrookes) and Huntingdon (Hinchinbrook).

The LDP block purchase inpatient beds from CPFT, 6 in the Intensive Assessment and Support Service (IASS) in Cambridge and 2 at the Hollies in Peterborough. The remaining 8 beds at the Hollies are commissioned from CPFT for Peterborough patients. Inpatient beds are spot purchased from private sector providers if local services are not able to admit (due to capacity or mix of service users) or cannot provide the specific expertise required for the person at that time.

People living in the community are supported through a range of services commissioned from the private and voluntary sectors including residential, nursing, supported living, domiciliary care and day care and CCC in-house provision of respite, supported living, day care and Shared Lives.

A small team of social workers and adult support co-ordinators work with people on the autistic spectrum who do not have a learning disability providing social care assessments and arranging services to meet eligible needs.. This is a relatively new team that also has a contract with the National Autistic Society to provide short term one to one support to people to access other services including support with housing.

1.2. Peterborough

PCC does not hold the lead commissioning responsibility for health and social care services. There is not a pooled budget and therefore the CCG retain responsibility for health commissioning and provision of services. However PCC work closely with the CCG to ensure appropriate provision is commissioned, particularly for individuals who are in receipt of Continuing Health Care Funding or Joint Funding. PCC and the CCG have a section 75 agreement in place which enables the Council to employ clinicians who work with adults with a learning disability and/or autism including Learning Disability Community Nurses, Occupational Therapists and Speech and Language Therapists.

PCC does not have a discrete Learning Disability and Autism Team as the Council felt the benefits of further integration and up skilling/cross skilling of staff would further enhance the offer. The Nurses are co-located with the Social Workers in the Long Term Complex Team. The Speech and Language Therapists/Occupational Therapists are collocated with other Therapists including Physiotherapists and Sensory Rehabilitation workers to provide an equitable and comprehensive service to all adults regardless of disability.

Peterborough has a 10 bed learning Disability Assessment & Treatment Unit at the Edith Cavell Centre: The Hollies (see commissioning arrangements above). The IASS unit in Cambridge is also accessed when necessary.

CPFT provide community health services, which are based either with Psychology and Psychiatry outpatient community services next to the Hollies inpatient unit, or within the multi-disciplinary Intensive Support Team at the Gloucester Centre.

PCC health and social care staff work in collaboration with all the teams listed above, although the multiple IT systems can compromise the provision of cohesive and seamless care. The professionals work in partnership to ensure the impact is minimised.

CPFT commissioned services are not co-terminus with PCC local authority boundaries which can lead to provision of services not being equitable. PCC are commissioned to support adults on the Autism spectrum without a co-morbidity of a learning disability whereas CPFT are commissioned to support adults on the Autism spectrum with a co-morbidity of learning disability.

The LD Community Nurses employed by PCC provide full case management to 100% CHC funded service-users, but again CPFT staff do not provided full case management. Whilst PCC does not routinely use the Care Programme Approach for people with learning disabilities and additional mental health needs, the individuals should be supported by a key worker and robust care coordination.

For Specialist Learning Disability Health services there are two points of referral (ARC for LD Psychology and Psychiatry and PCC for LD Nursing, SLT and LD OT).

There is also a part-time Learning Disability Liaison Nurse in Peterborough City Hospital.

The current service delivery and staffing model for Peterborough Adult Community Learning Disability services is detailed below:

Cambridgeshire & Peterborough NHS Foundation Trust Learning Disability Health Staff IST

Team Manager	1.0 WTE
MDT Staff – qualified (nurses/social workers/OT/psychology)	2.8 WTE
Unqualified clinical staff	1.0 WTE
Admin – via CPFT Admin Hub	
Psychiatry	0.3 WTE

Community Learning Disability Service (Edith Cavell Centre)

Psychology	0.8 WTE
Psychiatry (0.7 WTE includes work on Hollies IP Unit & 2.5 SPA sessions)	0.7WTE
Staff Grade LD Psychiatrist (Hollies ward work if cover required)	1.0 WTE

Peterborough City Council Learning Disability Health Staff
LD Occupational Therapy (Therapies Team, Royce Road)

Grade 10 (approx. equiv. NHS Band 6)	1.0 wte.
Grade 9 (approx. equiv. NHS Band 5)	0.6 wte.
Grade 6 (approx. equiv. NHS Band 3/4)	0.2 wte.
Grade 6 (approx. equiv. NHS Band 3/4)	0.4 wte.

Moving and handling / physical cases are seen by the main OT team to make up the funded LD OT hours. (Section 75 agreement is to provide 2 wt.)

LD Speech & Language Therapy (Therapies Team, Royce Road)

Band 7 SLT Clinical Lead	1.0 wte.
Band 6 SLT	0.6 wte.
Grade 9 SLT (approx. equiv. NHS Band 5)	1.0 wte.
Band 4 Senior Communication Coordinator	1.0 wte.
Grade 6 Senior Communication Coordinator (approx. equiv. NHS Band 3/4)	1.0 wte.

LD Nursing (Assessment & Case Management Long term Team, Town Hall)

Band 7 LD Nursing Clinical Lead	1.0 wte.
Band 6 Nurse	1.0 wte.
Grade 10 Nurse (approx. equiv. NHS Band 6)	1.0 wte.
Grade 9 Nurse (approx. equiv. NHS Band 5)	1.0 wte.
Grade 9 Nurse (approx. equiv. NHS Band 5) post vacant	0.6 wte.
Community support worker post vacant	

Nursing skill mix is currently under review, in the light of current vacancies.

Other related roles: There is an LD acute liaison nurse employed by PCH, and a 1.0 wte. LD CHC nurse employed by PCC.

1.2.1. Peterborough City Council Social Care Staff

PCC do not have specific staffing numbers for Social Workers/Care Support Workers who provide core social care functions to adults with a learning disability, as this is provided within the Long Terms and Complex Case Management Team.

The Long Term and Complex Case Management Team includes 26 Social Workers and 12 Care Support Workers. The Long Term Complex Team work with people who have may have a learning disability, physical disability including sensory, long term conditions, mental health and frailty. The team are responsible for assessment including mental capacity/best interest decisions, care and support planning, case management/coordination, reviews and safeguarding. Service users with a learning disability also access generic information and advice from Inform & Advise/See & Solve Teams based at Bayard Place and the Town Hall as required.

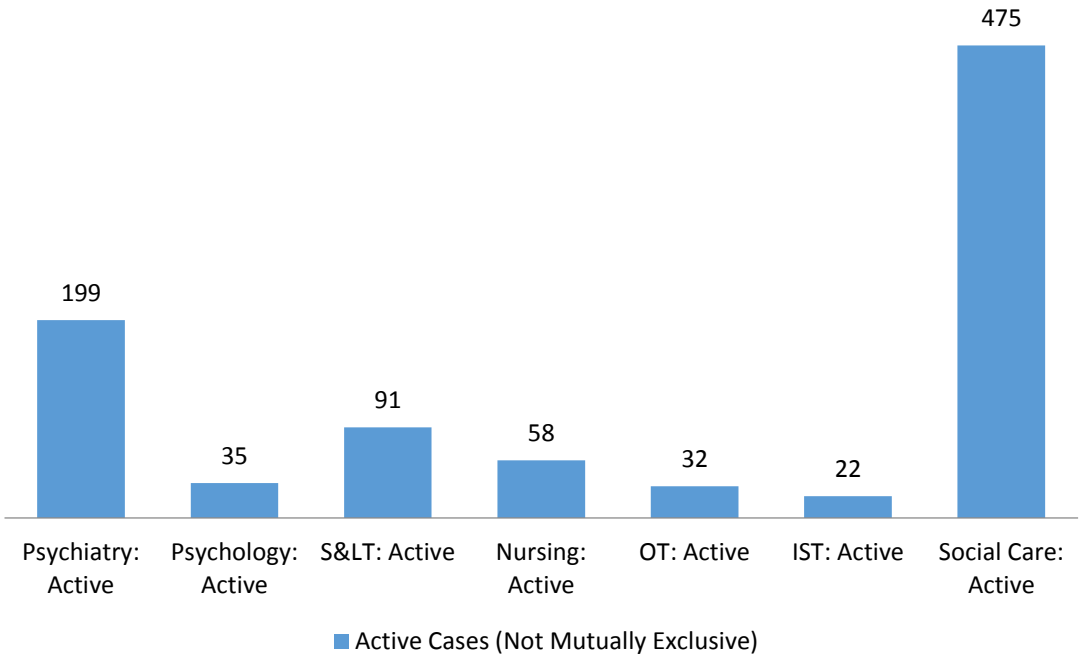
1.2.2. People with LD receiving services on 01/03/2016

Peterborough City Council & Cambridgeshire & Peterborough NHS Foundation Trust liaised to combine anonymised data from both information systems, to capture a snapshot of the combined caseload of adults with a learning disability receiving a service in the week beginning 1st March 2016.

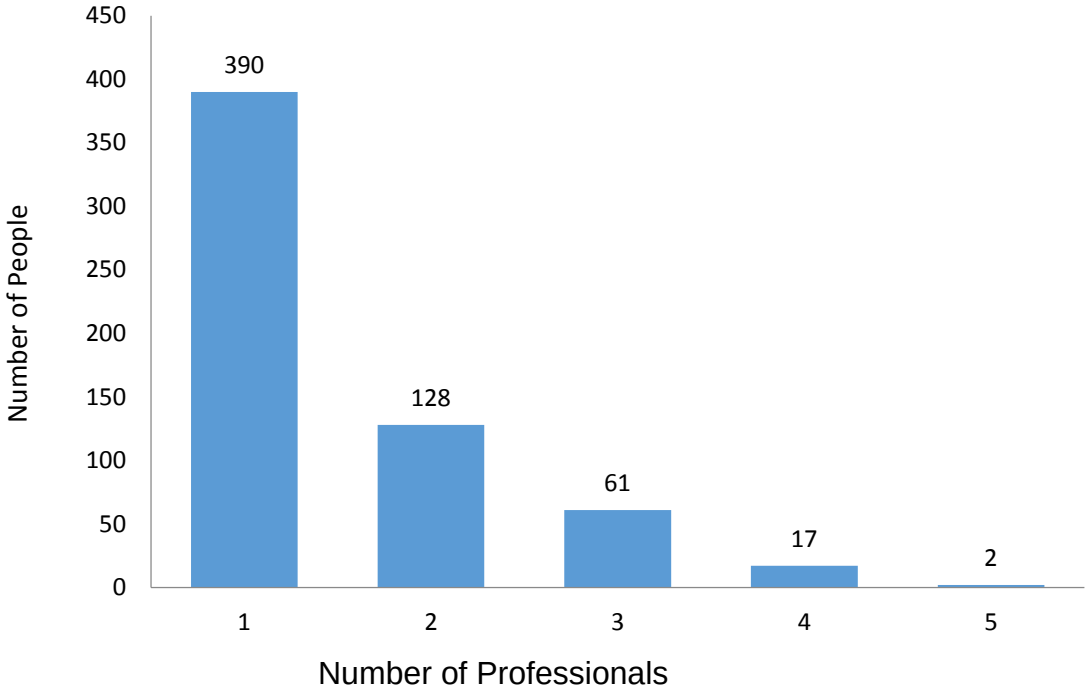
The Social Care active caseload includes all people receiving a Personal Budget and

would include people receiving an annual review only – it does not include people receiving assistance who do not require a funded care package (it may also include some adults with autistic spectrum disorders who do not have a learning disability).

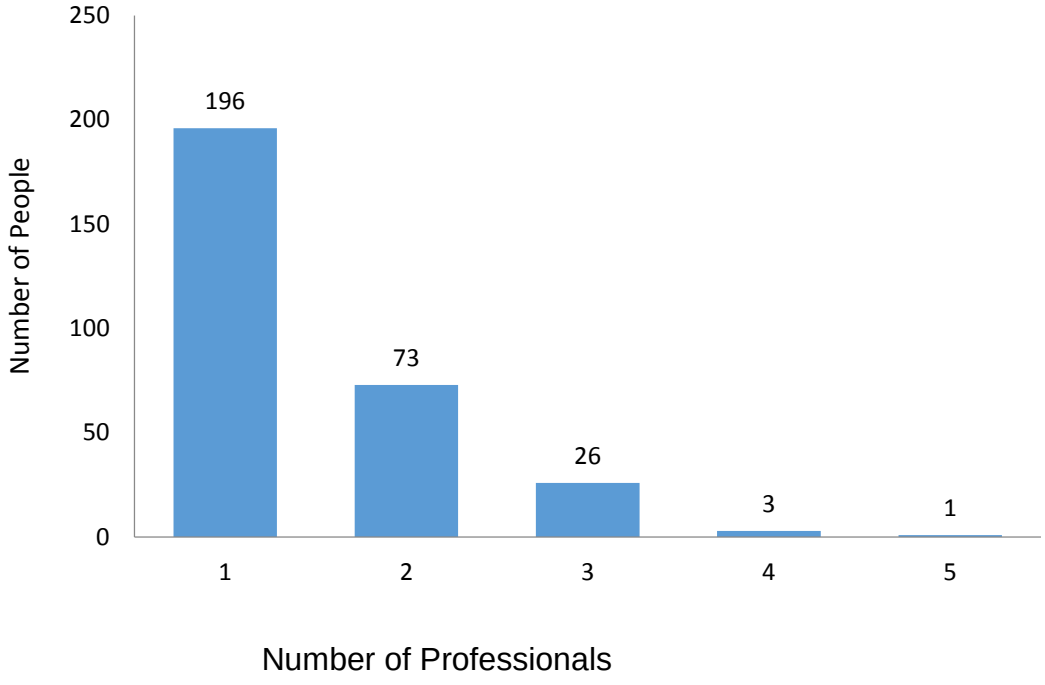
Speech & Language Therapy active caseloads include clients reviewed annually for dysphagia. Community Learning Disability nurses, rather than Social Workers, case manage individuals who are funded 100% by Continuing Health Care.



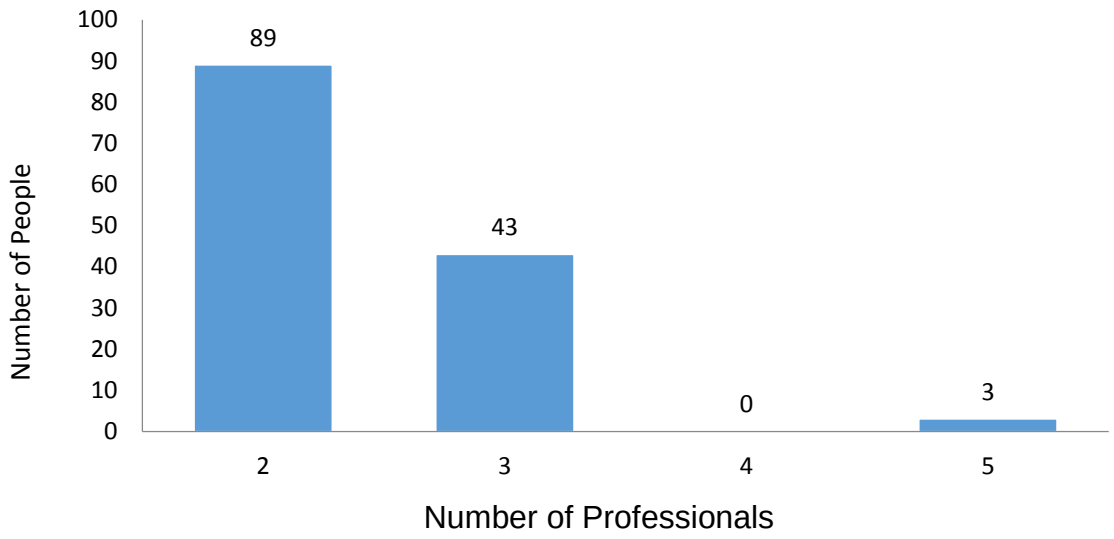
A significant proportion of individuals receiving a service, are seen by more than one professional.



This is also true within the specialist health caseload:



Looking at both active caseload, and those awaiting allocation allows us to see absolute numbers of those requiring multi-professional health input.



1.3 Children's Services in Cambridgeshire

There are currently 6 locality special schools that take a spectrum of children with wide ranging needs. There are also schools with enhanced resources and alternative learning environments for a range of needs.

There is active engagement with the regional colleges in order to support young people to have choice at both 16yrs and 18yrs, in terms of their continuing educational provision and development of independence skills. There is a short break offer which encompasses a range of services from play schemes, community outreach, direct payments, link carers and residential short breaks. The CCG currently support a range of needs through joint funding individual care packages and a S256 for residential short breaks.

The residential provision is currently provided by Action For Children (AFC) and there are 3 units which provide short breaks, shared care and a small number of full time placements.

There are 28 children (20 joint funded) who are in 'Out of County' placements at specialist residential schools. These can either be as weekly or fortnightly boarder or those on 38 or 52 week placements.

CCC are in the early stages of considering the needs for 'out of county' placements and the options for providing the required services 'in county'

1.4 Children's Services in Peterborough

There are 5 Special Schools in Peterborough. Each school has different student profile. The schools range from 1 whose children and young people have complex needs or severe LD to a school specifically for those with ASD.

Peterborough also works actively with the regional colleges in order to support young people to have choice at both 16yrs and 18yrs, in terms of their continuing educational provision and development of independence skills.

The short break offer in Peterborough encompasses a similar range of provision to Cambridgeshire – similarly their play schemes and afterschool clubs being provided by third sector organisations or the schools. However, Link Care, Outreach and residential short breaks are provided as an 'in house' service by PCC. There are no beds within the Peterborough provision defined as Shared Care or full time placements.

In Peterborough the CCG support provision through joint funding of individual care packages but not through any recurrent money to services.

The number of children and young people in 'Out of County' placements which the CCG joint fund is 5 – at this time the data for the total number of 'out of county' placements was not available.

Across both areas there is a lack of either private or third sector providers who can provide services in the community for children and young people with behaviour that challenges which currently limits the scope for the development of greater community based care and choice for families.

1.5 Children's Services and Transition

The CCG commission Community Paediatric and Child and Adolescents Mental Health (CAMHS) services across Cambridgeshire and Peterborough. The community paediatric services and their providers are different for Peterborough and Cambridgeshire but both services provide developmental diagnostic services for children from 0 - 11, including diagnosis relating to Learning Disability and Autistic Spectrum Disorder. The differences in services are being addressed through the CCGs System Transformation programme.

The CAMHS provider across the whole CCG area is CPFT which is the same provider as the adult service but is a separate contract. The CAMHS service has services for those children and young people with a Learning Disability and and/or ASD however the thresholds for the service are high and currently this means that individuals with LD and /or ASD will be offered a service if they are suspected as having a co-morbid mental health condition.

The service has no inpatient beds and whilst there is an Intensive Support Team (IST) for children within CPFT, they do not have the specialism to provide intensive support at points of crisis for children and young people with LD or ASD, the capacity within the team is also limited. Under the additional CAMHS investment from Department of Health the IST is being reviewed in order to support admission prevention.

The CCGs Children's Commissioning Team work actively with our colleagues in social care across both Local Authorities on both service development and commissioning alongside individual case work. The CCG are part of a Children's Joint Commissioning Unit with PCC and CCC.

Transition has been a major area of concern identified through the consultation work with parents and carers represented by Family Voice Peterborough and Pinpoint (Cambridgeshire). The identified issues relate to both the time of transition and the perceived gap in service provision between 16 -18 years.

In 2016-17 the Children's Joint Commissioning Unit will support the establishment of a Transition Network to move the agenda relating to transition forward using the NICE Guideline – Transition from children to adults' services for young people using health or social care services (Feb 2016) with the aim of ensuring that this meets the Transforming Care agenda and that of SEND and the Children and Families Act (2014).

There is a recognised need to develop a clear transition pathway for young people with LD and or ASD and this Network will be an integral part of the Transforming Care work programme with both children and adult service represented and the CAMHs Transformation Programme. The Network will report to both the Transforming Care Board and the Childrens' Joint Commissioning Unit.

1.6 Governance arrangements for this transformation programme

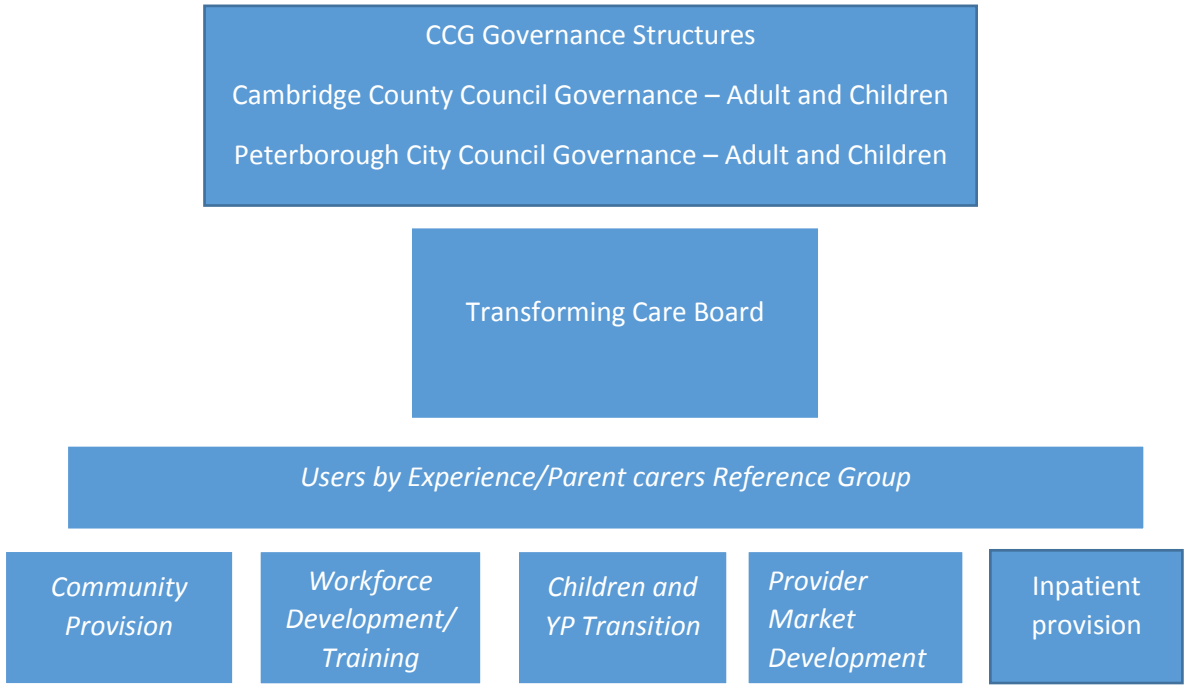
The CCG are leading the transformation programme with the Director of Contracting, Performance and Delivery holding the role of SRO, supported by the Service Director, Adult Social Care, CCC, holding the role of Deputy SRO.

The Transforming Care Board has been established with the first formal meeting taking place on 26 January 2016. The membership of the Board includes representatives from the following organisations/interests:

- Peterborough City Council PCC
- Cambridgeshire and Peterborough Foundation Trust
- Cambridgeshire and Peterborough CCG
- Cambridgeshire County council CCC
- Self-Advocates and Family carer representatives

- Specialised Commissioning Group
- Children's commissioners

Cambridge and Peterborough's collaborative governance arrangements are detailed in the diagram below.



The key features of the Transforming Care board are:

- A multi-agency Board to provide a single place for collaborative decision-making by commissioners, clinicians and relevant professionals, experts, users and carers.
- A number of delivery work streams, reporting directly to the Transforming Care Board
- A Users and Carers reference group ensuring effective engagement and co-production within the programme.

1.6.1 Delivery Work Streams

The Transforming Care Board has oversight and responsibility for the development of the service model and the implementation plan for delivering it. The TCP Board has agreed on the following work streams to support the implementation of the new service model:

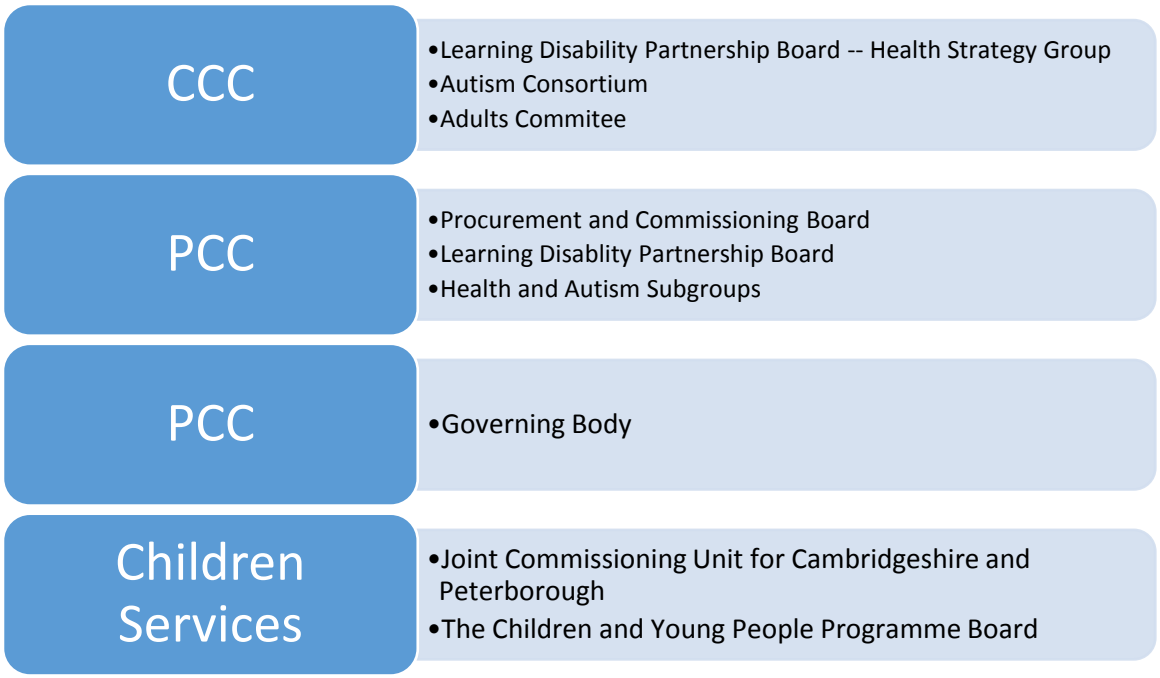
:

- Community Provision
- Workforce development and Training
- Children and Young People Transition
- Provider Market development
- Inpatient Provision

There are nominated leads for each work stream from each of the key partners represented on the TC Board, including CPFT, CCC, PCC and the CCG.

The work streams are due to commence in April 2016.

Each organisation will have links between the TCP Board and internal governance.



1.7 Stakeholder Engagement Arrangements

1.7.1 Current Arrangements

Two local Learning Disability Partnership Boards (LDPB) have a high level of co-production within the day to day delivery of the learning disability strategy. The LDPBs are co-chaired by service user and carers so commissioners are fully aware of the issues being presented by people who experience the service. This plan is reflective of those issues.

Each LDPB has a user and carer engagement philosophy embedded within their frameworks therefore all strategic decisions, service design; planning and delivery are co-produced.

The Children's and Young people's commissioners have good engagement arrangements with Parents and Carers groups but are more sporadic with young children. 14+ are supported by Voiceability within Cambridgeshire but not Peterborough.

Users and Carers (Adults) in Cambridgeshire

Cambridgeshire LDP commission Voiceability to enable effective user and carer engagement within the Learning Disability agenda. The framework for this exists in the formation of a Speak Out council for people aged 14+. The Speak Out Council has elected regional leaders for 3 sub regions of Cambridgeshire. They also have 3 elected leaders for High Support Needs, People with Autism and Young People with learning disabilities. Each of those leaders work with their constituents to bring forward issues that users and carers face and to respond to commissioning agendas.

The Speak Out Council also co-chairs the LDPB and has a responsibility to disseminate any information, plans and directions through their members. Voiceability who hosts the Speak Out Council is aware of the Transforming Care Agenda.

Users and Carers (Young People) in Cambridgeshire

Cambridgeshire County Council employs a young people's engagement worker to assist in the involvement of children and young people in service evaluations and re-design.

Voiceability support young people from age 14. Families and Carers are supported through Pinpoint.

Voiceability is aware of the Transforming Care Agenda.

Pinpoint have representatives on the Local Authority Commissioning Boards, the CCG Children and Young People's Programme Board and are therefore sighted on current strategic agendas.

Users and Carers (Adults) in Peterborough

Peterborough has a Learning Disability Partnership Board (LDPB) with a Health Sub-Group and Autism Sub-Group. The LDPB is co-chaired by the Director of Communities and a self-advocate. Self-advocate input into the LDPB is through a 'Network Group' which is supported by a paid advocate, the Network Group view all papers submitted to the LDPB and give a presentation to the board on any issues it has within the papers. The LDPB agenda is agreed between the co-chairs supported by the paid advocate.

The autism sub-group has received two briefings on TC at its September and December 2015 meetings on the draft TC strategy and service model at its March 2016 meeting. The LDPB will receive its first briefing at its March meeting.

The advocate is funded by the LDPB through its Learning Disability Development Fund. The current service provider is the Peterborough Council for Voluntary Services.

Users and Carers (Young People) in Peterborough

Peterborough City Council employs a young people's engagement worker to assist in the involvement of children and young people in service evaluations and re-design.

Family Voice support parents and carers in Peterborough and have representatives on the Local Authority Commissioning Boards and the CCG Children and Young People's Programme Board and are therefore sighted on current strategic agendas.

Commissioners

The CCG is formed of 8 LCGs across Cambridgeshire and Peterborough for Health Commissioning. Each LCG is regularly updated on the Transforming Care plan through their monthly/quarterly board updates. We have 4 lead GPs from each system who are fully involved within commissioning decisions and arrangements. Each lead is briefed on a monthly basis. We have an overall Clinical Lead GP who co-chairs the Learning Disability Health groups and has overall clinical responsibility for our commissioning arrangements.

In Cambridgeshire the commissioners work actively with the LDPB, service users, carers, the CCG, CPFT and other local providers. This forum provides opportunities to discuss service development and gather the views of stakeholders. The LDPB has a number of subgroups that focus on specific issues including health, housing and day

support opportunities.

The commissioners in Cambridgeshire County Council also work with the Autism Consortium that provides the same opportunities for involvement of people on the autistic spectrum.

Providers

Our Providers have all been actively involved within the creation of this plan and are members of our Transforming Care Board who will oversee the plan.

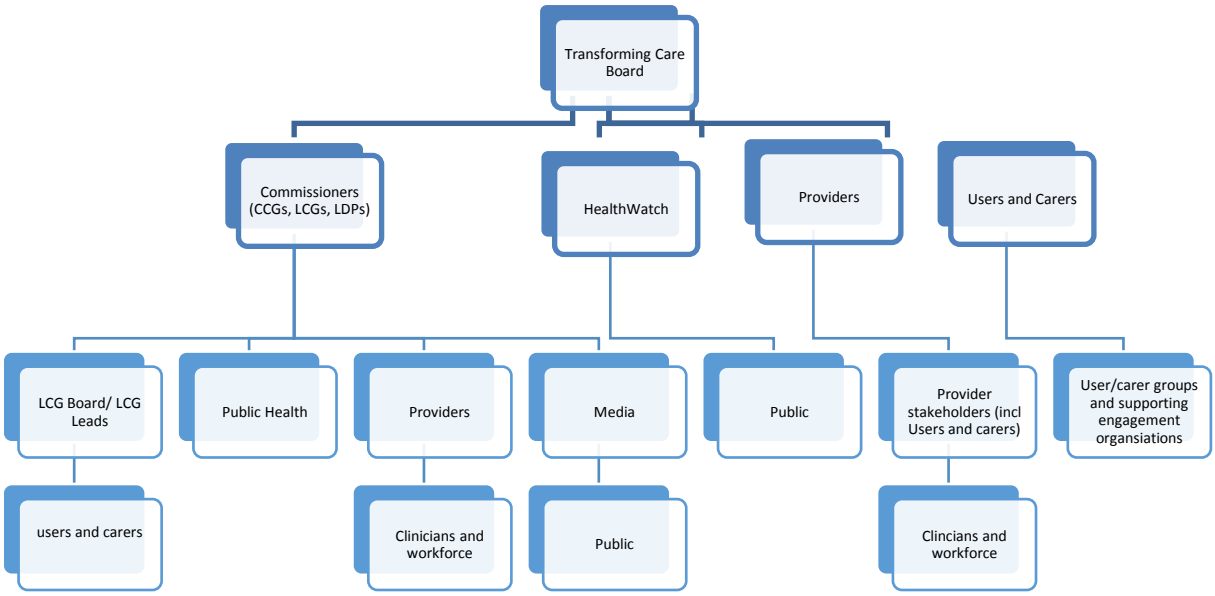
1.7.2 Future Engagement Arrangements

The Transforming Care Board will be appointing a project manager who will oversee and co-ordinate the Engagement Arrangements.

The project manager will deliver a robust engagement strategy in line with the implementation of the plan.

Transforming Care Board Engagement

The overarching engagement arrangements for the Transforming Care Board will exist as follows. Each member of the Transforming Care Board will have the responsibility to cascade information to relevant working groups and stakeholders. The diagram below outlines the pathways for engagement:



Commissioners

Commissioners from the CCG and two Local Authorities will be engaged through their representation on the Transforming Care Board.

The Commissioners will have the responsibility to seek engagement from their respective partnership boards that will in turn have mechanisms for engagement that sit underneath. The LDPBs will be required to cascade information from the Transforming Care Board through the LDPBs and beyond. The LDPBs will also be required to provide information to the Board based on feedback they receive.

The CCG representatives will have the responsibility to seek engagement from the LCG Boards and lead GPs. This is done though bi-monthly updates to the local commissioning groups routinely. Further briefings are delivered electronically through the GP Gateway system. The CCG contracting and commissioning team include a team of lead GP leads from each LCG. They are regularly involved in strategic decision making about the ongoing commissioning of services. The Lead GPs also act as a local representative for their patients and local commissioning groups.

Providers

Healthcare providers are members of the Transforming Care Board and will have representatives on the identified work streams within the plan. They will be required to cascade information from the Board through their own engagement mechanisms and provide information to the Board based on feedback that they have received.

Users and Carers

The Cambridgeshire and Peterborough Transforming Care Board are committed to the co-production ethos for service planning, design and evaluation and have therefore created a user and carer reference group which will support the Transforming Care Board as described above.

Underneath this user and carer reference group, we are looking to work with identified user and carer groups/engagement support agencies to conduct wider engagement around this agenda. This will then be fed into the Transforming Care Board through the User and Carer reference group.

We have proposed this agenda to the Speak Out Council in Cambridgeshire for them to take on as one of their key topics. If approved, they will commence a formal consultation procedure in March with feedback at their council meeting on 16th June. The Speak Out Council is user-lead and their workload is directed by the members.

We will work to ensure that there are consistent levels of engagement across all ages. The User and Carer representation on the board will be supported by a reference group and wider user and carer engagement strategy.
The group will exist to;

- Advise the board of effective engagement mechanisms,
- Ensure that user and carers have been involved at all levels of the work.
- Assess the feedback from user and carer input and ensure that their views, ideas and recommendations are incorporated within the work identified by the plan.
- Act as a reference group to the Transforming Care Board.
- Provide representation to the Transforming Care Board.

Healthwatch

Healthwatch Cambridgeshire and Healthwatch Peterborough are invited to represent the public on the Transforming Care Board and act as a critical friend to ensure effective public engagement.

Provider Engagement

There is an expectation that all commissioned providers of Learning Disability Health and Social Care provision adopt the philosophies and principles of the Transforming Care Agenda and plan into their day to day service delivery. Providers are being invited to join the individual work streams to offer representation and intelligence about the service users that they work with. They will be key sources of information to inform future service design and delivery.

Each provider will be expected to utilise their own methods of engagement in line with their organisational engagement strategies and feedback within the relevant work streams. They will be expected to disseminate all and any information about the Transforming care agenda and plan within their networks and systems.

Service Providers will be required to conduct adequate consultations with service users and carers on any proposed changes that would impact the level/type of service delivered.

Public Engagement

As part of the initiative to promote the Transforming Care Agenda and our subsequent plan, we will arrange 4 public roadshows in the different regions of our catchment throughout 2016/17. They will be based in Cambridge City and East, Peterborough, Huntingdon and Fenland starting in June 2016. These roadshows will be concluded in April 2017. The aim of these roadshows will be raise public awareness and offer a public consultation forum to engage people in the solutions that will drive our plan forwards.

Both Local Authorities, the CCG and our main provider has nominated an Engagement and Communications lead. These leads will work collectively to develop a public engagement strategy, utilising public forums, online resources and social media to ensure effective communication to the public and key stakeholders to drive up the maximum level of engagement.

Engagement Mechanisms

We recognise that there are a variety of tools and approaches that can be used to engage different people and those different methods are appropriate at different times depending on the audience and the content.

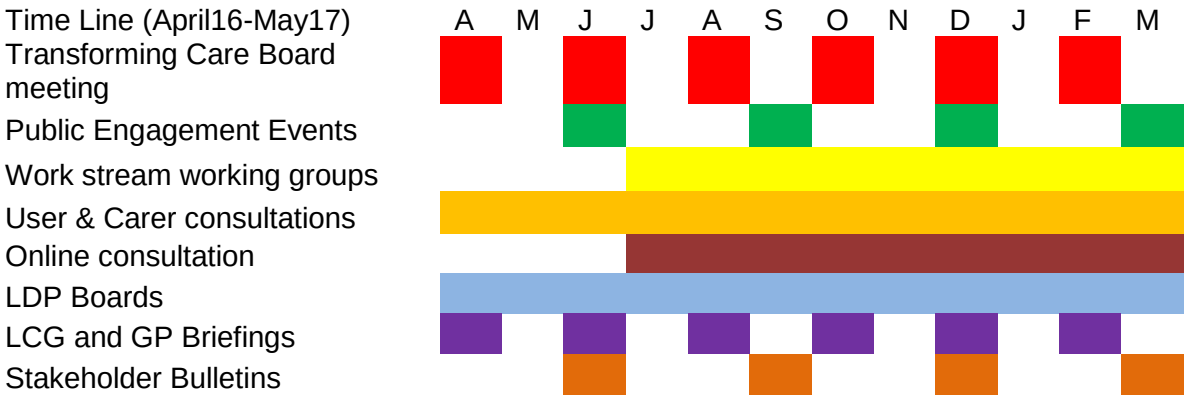
We therefore expect to provide, but are not limited to, the following mechanisms of engagement;

- workshops,
- consultations in the form of online, face to face, email and telephone
- questionnaires
- surveys
- Briefings

The Transforming Care Board are committed to making sure that we provide a wide source of opportunities where possible and will provide regular briefings to key stakeholders.

Where there are to be significant changes to current service provision, the Transforming Care Board will work according to formal public consultation procedures as defined by Cambridgeshire and Peterborough CCG, Cambridgeshire County Council and Peterborough City Council.

1.7.3 Delivery of the Engagement Strategy



We aim to ensure that each group has appropriate representation relevant to the identified work streams within the plan but would like to ensure where possible that there is at least one commissioner, one provider and input from service users and carers. There will be a User and Carer Reference group who will self-select the work streams to attend or request briefings from each group. The Users and Carers reference group will have the authority to decide how they wish to be involved in each element of the programme. They will be supported to be as involved as they choose.

Each work stream will oversee the engagement within their area of the plan. It is expected that each work stream will create further opportunities for engagement in line with the cycle of project management:

1.7.4 Co- Production with children, young people and adults with a learning disability and/or autism and families/carers.

Our LDPBs have a high level of co-production within the day to day delivery of the learning disability strategy. The LDPBs are co-chaired by service user and carers so commissioners are fully aware of the issues being presented by people who experience the service. The plan is reflective of those issues.

All the stakeholders listed in the engagement section above took part either directly via the representation at the TC Board or indirectly via the ongoing established fora to comment and feed into the production of this draft plan.

A more in depth process of co-production in planned as discussed above, and will include children, young people and adults with a learning disability and/or autism and families/carers.

2 Baseline assessment of needs and services

2.1 Detail of the population / demographics

Cambridgeshire's total population in 2013 is estimated to be approximately 635,100 and Peterborough's 186,500 making a total of 821,600.

In Cambridgeshire of the 635,100 people 2376 adults aged 18+ were predicted to have a moderate or severe learning disability: 1767 children with learning disabilities have a Statement of Educational Needs (SEND) and an additional 3452 men and 374 women, aged 18-64, are predicted to have autistic spectrum disorders.

It is estimated that there are currently 2,654 adults (18-64) living in Peterborough with a learning disability, of which 750 have a moderate to severe learning disability, which is 28% of the people with a learning disability. As the city grows this number will increase, and it is projected that this figure will increase by 7% by 2020 and by 12% by 2030.
In terms of those adults aged 18 + on the autistic spectrum prevalence rates would suggest there are 1126 men and women aged 18-64 living within the city.

2.1.1 Adults

In 2013/14 0.4% of the adult population in Cambridgeshire and 0.6% of the population in Peterborough were recorded on GP practice registers as having a learning disability. This compares to 0.5% nationally. The proportion of eligible adults with learning disability who had received a GP health check was 62.3% in Cambridgeshire compared to only 29.6% in Peterborough (44.2% England).

Over the same time period 1,590 adults (18-64 years) with a learning disability were known to Cambridgeshire County Council and 655 people in Peterborough City Council. The associated rate per 1,000 populations were significantly lower than England in Cambridgeshire and significantly higher than England in Peterborough.

In 2013/14 21.4% of adults with learning disabilities were living in non-settled accommodation, around the national average, compared to 17.6% in Peterborough, which was significantly better than the England average. However, the accommodation status of just over 9% adults was unknown in Peterborough. At the time there were no adults with learning disabilities in Cambridgeshire living in severely unsatisfactory accommodation, such as rough sleeping, B&B, shelter or refuge. In Peterborough there were 5 people (0.76%).

In 2013/14 a third of adults with learning disability were receiving direct payments in Cambridgeshire, slightly higher than national average of 30.5% and higher than Peterborough at 29.0%. People with learning disabilities who become eligible for NHS CHC have access to a personal health budget

In 2012/13 240 adults with learning disabilities were referred to adult safeguarding teams due to abuse, with rates significantly higher than England, but these figures include incidents of challenging behaviour directed towards other service users and staff. In Peterborough 20 people were referred due to abuse with rates significantly lower than England.

In 2013/14 there were 500 adults with learning disabilities using day care services supported by local authorities in Cambridgeshire, with an associated rate that was around the England average. There were 1,270 adults who were receiving community services supported by local authorities with a rate that was significantly better than England. In Peterborough 190 adults were using day care services supported by the local authority, with a rate that was around the England average. There were 450 adults receiving community services with a rate that was significantly worse than England.

2.1.1 Children

In 2013/14 there were 1,614 children known to schools who had a learning disability in Cambridgeshire; 1,175 had moderate learning difficulties, 328 had severe learning difficulties and 111 have profound and multiple learning difficulties. The associated rates per 1,000 pupils were all lower than national averages. At the same time there were around 935 pupils with a learning disability in Peterborough; 759 with moderate learning difficulties, 100 with severe learning difficulties and under 3 with profound and multiple learning difficulties. The rate for all children with a learning disability was significantly higher in Peterborough compared to England.

In 2013/14 there were 926 pupils with autism known to schools in Cambridgeshire and 373 pupils in Peterborough. Both areas had rates there were significantly higher than England.

Overall, as the population grows and ages, the number of people with disabilities is also expected to rise. The proportion of people with a learning disability aged over 55 is expected to increase and parents caring for them are likely to have died or become frail. Social care requirements for people with learning disability in England are expected to increase by 14%, up to 2030.

The number of children with disabilities is predicted to increase. The number of children with statements of special educational needs has increased in Cambridgeshire

2.2 Analysis of Inpatient Services Use

Current (31/03/2016) State on Inpatients Adults and Children

As of 31/03/2016 our TCP has 8 CCG commissioned adult inpatients, 10 NHSE commissioned adult inpatients and 10 NHSE CAMHS inpatients. In total there are 28 people in the inpatient units.

TCP inpatient population in beds **in footprint**						
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds	No of beds commissioned contracted	No of beds in use by TCP
Hollies	n/a	CCG	Inpatient	8	8	1
IASS	n/a	CCG	Inpatient	8	8	2
George McKenzie	n/a	NHSE	Low Secure	20	spot	1
Croft Unit	n/a	NHSE	CAMHS	12	spot	1

TCP inpatient population in beds outside footprint (**out of area)**				
Unit (NHS)	Unit (Non NHS)	CCG or NHSE?	Type of bed	No of beds in use by TCP
n/a	Danshell Group, Thors Park, Colchester, CO7 8JJ	CCG	Low secure	1
n/a	Jessal Cawston Park, Aylsham Road, Norwich	CCG	Low Secure	1
n/a	Cambian Fairview, Boxted Road, Mile End, Colchester	CCG	Low Secure	2
n/a	Danshell Group, Yew Trees, 12 The Street, Kirby-le-Soken, Frinton-on-Sea	CCG	Acute admission beds within specialised learning	1
	Beech House	NHSE	Low secure	5
Broadland Clinic	n/a	NHSE	Medium Secure	3

Warren Court	n/a	NHSE	Medium Secure	1
Emerald Lodge	n/a	NHSE	CAMHS	1
	Ellingham Hospital	NHSE	CAMHS-Low Secure	1
Other	NHSE case manager reports extra 7 CAMHS LD/ASD placements. This number is reflected in the finance planning spreadsheet and Unify submission.	NHSE	CAMHS	7

Source: Local Weekly TCP submissions, NHSE monthly inpatient updates

Where we want to be in three years' time

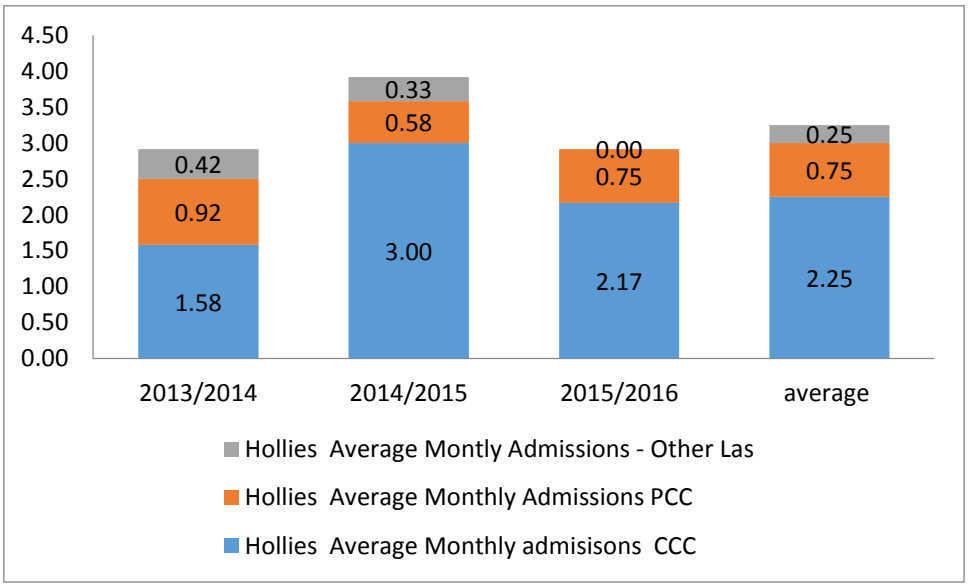
We envisage that:

- we will only have 9 inpatients in the local CCG commissioned service
- we will use no or close to none out of area placements for beds commissioned by CCG
- we will have 15 NHSE commissioned patients (adult + children) in the NHSE commissioned services, as close to home as possible

Local In patient Service Admission Trends in last 3 years – highlights

- Hollies - Average monthly admissions are in the range of 2.15 from Cambridge, 0.75 from Peterborough and 0.25 from other Local Authorities
- IASS - Average monthly admissions are in the range of 0.97 from Cambridge, 0.14 from Peterborough and 0.19 from other Local Authorities
- Overall - Average number of patients across 3 years at the inpatient units at any one time is 12 (please note the number are rounded to the full figure).
- Average Length of Stay across 3 year worth of data is 78.3 days per person.

Source: CPFT Reporting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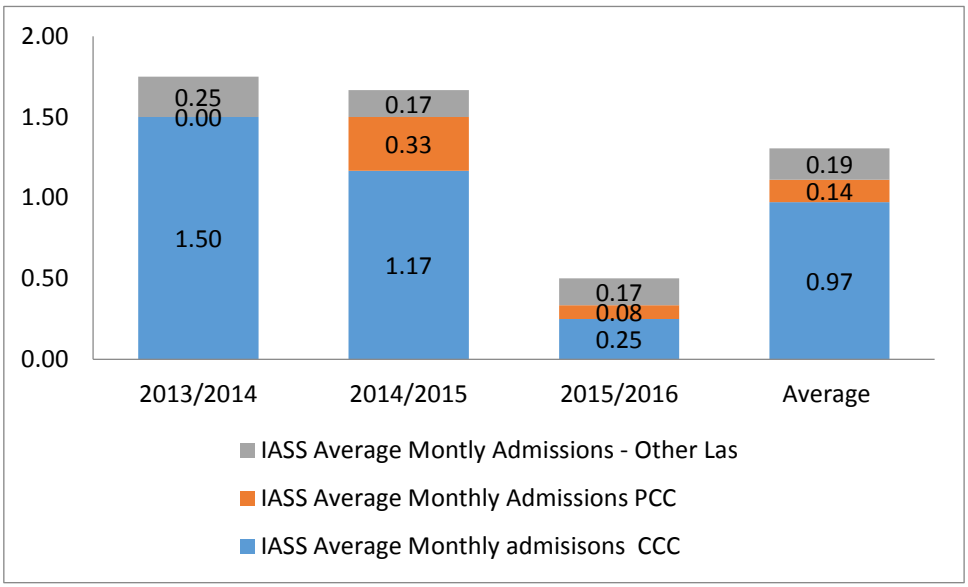
2015/2016
average
Hollies Average Montly Admissions - Other Las
Hollies Average Monthly Admissions PCC
Hollies Average Monthly admisisons CCC


2.00
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2013/2014
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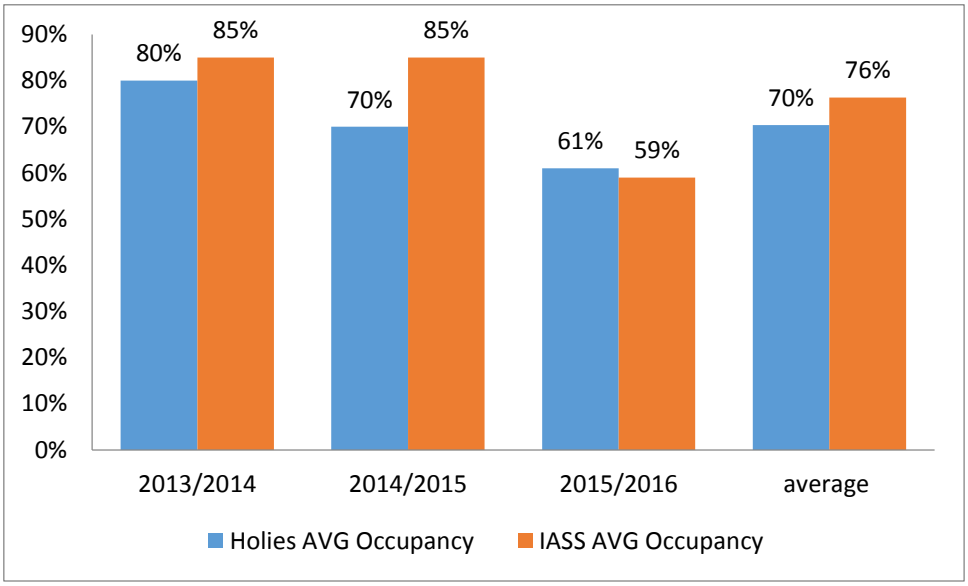
Average
IASS Average Montly Admissions - Other Las
IASS Average Monthly Admissions PCC
IASS Average Monthly admisisons CCC



	Holies AVG Occupancy	IASS AVG Occupancy
2013/2014	80%	85%
2014/2015	70%	85%
2015/2016	61%	59%
average	70%	76%
Capacity of the Unit	10	6
Average no of people in the units across 3 years	7	5
Overall AVG LOS	78.73	

The inpatient beds commissioned from CPFT by the CCG and CCC are used exclusively by these commissioners, with flexibility about how the beds are used to ensure that people can be admitted to the most appropriate service at the time of their admission.

A small number of inpatient beds are spot purchased at any one time to meet specific needs that cannot be met in the beds commissioned from CPFT. Wherever possible these are purchased as close to Cambridgeshire and Peterborough as possible.

There are no CCG commissioned inpatient beds for children and young people up to the age of 18 (known as Tier 4 CAMHS) as this is an NHS England Specialist Commissioning responsibility.

Staffing

Rotas (excludes ward manager/day activity co-ord)

		RN	HCA	Total	**wte per bed**	**Beds per WTE**
Hollies	Early	2	2	4	**0.40**	**2.50**
	Late	2	2	4	**0.40**	**2.50**
	Night	2	1	3	**0.30**	**3.33**
	Day (2)	1	0	1		

		RN	HCA	Total	**wte per bed**	**Beds per WTE**
IASS	Early	2	1	3	**0.50**	**2.00**
	Late	2	1	3	**0.50**	**2.00**
	Night	1	1	2	**0.33**	**3.00**
	Day (4)	1	0	1		

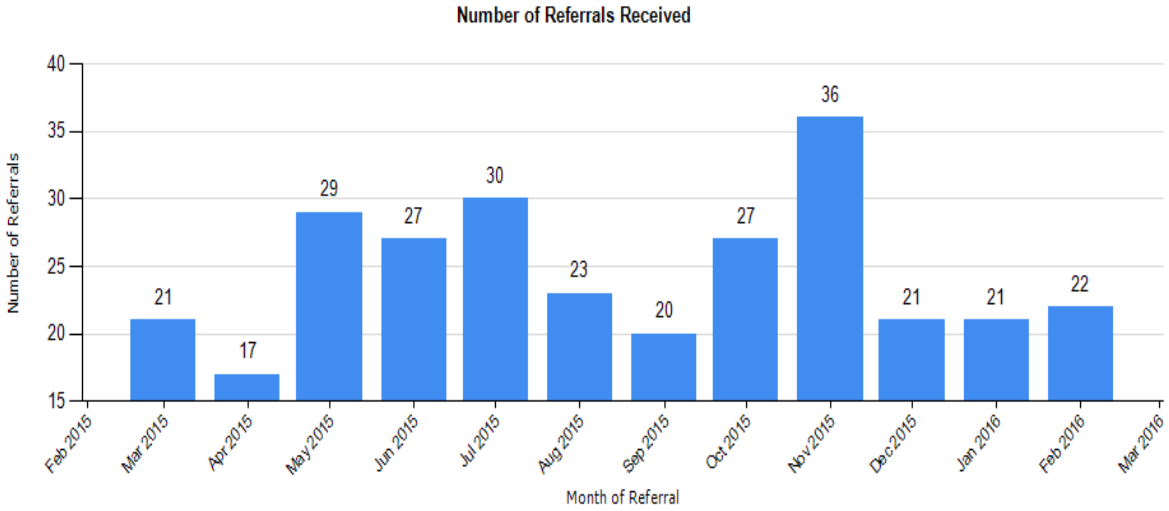
Please note the level of staffing and the best configuration of inpatient beds is subject to Safe Staffing Assessment Tool and TCP discussions between the provider and commissioners.

2.3 CLASS - Cambridge Lifespan Asperger Syndrome Service

The Cambridge Lifespan Asperger Syndrome Service (CLASS) clinic offers a specialist diagnostic assessment for adults who may have Asperger Syndrome or High-Functioning Autism.

- In 2015/2015 CLASS saw 294 people , average 25 people per month
- The service is busy, operating the waiting list, with 22.5% of people waiting more than 26 weeks

Referrals received or transferred to CLASS (team -1/03/15 to 29/02/16 - monthly trend



	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Total
Specialist Services	**21**	**17**	**29**	**27**	**30**	**23**	**20**	**27**	**36**	**21**	**21**	**22**	**294**
CLASS Team	21	17	29	27	30	23	20	27	36	21	21	22	294

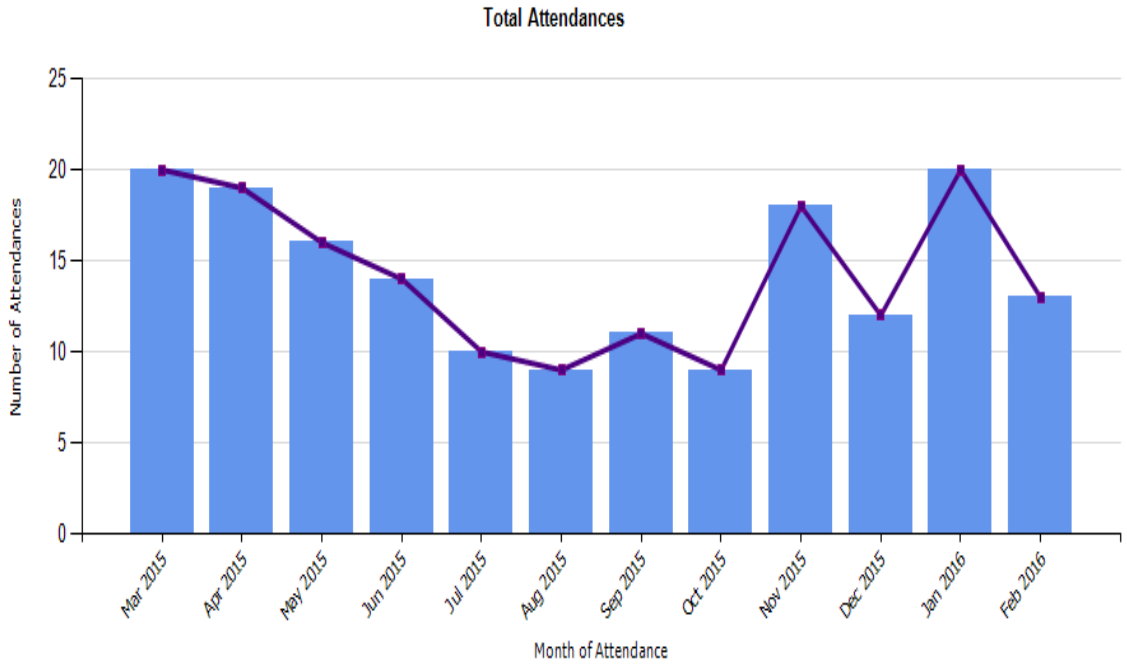
CLASS Waiting List (data extract 07/03/16)

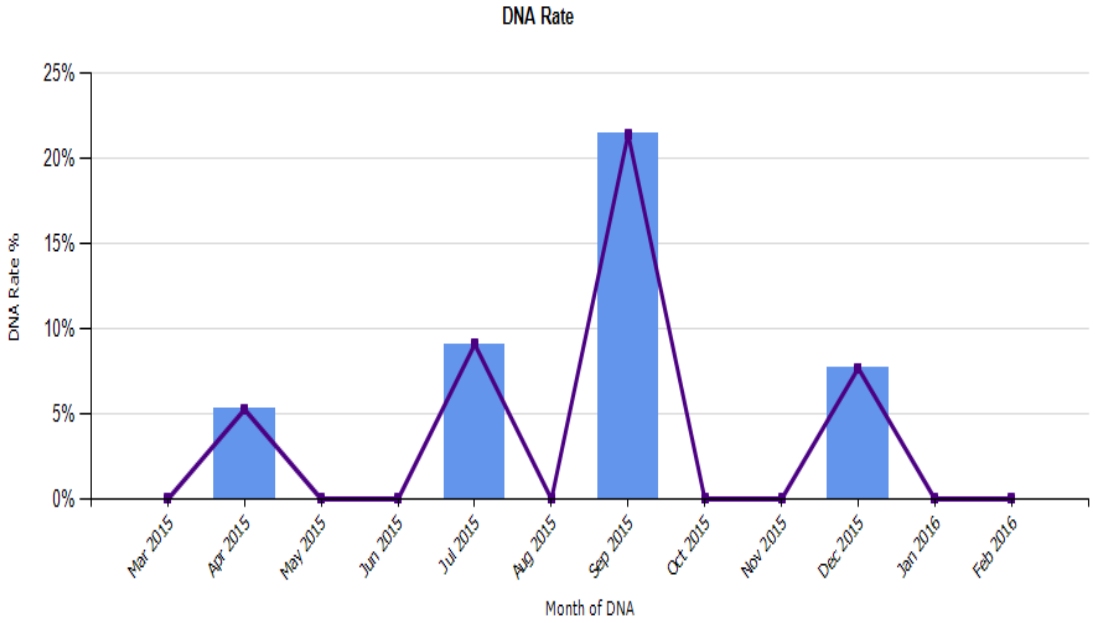
	0-6 Weeks	7-12 Weeks	13-18 Weeks	19-26 Weeks	27-52 Weeks	52+ Weeks	Total
Total	30	24	25	16	5	2	102
Specialist Services	30	24	25	16	5	2	102
CLASS Team	30	24	25	16	5	2	102

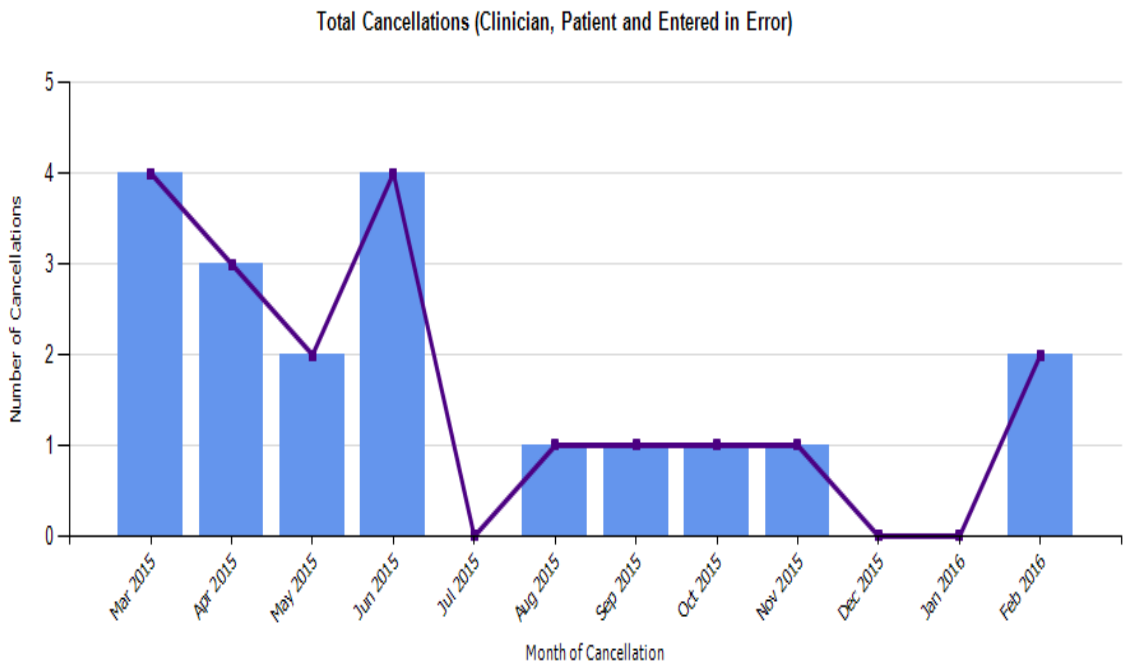
CLASS Activity 01.03.15 to 29.02.16
RiO Contacts

	Mar 2015	Apr 2015	May 2015	Jun 2015	Jul 2015	Aug 2015	Sep 2015	Oct 2015	Nov 2015	Dec 2015	Jan 2016	Feb 2016	Total
Total Attended	20	19	16	14	10	9	11	9	18	12	20	13	171
Face to Face	19	19	15	14	10	9	11	9	18	12	20	13	169
Telephone	1	0	1	0	0	0	0	0	0	0	0	0	2
DNA	0	1	0	0	1	0	3	0	0	1	0	0	6

DNA Rate	0.0%	5.3%	0.0%	0.0%	9.1%	0.0%	21.4%	0.0%	0.0%	7.7%	0.0%	0.0%	3.5%
Cancellations	4	3	2	4	0	1	1	1	1	0	0	2	19
by CPFT	1	1	1	0	0	0	0	0	0	0	0	1	4
by Patient	3	0	1	3	0	0	1	1	1	0	0	1	11
Entered in Error	0	2	0	1	0	1	0	0	0	0	0	0	4







2.4 Current system

Performance in Cambridgeshire and Peterborough is already within the requirements of transformation programme. There are usually less than 15 adults in hospital placements at any one, commissioned by the CCG.

There are approximately 12 people in SCG commissioned placements at any one time. The target for NHSE commissioned beds per million population is 20-25 inpatients.

In Cambridgeshire and Peterborough most people are cared for in the community either at home, or in local supported living or residential care facilities. In the CCG area there are two short term assessment and treatment facilities which have 16 beds between them and these are where the overwhelming majority of people are placed if their behaviour is placing them or other people at significant risk, including the need to be sectioned under the Mental Health Act.

Please note the reduction of inpatient beds from 16 to 12 which is taking place at the time of writing of this report.

An additional small number of people are placed in out of county hospitals but these are generally close to the CCG area and placements tend to be temporary with a maximum stay of six months being the norm.

There is also a CCG-wide diagnostic service for people with autism and a post diagnostic service in Cambridgeshire.

In Cambridgeshire the social care model is delivered through an approach known as Transforming Lives that focuses on strength based conversations, prevention, progression, independence and community networks. It described three tiers of intervention which can be used individually or together depending on the person's situation at the time. The three tiers are: (i) information and advice and enabling access to community facilities; (ii) more intensive support during crises and (iii) longer term and/or on-going support. The aim is to build on peoples strengths and encourage progression towards independence, and building community resilience to promote greater community support and inclusion.

In Peterborough a Target Operating Model (TOM) has been developed which mirrors that provided in Cambridgeshire. The TOM is designed to support communities and individuals help themselves at the earliest point through the provision of preventative support including advice on community based support, short-term re-ablement support. A long term conditions team is in place for those who require lifelong support.

Providers in both areas are mainly from the third and independent sector but Cambridgeshire has its own in-house provision of day services, respite care, supported living and Shared Lives.

Contracting is a mixture of spot and block -purchasing but the in-area hospital placements are block purchased

Children and young people are supported to live as part of their families in the most inclusive way possible, enabling families to care and for children and young people to live as part of their communities. However, there are on-going issues and differences in eligibility criteria and levels of service between those offered to families up until their child's 18th birthday and those afterwards but these are addressed by the similar approaches (described previously) being adopted by local authorities across all ages.

In Cambridgeshire there is a move towards considering the lifetime costs of intervention – in terms of calculating the cost effectiveness of earlier support which can be translated into lower costs in later life – in order to break down costs but also to break down barriers between adult and children's service models.

In Peterborough the Children with Disabilities Social care team is now a 0-25 team to support both the SEND processes and transition.

The use of spot contracting for specialist placements is used due to the relatively low incidence and the very specialist needs of some young people. However, these are high cost placements which while in many cases meeting the young person's needs, they are not providing the resources to enable local services to up skill and develop. Specialist placements also often mean the children and young people are

placed at some distance from home and family which makes the transition to more community based options as an adult harder to achieve because the young person doesn't have the connections and friendships back in their originating area

2.5 Current estate

The Intensive Support Team (IST) is based at the Gloucester Centre, Morpeth Close, Orton Longueville, Peterborough, PE2 7JU. There are provisional future re-development plans for the Gloucester Centre.

The IASS Inpatient Service in Cambridge is located at the Ida Darwin Hospital site. There are provisional future re-development plans for the Ida Darwin site. The site is the old activities block on an ex Learning Disabilities site which is a multi-use site.

In Peterborough The Hollies is a short-term assessment and treatment unit located at the Cavell Centre on the site of Peterborough City Hospital. This unit was funded through a PFI initiative and provides a modern resource which is compliant with the elimination of mixed gender accommodation requirements.

The Hollies is separated into 2 sections a 4 bed female area and a 6 bed male area. The accommodation offers single en-suite bedrooms. The Hollies modern accommodation and location within the Cavell Centre, a mental health and learning disability in-patient unit facilitates the admission of people with increased acuity and challenging behaviour This is a significant challenge for MDT working as they not collocated with PCC colleagues.

Both male and female areas have a number of lounge and activity rooms which increases the flexibility & adaptability of environment to meet the needs of people with complex needs. .

The Ward benefits from being co-located with Adult mental health, CRHTT and Older Peoples integrated care due to close working partnerships and patient safety systems.

There is access to a range of therapy and therapeutic experiences, gardens and outdoor relaxation areas, fitness and wellbeing suite and a multi faith sanctuary.

The ward achieved an “excellent” AIMs-LD accreditation in 2014 and is currently undergoing self re-assessment. The ward was also rated as “good” during a full CQC inspection in 2015

The CLASS clinic is based in an adapted building on the Fulbourn site (the Chitra Sethia Autism Centre) and also runs a weekly clinic based at the Hollies inpatient unit in Peterborough (the Hollies).

2.6 The case for change

The local TCP already performs with the expected range of inpatient admissions rates. Our approach is about further enhancement of the local services in order to

support people with learning disabilities and autism even better.

Alternatives to Hospital

The commissioners throughout Cambridgeshire and Peterborough, along with the provider market, recognise the need for a range of alternatives to hospital. The vision of the commissioners - again strongly reinforced by national requirements - is that people with a learning disability should have their needs met in the least restrictive setting possible and those who are supported in hospitals should have a clear agreed clinical need for admission and a care pathway for discharge and aftercare.

Evidence would suggest the best outcomes for people in temporary need of additional specialist support are achieved by supporting them in the communities where they live. Removing people into hospital should be seen as the last option such as when the use of a section of the Mental Health Act is required.

Effective Configurations

Both Cambridgeshire and Peterborough have Community Learning Disability services across the county with access to all of the relevant disciplines. In Cambridgeshire there is a community based Intensive Assessment Support Service with links to the inpatient service which works with People, Families and Providers to support people through short and longer term difficulties. In Peterborough there is an Intensive Support Team which works in a similar way.

Peterborough does not have a separate learning disability team. Since February when PCC reconfigured their services they now have a generic adult social care team who also provide input to people with a LD. From CPFT clinicians point of view this can lead to increased challenges to effective and timely joint working.

Data Flow

Currently PCC use Frameworki for their social care and clinical records. CPFT uses RiO for their clinical records but in addition CPFT use Frameworki where the person has a Personal Budget. The two organisations cannot access each other's information systems.

Cambridgeshire currently uses Northgate's AIS system and is working on the specialist health staff in the LDP having a dedicated area for their records on this system. Following a recent procurement process, Cambridgeshire will be moving to CoreLogic's Matrix system for both adult and children's social care records. The procurement process set the expectation that systems would be accessible across the health and social care system (where appropriate and with appropriate safeguards around data security) and this will be explored further with CoreLogic.

Locations/Co locations

In Cambridgeshire, the integrated arrangements of the LDP have been in place since 2001/2. Specialist learning disability health staff and learning disability social care staff work in integrated teams, co-located in four sites across the county with a single public referral route through the Council's contact centre or, for professionals, direct into the relevant team. The approach to working with people with learning disabilities and their families is multi-disciplinary, where ever this is required and proved very effective in repatriating people back to Cambridgeshire following the Winterbourne View enquiry.

The Council has recently established a small dedicated team of social care staff to work with people on the autistic spectrum who do not have a learning disability. This countywide team has developed links with the CLASS clinic and the local branch of the National Autistic Society (NAS). An information and support service has been commissioned from NAS, with staff offering telephone and face to face support across the county.

In Peterborough, staff delivering Learning Disability services are not co-located, being distributed across, Bayard Place, the Town Hall, Royce Road, the Gloucester Centre and the Edith Cavell Centre. In addition there is no single referral route for specialist health LD health care, with referrals either being made via the PCC 'front door' or via CPFT's Access & Referral Centre.

Over recent years there has been an increase in the number of people legally requiring statutory assessments and an expansion of the number of people they apply to. These include Deprivation of Liberty (DOL's) Assessments, Continuing Health Care Assessments and Care & Treatment Reviews. Whist these assessments are taking up more clinical time, PCC currently fund a LD nurse to undertake the CHC assessments and the DOL's assessments are minimal, however, this will need to be taken into consideration in the future staffing model.

Sensory Services

Sensory Services: NICE Challenging Behaviour Guidelines state the sensory needs should be assessed and formulated, and may form part of interventions to reduce challenging behaviour. It is specifically stated that sensory interventions should not be initiated before a functional assessment of sensory need has taken place. Currently, 1 LD OT has completed levels 1 and 2 training but this does not qualify for assessment and treatment. The intention is that the OT will carry out Level 3 training which will provide qualification for the same. It is recognised that there will remain a capacity issue taking into account the intensity required for assessment, treatment and monitoring.

Better Equity

The provision of services can be patchy and at times confusing across the locality. For example, currently CPFT is not commissioned to provide services to Stanground GP surgery from Peterborough – they provide a service from Huntington, but PCC provide LD nursing, OT, SALT and Social Care. PCC LD health & social care staff are commissioned to provide services to adults with a diagnosis of autistic spectrum condition who do not have a learning disability – whereas CPFT provides a diagnostic service only (via the CLASS clinic).

Transitions

There are often issues around transition. Adult LD health services are often not aware of young people with LD or suspected LD, who have been very settled in highly structured child provision and therefore have not required a lot of professional input and have been discharged by health (and are sometimes not open to social care).

These individuals often re-present to services in their 17th year, as people around them realise they will need more support, or because their provision has become less structured, and they may require a lot of support at this stage. There can be a pressure on adult health services to intervene before 18, or very quickly after 18 with limited planning which makes it difficult to provide the quality of care we would wish, despite the best efforts of multiple teams.

The 0 to 25 service meets with specialist schools on an annual basis to review their 14 plus registers to identify those who may need services when reaching adulthood. The schools are helpful in alerting the 0 to 25 service about young people not accessing a statutory social care service but who have high health/behavioural needs however, the Adult LD health services do not have the capacity to support early on in the transition pathway. There is a clear pathway that enables young people with mental health issues to move from CAMHS to AMH however, different components of AMH (health and social care) and the pathways can be confusing and unclear. Where a young person is not known to CAMH but has MH issues the gatekeeping is stringent often not allowing people to access the appropriate service

The CAMHS service as a whole is currently only commissioned to provide services up to the age of 16yrs whilst the adult service are commissioned 18 years, this presents issues relating the transition of cases at 16/17 and for those young people presenting with new mental health issues The service has no inpatient beds and whilst there is an Intensive Support Team (IST) for children within CPFT. However, they do not have the specialism to provide intensive support at points of crisis for children and young people with LD or ASD, the capacity within the team is also limited. Under the additional CAMHS investment from Department of Health the IST is being reviewed in order to support admission prevention.

Accommodation

There is insufficient suitable affordable accommodation in the local area, which impacts on placement planning. There have also been significant issues in the local service provider community - placements have failed due to staffing shortages and agency use – and there have also been issues with the skills, training and expertise of local providers' staff.

Some providers define themselves as specialist providers for specific needs, e.g. autism, but this can simply mean that they seek service-users with this condition, rather than that they have staff with additional skills or specialist resources to meet those needs. This results in community services having to input considerable time to support specialist providers. However the Intensive Support Team in Peterborough offer bespoke training and on-going support to staff that support people in the community with complex needs as required within their contract. In Cambridgeshire, a range of health professionals in the integrated teams and in the Intensive Support Team offer advice, guidance and training to providers to improve the quality and effectiveness of services.

Patient Stratification and Risk Register

At this time the criteria for who should be included in the risk of admission register, has not been finalised locally. An estimate of numbers who may be included has identified approximately 10% of active caseload

The CTR process across both localities will be reviewed to ensure that it is robust and fit for purpose. The system of Blue Light CTR's will be consistently applied.

Demand and Capacity

There are recognised demand and capacity challenges within LD Community teams across the county (PCC and LDP). There are long waiting lists for therapy services due to priority being given to those who are in crisis or who pose increased risk. This can limit proactive work.

Delayed Discharges

There are often delayed discharges from inpatient units in the county. This is for a range of reasons e.g. not being able to find appropriate accommodation or service provider.

Most Effective Estate Configuration

A recent CQC review advised that the physical environment of the IASS Inpatient unit was not fit for purpose and that local LD in-patient units would benefit from

additional psychological/AHP resource. The additional MDT resource would help to ensure high quality assessments and management/intervention. The in-patient unit staff's view is that the current model whereby MDT members attend from the individual's local area is not working well.

2.7 How current model can be improved – main themes

- Increase service delivery integration and co-location of services in Peterborough
- System wide increased focused on proactive working to prevent crisis, this is likely to require additional resources and a skill mix review.
- Development of a range of crisis interventions that can support a person to remain in the community as an alternative to admission
- Ensure that across the system there is a wide range of accommodation options available and that where possible providers and landlords keep an individual's accommodation open to them whilst in hospital as well as actively support discharge.
- Consider how best community forensic services for people with LD and low secure in-patients services that are local to the patients' home can be provided.
- Improve access to mainstream mental health services for people with LD, when these are most appropriate to their needs
- Be clear about the role of each service/team and how this contributes to the whole health and social care service provision for people with LD.
- Harmonisation of patient record keeping systems.

Any additional information

See Finance and Activity spread sheet

3 Vision, strategy and outcomes

We fully endorse Building the Right Support service model.

3.1 Vision statement

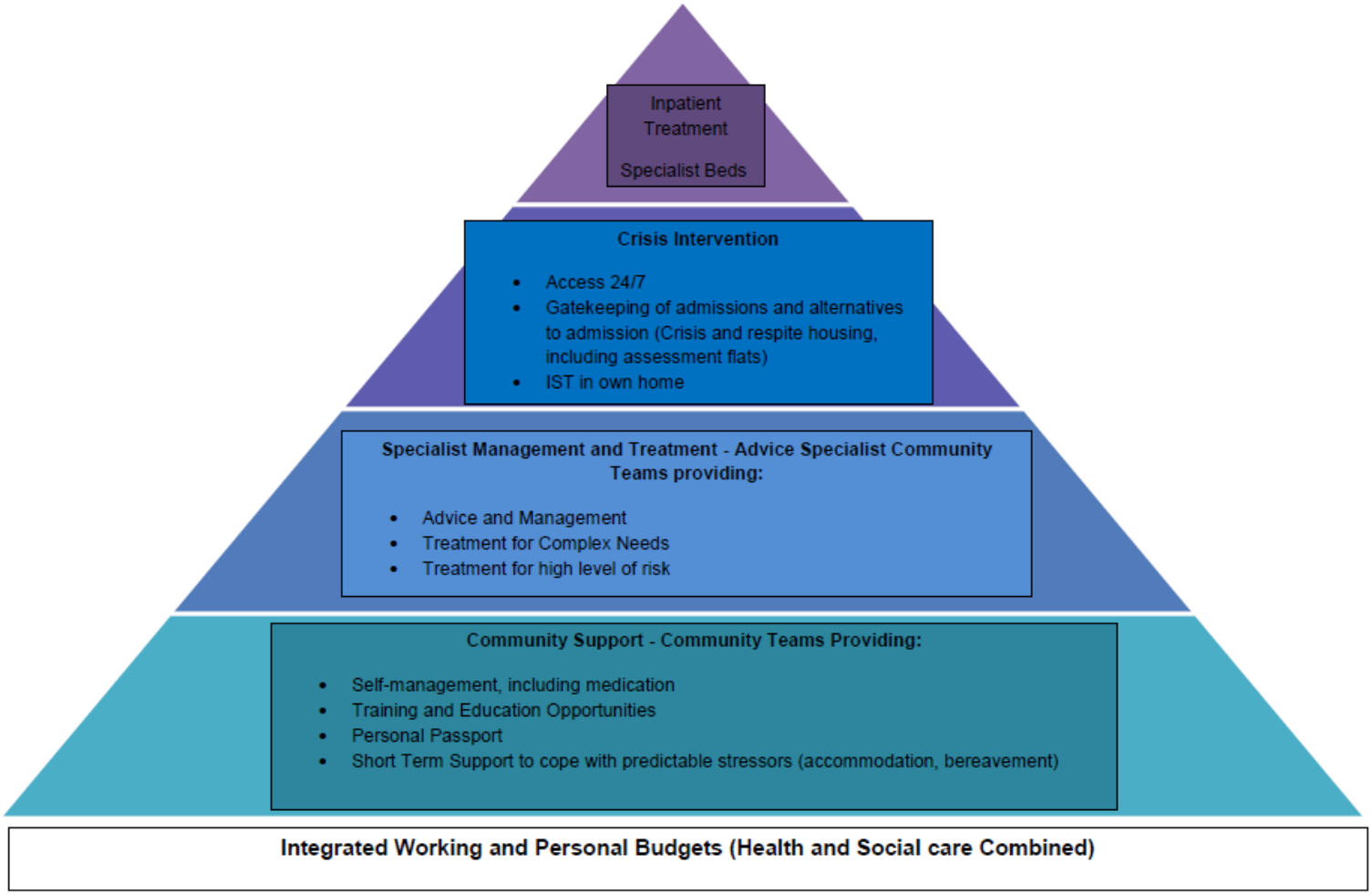
Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.*

We will deliver this vision trough:

- working with all children and adults with learning disabilities and/or autism (including Asperger syndrome) in a person centred way
- integrated health and social care services that maintain them in their communities and minimise the use of inpatient settings

By delivering this vision, we will ensure that people with learning disabilities and/or autism are able to live the life they want and are supported by personalised services to develop their skills and independence and to remain in their local community.

Model of Care for Cambridgeshire and Peterborough



3.2 How will improvement be measured?

The plan is to work with service users and their families and carers to develop measures of success that they think are meaningful. These are likely to include:

- outcome measurements which will measure progress made in service
- patient/ carer feedback surveys

National indicators will be used as follows:

- Assuring Transformation dataset: to monitor reduced reliance on inpatient services
- Health Equality Framework: to monitor quality of life

A new national basket of indicators is currently being developed that monitor quality of care.

In addition potential pool of local indicators that complement those to be used nationally to measure improvement will be considered from the following list (not exhaustive):

Improved quality of care

- There is sufficient capacity of staff to provide care for service users; this will be based on an assessment of the client group, including volumes and complexity of need
- Staff are adequately trained to provide support to those in the client group in order to be able to meet their health and care needs; capacity to be no less than 95% trained at any one time
- 90% of services users to feedback that the service they received was either good, very good or excellent
- 90% of service users feedback that they considered themselves to have been consulted about their health and social care
- 90% of service users feedback that they felt they had some choice in the nature of the health and social care they received
- 90% Friends and Family Test recommendations

Improved quality of life

- An increase in the number of people of working age that have a learning disability and/or autism that are in paid employment
- An increase in the number of people that have a learning disability and/or

autism that are in receipt of direct payments

- An increase in the number of people that have a learning disability and autism that are in receipt pf personal health budgets
- An increase in the number of people that have a learning disability and/or autism that are in settled accommodation
- An increase in the number of people aged 14 and over that have a learning disability accessing an annual health check
- An increase in the number of people aged 14 and over that have an autistic spectrum disorder accessing an annual health check
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychological therapies
- A reduction in the waiting time for people with learning disabilities and/or autism being able to access psychiatric services

Reduce reliance on in-patient care

- Hospital admissions to learning disability hospitals on track as per the TCP Plan
- 100 % of service users to have a community CTR, Blue Light CTR or post admission CTR within 10 days of admission
- A reduction in admissions to hospital due to breakdown in community provision
- Effectiveness measures of “alternatives to admissions” will be measured – eg, utilisation and success of assessments flats

3.3 Principles of the Local Care Model

We fully support and adopt Transforming Care Principles Key Principles:

The human rights of people who use services are incontrovertible and must be upheld at all times; consequently there are a number of 'golden threads' that run consistently through the nine principles described and which should therefore be reflected in local commissioning strategies:

Quality of life – people should be treated with dignity and respect. Care and support should be personalised, enabling the person to achieve their hopes, goals and aspirations; it should be about maximising the person's quality of life regardless of the nature of their behaviours that challenge. There should be a focus on supporting people to live in their own homes within the community, supported by local services.

Keeping people safe – people should be supported to take positive risks whilst ensuring that they are protected from potential harm, remembering that abuse and neglect can take place in a range of different environments and settings. There should be a culture of transparent and open reporting, ensuring lessons are learned and acted upon.

Choice and control – people should have choice and control over their own health and care services; it is they who should make decisions about every aspect of their life. There is a need to 'shift the balance of power' away from more paternalistic services which are 'doing to' rather than 'working with' people, to a recognition that individuals, their families and carers are experts in their own lives and are able to make informed decisions about the support they receive. Any decisions about care and support should be in line with the Mental Capacity Act. People should be supported to make their own decisions and, for those who lack capacity, any decision must be made in their best interests involving them as much as possible and those who know them well.

Support and interventions should always be provided in the **least restrictive** manner. Where an individual needs to be restrained in any way – either for their own protection or the protection of others, restrictive interventions should be for the shortest time possible and using the least restrictive means possible, in line with Positive and Proactive Care.

Equitable outcomes, comparable with the general population, by addressing the determinants of health inequalities outlined in the Health Equalities Framework. The starting point should be for mainstream services, which are expected to be available to all individuals, to support people with a learning disability and/or autism, making reasonable adjustments where necessary, in line with Equality Act legislation, with access to specialist multi-disciplinary community based health and social care expertise as appropriate.#

Pathways will be underpinned by:

- Focus on the individual and their well-being (Care Act 2014)
- Strengths based approach promoting independence and personal resilience
- Parity of esteem – mainstream MH services
- Integrated service provision with co-located teams.
- Individual choice about where I live, who I live with, how spend my time and health care
- Carer involvement
- Locally focused community provision (Winterbourne View and Building the Right Support 2015
- Easy to access enhanced support in a crisis
- Access to health expertise in the community when needed e.g. Psychiatry, SALT, Psychology etc.
- An appropriately skilled workforce
- Recovery focused (e.g. supporting self-management, optimal independence and flow through system)

Other areas to be considered include:

- Specialist LD Forensic services to support and complement other LD services/teams and local Criminal justice services (e.g. court liaison and diversion, prison in-reach)
- Shared record keeping systems
- All age services - Clear pathway into adult specialist health services for children in transition
- Alternatives to specialist LD in-patient beds e.g. crisis support

4 Implementation Planning

4.1 Overview of our new model of care and care pathways

Our Model of Care is summarised in the diagram above.

4.1.1 Model of Care - Building on Strong Foundations

We will build on our well established arrangements of integrated commissioning and community based health and social care teams to deliver a community based model that focuses on:

- Service users and carers having choice and control, including the use of Direct Payments and Personal Health Budgets

- Supporting carers, including parent carers, through services delivered by Cambridgeshire Carers Trust and the provision of personal budgets
- Progression and skills development to increase independence
- Flexible approaches to respond quickly and innovatively to address a range of situations that could otherwise escalate (see Transforming Lives approach below)
- Further development of “assessment flats” used successfully in Cambridgeshire to repatriate people in out of area inpatient settings and development of other accommodation options
- Further development of Intensive Community Support to support people in their own homes and in “assessment flats”/crisis house to avoid admission to inpatient services unless MHA powers are appropriate or the risk to the person or the community cannot be managed in the community
- Maintaining the established role of Liaison Nurse in the acute hospitals to promote good access to mainstream health care services

4.1.2 Model of Care - Accommodation

To deliver the community led approach it will be necessary to have access to a range of accommodation within the community that could be used when the person requiring additional support needs a change of environment to assist in the management of their behaviour at that time. This will not be via an in-patient bed but in line with the ethos of the new model of care, alternatives to hospital admission will be developed.

Cambridgeshire has recently commissioned two assessment flats in the Huntingdon Area in addition to one in Fenland with the specific brief that they are temporary placements with accommodation agreements that run for six months. It is intended that most stays will be for a maximum of six months but depending on the needs of the individual this timescale can be flexible.

The purpose of these services is to provide a more robust community setting that facilitates assessment and formulation of a person’s needs in relation to environment and community support packages ensuring people have the best opportunity for successfully moving onto independent supported living services in the community. The services in Cambridgeshire are funded by the LDP; currently there is no similar service available in Peterborough, however there are plans for a service to be commissioned in 2016/17.

There is also an intention to expand the current provision of ‘assessment

flats/services' to other areas of the county, providing more local and increased provision. There is a need to review and refine the admission and discharge pathways for these services to ensure they are available when needed and that people are supported to move on to the most appropriate longer term solution in a timely way.

Cambridgeshire recognises there may be the need for additional single service assessment accommodation elsewhere across the county as they are providing a good way of both managing difficult situations but more importantly understanding triggers and adopting a behavioural management and formulation approach to challenging needs and mitigating risks without the need for an inpatient admission.

There may be some individuals who have previously accessed the in-patient service whose needs could have been met in the community but not necessarily in their original accommodation. Cambridgeshire, as part of an assessment of demand will look to offer accommodation that could be shared on a short term basis because not everyone needs a single service and there are some benefits for people sharing with others where the needs of individuals and risks allow.

A range of options in terms of accommodation, including the local provision of inpatient beds, will be the best way in meeting the diverse needs of people who require a period of assessment or additional support. Going forward, services will be commissioned on this basis.

4.1.3 Model of Care - Community Teams

A more community based model that minimises the use of inpatient beds will require the re-focusing of investment in current inpatient provision or additional investment to strengthen the integrated health and social care support in the community, ensuring that this is responsive and proactive in supporting the person to avoid admission and managing risks in a community setting.

The service provided has recently been enhanced by the introduction of 'Transforming Lives', a new model of social care that has empowered both social care and specialist health care staff in the LDP to work in different ways with the people they support. It improves outcomes for service users and their families and is linked to building personal and community resilience and will help to develop or maintain skills and independence. An important aspect of Transforming Lives is that it provides a speedier, more flexible person centred response to crises or unforeseen difficulties arising in the community – Tier 2 in the diagram below.

Currently, the community teams operate during office hours but crises and carer breakdown which can result in inpatient admission often happen outside these hours. Going forward, people in the community are given greater accessibility to community teams by extending the hours that they are available. The costs of providing this enhanced community support could be met by a reduction in the numbers and therefore the costs of inpatient beds provided under the existing block contract arrangements. There would be a requirement for one-off transformation funding to support this transition (detailed in Finance and Activity plan bid).

4.1.4 Model of Care - Specialist Health Teams

There is also a need to review and refine the function and capacity of the specialist health provision in the teams. The aim of such a review would be to ensure that there is an effective and timely response to emerging risks and crises and that this response is proactive in seeking community support solutions rather than relying upon admission which should be seen as a last resort.

The service model diagram above (3.1) provides an illustration of the range of services and pathways that will support the new service delivery model for Cambridgeshire and Peterborough with the emphasis being on increased support for people to remain at home in a time of crisis rather than being admitted to hospital.

4.1.5 Model of Care - Access

With all community-led approaches it is recognised a Multi-Disciplinary approach

offers the best outcomes and Commissioners would wish to see the development of a clear decision making framework with integrated community teams holding responsibility through the whole care pathway.

Where, as part of this decision making framework, alternative accommodation is to be sought for an individual either into an assessment flat or in patient service the integrated community team should continue to be fully involved with all aspects of the care pathway.

Where alternative accommodation is arranged an early discharge plan is drawn up and agreed with all parties to prevent individuals staying in a setting longer than they need to therefore ensuring that these services are appropriately used and capacity maintained.

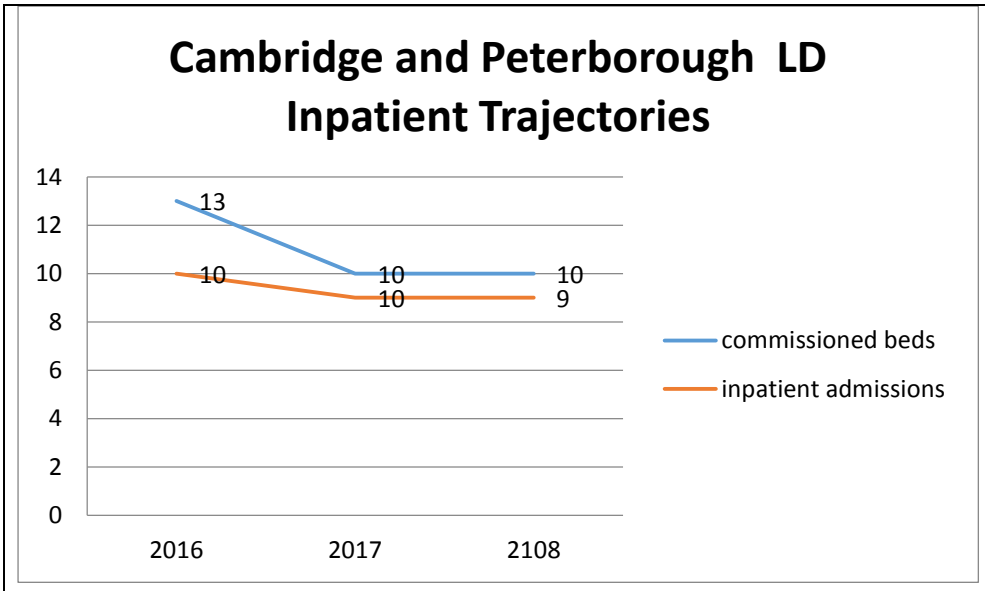
4.1.6 Model of Care - Inpatient Service

The provision of inpatient services will be seen as an option of last resort for situations where risks cannot be managed in a community setting including in the more robust options described above and / or the person was assessed as needing to be detained under the Mental Health Act.

Where an admission is required it is expected that specialist health and social care staff in the LDP and PCC team local to the persons home address would continue to work with the person during their admission therefore allowing continuity of approach and support and ensuring that any formulations and interventions would be sustainable in a community setting after discharge. The staff working in the LDP locality teams and PCC would therefore become part of the individual's treatment team working alongside nursing staff and other professionals who are part of the unit's core staffing and ensuring that there is a full and robust multidisciplinary team around an individual during their admission.

It is acknowledged that the inpatient unit would need strategic level oversight to give clinical leadership and ensure that the needs of each individual are being appropriately met. This level of co-ordination and leadership would be provided by the professional leads in the LDP and PCC.

Our trajectory for inpatient admissions and commissioned beds for 2016/17 and beyond, in line with Building the Right Support targets to reduce a number of commissioned beds, releases the finances to support the community, and maintain current level of admissions.



4.1.7 Model of Care - Finance

The current cost to commissioners of the block contract is in excess of £4m per annum. This equates to a daily cost per bed across both areas in the region of £685. The current occupancy rate is very low. In addition to this the Cambridgeshire LDP are being asked to fund one-to-one observations over and above the contract cost. These observations are included within the CCG contract for beds for patients from Peterborough.

In order to strengthen the community teams and develop the range of alternative accommodation commissioners will need to re-configure the funding to fund these changes or release all of the funding and move to a spot purchase arrangement as discussed in the finance spreadsheet assumptions.

Current enquiries in the independent sector have suggested that daily bed rates for the type of accommodation that we believe will be required in the future vary between £450 and £550. As a result of these findings we believe that to ensure the requirement for services to be cost effective is met a market-testing exercise is required, which looks at cost and market capacity. Discussions are at an early stage, but this might be one exercise covering provision for both Cambridgeshire and Peterborough.

In Peterborough, due to the absence of a pooled budget similar to CCC, the CCG are responsible for commissioning and funding health placements.

The TCP Board will be matching the released funding (as discussed in the finance spreadsheet) with any contributions allocated from the national TC funds.

4.1.8 Model of Care - Workforce

In terms of service provision, not all learning disability health and social care staff are collocated and this can provide challenges to the provision of integrated care to people with a learning disability. The multi-disciplinary approach and collocation with other professionals such as social workers and other therapists is of real benefit to the overall offer provided. The current provision of service needs to determine how to fully implement the new NICE guidance around a clear multi-disciplinary pathway for the management of challenging behaviour.

There should be equity of services across Peterborough and Cambridgeshire based on evidence and LD demographics. There should also be timely access to Sensory Integration assessment and treatment services.

Referral arrangements will be reviewed to ensure they are robust and wherever possible constitute a single access arrangement. In addition recording arrangements should be harmonised to allow prompt and easy access to, and exchange of, patient information.

4.2 What new services will we commission?

When delivering our aspiration we are looking at evolution rather than revolution. We are already supporting local population in the line with the transformation programme requirements. Our work will look at fine tuning the current landscape. We will consider commissioning and decommissioning of several pathway elements and longer term service provision.

- Rapid response crisis intervention team to operate on at least an extended hours basis if not 24/7 basis (Cambridgeshire)
- Options around supporting people with LD and forensic histories will be explored
- Families will commission services through personal health budgets and where appropriate integrated budgets. The CCG will commission new services for people using PHBs egg. Brokerage and support services. The learning from the different ways of using PHBs and the services families purchase this way will feedback into future commissioning considerations
- Additional “assessment flats” for single person responses in Cambridgeshire & Peterborough
- Shared “crisis house” where a shared setting is appropriate
- Strengthened Integrated Community Teams to support people in “assessment flats” and “crisis house” working with social care providers
- Accommodation and care and support options around supporting people with LD and forensic histories will be explored to inform future commissioning
- The potential need to commission services with other TCP areas in the Region, to meet the needs of people with some specific conditions e.g. Prada-Willi syndrome, will be considered

4.3 What services will we stop commissioning, or commission less of?

The following services will only be used where the community responses and local inpatient services are not appropriate to meet the specific needs of the person at the time

- Out of area hospital placements
- Low medium and high secure and forensic services out of area
- We will explore more efficient commissioning of unnecessary block inpatient capacity

4.4 What existing services will change or operate in a different way?

The following services will need to change:

- The number of inpatient beds commissioned locally will reduce and a new specification will need to be written to reflect the aspirations of the new model. This may lead to market testing to ensure value for money.

- The Integrated Community Teams in Cambridgeshire will need to be strengthened and the Crisis Response Team developed to operate within and outside office hours

- In Peterborough, the best way to build on and extend the integrated arrangement of Community Learning Disability Nurses within the adult social care teams will need to be considered.

- Social care providers will need to be supported by Commissioners and the Integrated Community Teams to develop greater expertise and skill in supporting people to remain in their own homes even when there is a crisis or escalation of challenging behaviour.

4.5 Personalised Support Packages

Personal Health Budgets

The LDP already deploy funding from the pooled budget as Direct Payments, meeting both health and social care needs and the learning from this will be used to inform further work to expand the use of PHBs from April 2016, in accordance with the 2015/16 NHS Planning Guidance. The CCG lead for Personal Health Budgets is linking into the Transforming Care Board as required.

There are some excellent examples of innovative use of the funding by people with learning disabilities and their families that demonstrates how this approach can enhance the person's life. This work is being used to inform the review being

undertaken by the CCG's lead for personal health budgets who will be making recommendations on how the offer can be expanded, across all eligible people from April 2016.

A Project Board has been established to oversee this work and people with direct experience of personal health budgets are working with the Board to co-produce plans.

There was a stakeholders' event in March 2016 which worked through different options for expanding the local offer. The outcomes of the event feed directly into the development of a business case for expansion in April 2016.

The LDP continues to promote the option of Direct Payments with all social care staff expected to discuss this as an option with people who are eligible for social care services.

Developing a Peer Network

The review of personal health budgets includes reviewing how people learn that personal health budgets (or integrated) budgets are available and how they can be used to benefit people. A local peer network will be offered to enable people to work together with the PHB team at the CCG to develop processes and advise on how to access personal health budgets. This will also include a review of the support that people need to create their personal health budget and how this can be offered.

Integrated Budgets

Integrated budgets are available for people with learning disabilities in Cambridgeshire and the provision of budgets for people in Peterborough is being reviewed as part of personal health budgets review. The local offer for personal health budgets will extend their use in Peterborough.

Children and Young People

Children and young people with a learning disability who are eligible for an Education, Health and Care plan also have the option of a personal health budget and the PHB review will determine if this is currently working well for people. The offer of personal health (or integrated) budgets for children and young people has been identified as an area for improvement and is therefore a particular work stream of the PHB review and will be included in the local offer.
The PHB project lead has been invited to attend the Transforming Care Board and is ensuring that the local offer aligns with this plan.

Outcomes

The project to review personal health budgets and to develop the business case is

undertaking a benchmarking exercise to review the numbers of people receiving a personal health (or integrated) budget and the services that have been purchased to offer intelligence for identifying how the offer of budgets can be best extended. The project will review how the outcomes and experience of people with a personal health budget and their carers are monitored.
The PHB project is ensuring that the local offer aligns with the transforming care plan.

4.6 Transition from children's services to adult services

The SEND Reforms of 2014 required the production of a coordinated Education, Health and Care Plan (EHCP) for children and young people aged 0-25 who require one due to the complexity and severity of their special educational needs and/or disability (SEND). This plan must include an assessment of all education, social care and health needs and a description of the provision that must be made to meet these identified needs.

We will have a clearer understanding of the future accommodation needs of young people coming through transition with a learning disability and/or autism. Future 52 week placements will only be made out of area in exceptional circumstances where needs cannot be met locally. A confirm and challenge process will be put in place before OOA placements are made.

In addition to the SEND reforms, the aspirations for children and young people are that through both the CAMHS redesign and the System Transformation that there will be a model of services which is based on earlier identification and intervention. There is agreement across the Joint Commissioning Unit to work to the Thrive model for CAMHS services but this is model which it can be seen mirrors both PCC and CCCs approaches across children and adult services.

The development of services within the CCG area for both Cambridgeshire and Peterborough should consider development of the specialist support in our area. One of the options, possibly through the development of the market or direct provision is the development of a more specialist residential/shared care and education placement in county.

Ensuring that the gap in CCG commissioned services between 16 – 18 years is resolved and transition between services is more integrated and seamless

4.7 Commissioning Underpinnings

As described in the previous sections the TCP already operates a) a S75 agreement with lead commissioning and a pooled LD budget in Cambridgeshire delivered via Learning Disability Partnership and b) s75 agreement in Peterborough which places some of the specialist LD staff in the local authority teams.

We will build on these strong foundations, review the arrangements to ensure that they operate even more efficiently and support the transforming care agenda.

Particular areas which we will focus on more are:

- Our transition arrangements and how they can be supported more via the existing arrangements

- Even greater availability of the personal health budgets which is currently in place by default pooled budget in Cambridgeshire for people with learning disabilities
- Person centred and outcomes based commissioning and contracting linked to a broader approach that is being explored across all client groups in Cambridgeshire
- Campaign to attract more people to become Shared Lives carers
- Staying Put model to be extended to support children and young people to stay within the area when it is not possible for them to remain in the family home – Disability specific services

We will also work with District Councils and RSLs :

- to increase the supply of housing to meet the needs of people with PMLD including the use of the Disabled Facilities Grant to support people to stay in the family home
- to match forecast demography through future needs planning and forecasting

4.8 Local Estate

Success of Repatriation and Prevention of Out of Area Placements

In Peterborough, at the ISTs inception in 2010 there were 72 people out of area. 35 people were allocated to IST as these were deemed to be the most complex individuals. Of these 12 have been returned, settled and handed over to local community LD service.

A further 14 wished to remain where they were as they felt those places to be their homes. A further two individuals have deceased. Of this original cohort IST have 3 individuals in the community about to be discharged to local LD services. A further 4 of the original cohort remain detained in hospital (secure and non-secure settings) and 2 people living out of area are being reviewed for potential resettlement in Peterborough. People who have returned are living in a range of residential care and supported living settings with a variety of service providers and legal structures around them (DOLS).

In addition to the original cohort IST is supporting 5 people in the community who present significant challenges and high levels of risk to remain in the community. IST has 3 additional service users in hospital settings who have been placed out of area since the inception of IST.

IST has 3 transitions cases where they are involved in a consultative role prior to 18th birthdays in order to facilitate transition to adult services without recourse to out of area placements.

The IST in Peterborough are cited in DoH best practice document; “Learning disability Good practice project” (2013) and were subsequently asked to present at the Westminster Briefing in October 2015; “Supporting people with learning disabilities under the new government”.

In Cambridgeshire the Community Intensive Assessment and Support Team have undertaken a similar role to the IST in leading work on out of area placements made for both health and social care reasons as this was considered best practice.

A project team was created in 2012 and 169 people were identified as living out of area. All of these people were reviewed to gain an understanding of their current needs. Following review, 37 people were identified for further work to re-locate back into area. It was noted that of the original 169, 70% were living closed to the county boundary with some living closer to their original community than they would have been if placed in area. At the end of December 2013, 119 of the 169 identified remained out of area which represents a reduction of 50 people.

The focus of this work since that time has been to address the drivers for out of area placements being made and therefore prevent these happening in the future.

Impact on Local Estate

The intelligence consolidated from the successful IST work support local estate planning.

The highest number of out of area placements originate from out of area educational placements. Cambridgeshire LDP has commissioned a service locally from one of the main out of county providers to facilitate the return of these young people to Cambridgeshire when their schooling finishes. We will continue to focus on this to better understand what services could be developed to minimise the need for out of area educational placements.

The Assessment flats have proven successful in supporting the return of people from out of county inpatient settings (there are now only 5 people in these settings) and providing an alternative to admission to local inpatient services. New capital investment would support the development of more assessment flats or a group version of this type of accommodation as part of the community based service provision.

Alongside service redesign (e.g. investing in prevention/early intervention/community services); transformation in some areas will involve 'resettling' people who have been in hospital for many years. What will this look like and how will it be managed?

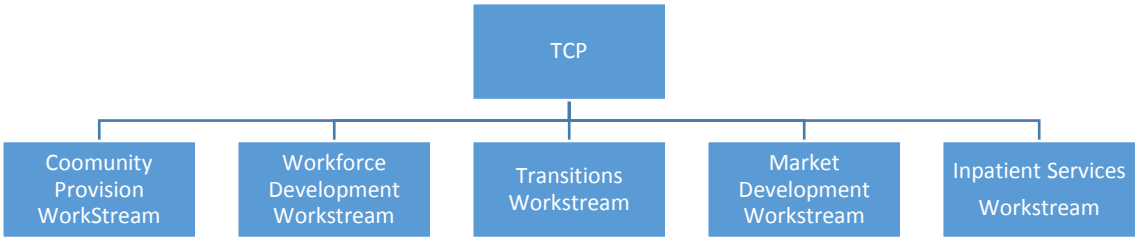
Locally there are no people who have been in hospital for many years.

4.9 Wider Interdependencies

Strategic Work	How Fits
LD Commissioning Strategy	Transformation Programme is one of the critical elements of the current service redesign provision for people with Learning Disabilities. Learning Disabilities partnerships and working subgroups are integral parts of the transformation work.
CAMHS review	CAMHS commissioners are core members of the TCP board. Transitions are our one of the main work streams.
MH Concordat, Vanguard Site - Crisis Care	Green Light and reasonable adjustments for people with learning disabilities are part of the local work. CCG is also a crisis care vanguard and MH crisis care redesign features as one of the main workgroups of the vanguard work.

Personal Health Budgets Local Offer	CCG wide project to increase PHB capacity fully encompasses the use of PHB for the purposes of transforming care programme.
Autism Strategy	The lead of the Autism Consortium is a Lead LD commissioner that is a core member of the TCP group. This ensures necessary engagement and co-production as required.
All Age Carers Strategy	Ensures that the needs of local carers are fully supported.

4.10 How will we deliver the changes?



Workstream: Community Provision		
Who Leads	What needs to happen locally	By When
Service Director, Adult Social Care, CCC	1. Review the community teams , and refine health support functions 2. Further clarify commissioning arrangements across TCP area to ensure clear and equitable care 3. Streamline referral routes to the specialist services, and make it clearly accessible 4. Build on existing pooled budgets arrangements to deliver even greater uptake of personal budgets 5. Streamline data provision and recording across the TCP patch	1. 2016/2017 2. 2016/2017 3. 2016/2017 4. 2017/2018 5. 2017/2018 6. 2018/2019

Workstream: Workforce Development and Planning		
Who Leads	What needs to happen locally	By When
Service Manager for speciality LD services CPFT	1. Map the workforce capacity 2. Explore further effective staff co-location across the services 3. Review the full Implication of DOLs assessments on the workforce capacity 4. CTR process reviewed and aligned to the care pathway 5. Enhance Sensory Services with the appropriate skill mix	1. 2016/2017 2. 2016/2017 3. 2016/2017 4. 2016/2017 5. 2017/2018

Workstream: Children and Young People in Transition		
Who Leads	What needs to happen locally	By When
Commissioning and Contracting Lead for Children and Young People	1. Utilise Future in Mind to develop crisis pathway and link to the whole system pathway 2. Review the whole MH transition pathway 3. Enhance the system for information exchange between social carer and health services	1. 2016/2017 2. 2016/2017 3. 2017/2018

Workstream: Provider Market Development		
Who Leads	What needs to happen locally	By When
Head of Service for the Learning Disability Partnership CCC	1. Work with the stakeholders to understand local "philosophy of care" and skill mix required to deliver evidence based support for people with behaviour that challenges 2. Review and market test necessary accommodation in the TCP area	1. 2016/2017 2. 2017/2018

Workstream: Inpatient Provision		
Who Leads	What needs to happen locally	By When
Commissioning and Contracting	1. Enhance development of "alternative to hospital	1. 2016/2017 2. 2017/2018 3. 2016/2017

Lead for MH and LD C&P CCG	admission " options, building on the existing good local practice (e.g assessment flats) 2. Review commissioning Framework for the impatient and specialist services across TCP 3. Review and redesign local inpatient stock 4. Capital project – delivery of purpose built – healing environments – inpatient stock	4. 2018/2019

4.11 Key Milestones

Milestone	What Work stream it Relates to	By When
Community Service Specification Agreed	Community Care	03/2017
LD community Services Redesigned	Community Care	03/2018
Workforce Capacity and skills mix mapped	Workforce	03/2017
Workforce modifications in place	Workforce	03/2018
Transitions Pathway Reviewed	Transitions	03/2017
Providers sign up to the local care model	Market Development	03/2017
Inpatient Unit Capital Project Scoped and change mechanism identified	Market Development	03/2017
Assessment Flats Commissioned	In Patient Provision	03/2018

4.12 Risks, and mitigations

Risk Definition	How likely (1-4)	Impact (1-4)	Score (1-16)	Mitigation
Because of generic social care functions in TCP patch there is a risk that people in the scope of this plan might not be support as effectively as	1	4	4	Workforce strategy and Workforce development workgroup action

they could be which will result in the unnecessary admissions				plan
Because of several data management systems there is a risk that the information will not be as effectively used and recorded as needed which can impact on the service planning and service redesign capacity	1	3	3	Workforce and Community Work steam action plan
Because of not securing the NHSE transformation funding there is a risk that the elements of the transformation plan will not be delivered which can impact on the overall admission rates	2	4	8	Robust planning and plans iteration via TCP in place Proactive liaison with NHS E to rectify improvements asap
Because of combination of various funding streams that support the transformation program there is a risk that stakeholders competing priorities might delay funds pool which can impact on the deliverables within agreed timescales or prevent the delivery of some action plan elements	2	4	8	TCP governance in place Explore supplementary MOU in addition to existing commissioning and contracting arrangements
Because of the system wide transformation work there is a risk that the existing workforce capacity will not be able to deliver required milestones and requirements	2	4	8	CCG to recruit CTR post CCG to recruit TCP project lead Partners to explore further capacity support
Because of not being able to secure required capital for inpatient units redesign there is a risk that the current provision will not be able to support the care pathway effectively which will result in the unnecessary prolonged LOS	2	4	8	Early TCP and contractual discussions to ring fence capital required Market testing via Market Development stream
Because of the multilevel cooperation required to deliver the plan there is a risk that the partners will not have as sufficient focus as required to deliver the work which can result in partial redesign work only	2	4	8	Dedicated PM to be recruited asap

5 The Plan Sign Off Timetable

Organisation	What Governance Body	When
CCG	Strategic Clinical and Management Executive Team	01/06/2016
Cambridgeshire County Council	Adults Committee and Children and Young People's Committee	Meeting in May 2016 where delegated authority will be given to Chairs, Vice Chairs and Executive Director to approvel final version of the plan prior to submission by the 1 July deadline
Peterborough City Council	Health and Wellbeing Board	June 2016 meeting

Annex A – Developing a basket of quality of care indicators

Over the summer, a review led by the Department of Health was undertaken of existing indicators that areas could use to monitor quality of care and progress in implementing the national service model. These indicators are not mandatory, but have been recommended by a panel of experts drawn from across health and social care. Discussion is on-going as to how these indicators and others might be used at a national level to monitor quality of care.

This Annex gives the technical description of the indicators recommended for local use to monitor quality of care. The indicators cover hospital and community services. The data is not specific to people in the transforming care cohort.[1]

The table below refers in several places to people with a learning disability or autism in the Mental Health Services Data Set (MHSDS). This should be taken as an abbreviation for people recorded as having activity in the dataset who meet one or more of the following criteria:

1. They are identified by the Protected Characteristics Protocol - Disability as having a response score for PCP-D Question 1 (Do you have any physical or mental health conditions lasting, or expected to last, 12 months or more?) of 1 (Yes – limited a lot) or 2 (Yes – limited a little), and a response score of 1 or 2 (same interpretation) to items PCP-D Question 5 (Do you have difficulty with your memory or ability to concentrate, learn or understand which started before you reached the age of 18?) or PCP-D Question 13 (Autism Spectrum Conditions)
2. They are assigned an ICD10 diagnosis in the groups F70-F99, F84-849, F819
3. They are admitted to hospital with a HES main specialty of psychiatry of learning disabilities
4. They are seen on more than one occasion in outpatients by a consultant in the specialty psychiatry of learning disabilities (do not include autism diagnostic assessments unless they give rise to a relevant diagnosis)
5. They are looked after by a clinical team categorised as Learning Disability Service (C01), Autistic Spectrum Disorder Service (C02)

[1] Please refer to the original source to understand the extent to which people with autism are categorised in the data collection

Indicator No.	Indicator	Source	Measurement[2]
1	Proportion of inpatient population with learning a disability or autism who have a person-centred care plan, updated in the last 12 months, and local care co-ordinator	Mental Health Services Data Set (MHSDS)	Average census calculation applied to: • Denominator: inpatient person-days for patients identified as having a learning disability or autism. • Numerator: person days in denominator where the following two characteristics are met: (1). Face to face contact event with a staff member flagged as the current Care Co-ordinator (MHD_CareCoordinator_Flag) in preceding 28 days; and 2. Care review (Event record with MHD_EventType 'Review') within the preceding 12 months.
2	Proportion of people receiving social care primarily because of a learning disability who receive direct payments (fully or in part) or a personal managed budget (Not possible to include people with autism but not learning disability in this indicator)	Short and Long Term Support statistics	This indicator can only be produced for upper tier local authority geography. Denominator: Sum of clients accessing long term support, community services only funded by full or part direct payments, managed personal budget or commissioned support only. Numerator: all those in the denominator excluding those on commissioned support only. Recommended threshold: This figure should be greater than 60%.
3	Proportion of people with a learning disability or autism readmitted within a specified period of discharge from hospital	Hospital Episodes Statistics (HES) and Assuring Transformation datasets. Readmission following discharge with HES main specialty -	HES is the longest established and most reliable indicator of the fact of admission and readmission. • Denominator: discharges (not including transfers or deaths) from inpatient care where the person is identified as having a learning disability or autism • Numerator: admissions to psychiatric inpatient care within specified period

[2] Except where specified, all indicators are presumed to be for CCG areas, with patients allocated as for ordinary secondary care funding responsibility.

		Psychiatry of Learning Disabilities or diagnosis of a learning disability or autism.	The consultation took 90 days as the specified period for readmission. We would recommend that this period should be reviewed in light of emerging readmission patterns. Particular attention should be paid to whether a distinct group of rapid readmissions is apparent. NHS England is undertaking an exercise to reconcile HES and Assuring Transformation data sets, to understand any differences between the two. At present NHS England will use Assuring Transformation data as its main source of information, and will be monitoring 28-day and 12-month readmission.
4	Proportion of people with a learning disability receiving an annual health check. (People with autism but not learning disability are not included in this scheme)	Calculating Quality Reporting Service, the mechanism used for monitoring **GP** Enhanced Services including the learning disability annual health check.	Two figures should be presented here. • Denominator: In both cases the denominator is the number of people in the CCG area who are on their GP's learning disability register • Numerator 1. The first (which is the key variable) takes as numerator the number of those on their GPs learning disability register who have had an annual health check in the most recent year for which data are available • Numerator 2. The second indicator has as its numerator the number of people with a learning disability on their GPs learning disability health check register. This will identify the extent to which GPs in an area are participating in the scheme
5	Waiting times for new psychiatric referral for people with a learning disability or autism	MHSDS. New referrals are recorded in the Referrals table of the MHSDS.	• Denominator: Referrals to specialist mental health services of individuals identified in this or prior episodes of care as having a learning disability or autism • Numerator: Referrals where interval between referral request and first subsequent clinical contact is within 18 weeks

6	Proportion of looked after people with learning disability or autism for whom there is a crisis plan	MHSDS. (This is identifiable in MHMDS returns from the fields CRISISCREATE and CRISISUPDATE)	Method – average census. • Denominator: person-days for patients in current spell of care with a specialist mental health care provider who are identified as having a learning disability or autism or with a responsible clinician assignment of a person with specialty Psychiatry of Learning Disabilities • Numerator: person days in denominator where there is a current crisis plan

Agenda Item No: 8

DRAFT MARKET SHAPING & CHILDREN, FAMILIES AND ADULTS SERVICES PROCUREMENT STRATEGIES

To: **Adults Committee**

Meeting Date: **17 May 2016**

From: **Adrian Loades, Executive Director: Children, Families and Adults Services**

Electoral division(s): **All**

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

Purpose: **To update the Adults Committee on the development of two related strategies; a Market Shaping Strategy and a Children, Families & Adults (CFA) Procurement Strategy and to seek views to inform these strategies.**

Recommendation: **The Adults Committee is asked to:**

a) Review and comment on the draft Market Shaping Strategy before it is shared with stakeholders for a period of consultation

b) Agree to receive and review the final draft Market Shaping Strategy at September Committee for approval

c) Review and comment on the draft CFA Procurement Strategy

d) To delegate authority to the Executive Director: children, Families and Adult services to approve the CFA Procurement Strategy after it has been presented to the Children and Young People's Committee following discussion with the Chairman of the Adults Committee and the Chairwoman of the Children and Young People Committee

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1.0 BACKGROUND

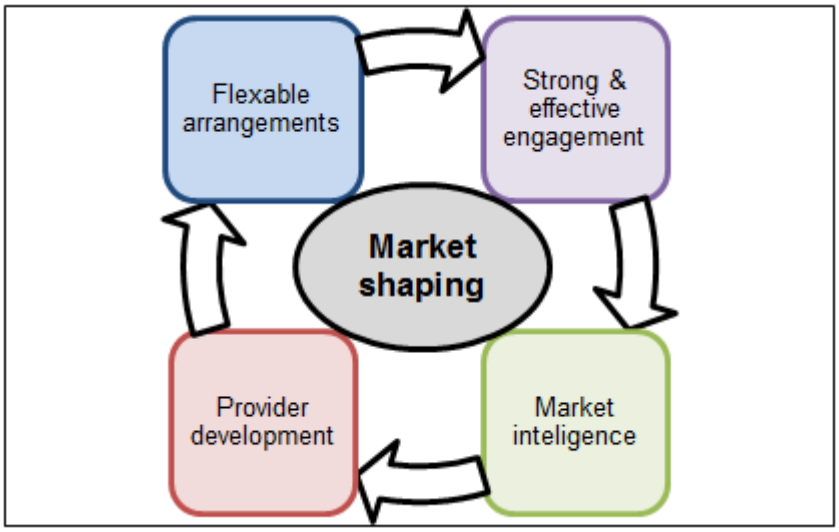
1.1 The local care market is under significant pressure, which has a detrimental impact on the Council's ability to commission services at an affordable price. The market features a relative lack of supply, particularly affordable residential and nursing care. Demographic growth coupled with the relative affluence of the county means that the Council is competing for care placements in a market where providers can attract and charge higher prices to people who fund their own care. The strong local economy provides more lucrative work opportunities and does not attract people into relatively low paid caring roles (especially in the south) resulting in a chronic shortage of homecare provision. The National Living Wage came into effect from April 2016 and is expected to create additional inflationary pressures for the Council. The scale of these pressures is significant, and greater than any the organisation has faced previously.

1.2 The Care Act 2014 places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, so that it meets the needs of all people in their area, whether arranged or funded by the Council, by the individual themselves or in other ways. A workstream was set up within the Care Act implementation programme to develop a draft Market Shaping Strategy that sets out the guiding principles and practices that will enable the Council - in collaboration with partner agencies, service users and providers - to stimulate the local market paying particular focus to shortages in supply.

2.0 THE MARKET SHAPING STRATEGY FOR ADULTS AND OLDER PEOPLE

2.1 The Market Shaping Strategy seeks to provide shape and direction to the Council's role as a market facilitator, established through the Care Act, and focusses on actions that encourage growth, diversity and stability within the local care market over the longer term.

2.2 The strategy recognises that there are four overarching activities involved in market shaping.



Each underpins a development workstream objective within the action plan, and are explained below.

2.3 Strong and effective engagement

2.3.1 It is essential that the Council works collaboratively with service users and providers to ensure that as far as possible, the care market is able to respond creatively and flexibly to meet service user need. The strategy emphasises early service user engagement, using existing forums where practical, to give service users the opportunity to influence service specifications when commissioning services. The strategy also promotes stronger engagement with providers, and supports the development of new processes intended to strengthen the Council's ability to respond quickly and effectively to new business ideas proposed by providers.

2.4 Market intelligence

2.4.1 This involves the development and maintenance of an evidence base about the local care market, and communicating this knowledge to suppliers and local people. The strategy supports the production and maintenance of an up-to-date Market Position Statement, the development of systems that allow commissioners and contracting staff to monitor market capacity and service utilisation, and the development of systems to risk assess providers and identify where failure may occur.

2.5 Provider development

2.5.1 This involves developing constructive relationships with providers based on a shared view of the outcomes to be achieved, a common understanding of any constraints and an equitable distribution of risk; and making targeted support available to suppliers to help them adapt and respond while developing a local infrastructure that supports people to have choice and control. The strategy promotes close cooperation with providers to tackle provider workforce issues (such as high turnover rates, recruitment issues, shared training and development opportunities) with the intention of reducing instability within the sector.

2.6 Flexible arrangements

2.6.1 This involves the development of commissioning, procurement and tendering processes that are fair and proportionate, which promote person-centred support from a plurality of different providers, where formal tendering is not always the first resort and where opportunities are taken to enhance flexibility and secure services across Local Authority boundaries. The strategy advocates the development of new a new Procurement Strategy, promotes the use of outcomes based commissioning to encourage providers to work flexibly and creatively in meeting the needs of service users and endorses the use of pilot schemes to test new and innovative ways of meeting and preventing needs.

2.7 The strategy also identifies eight high-level themes that will be referenced when undertaking actions that shape and influence the local care market. The specific theme will apply to a greater or lesser extent depending on the specific activity being undertaken. These are;

- Focussing on outcomes
- Co-production with stakeholders
- Promoting quality
- Ensuring choice
- Supporting sustainability
- Understanding the market
- Facilitating market development
- Ensuring value for money

2.8 Focussing on outcomes

2.8.1 The strategy seeks to embed the achievement of positive outcomes for service users in all care market shaping activities. In encouraging outcomes-based services, the strategy proposes that "payment-by-outcomes" mechanisms should be considered to incentivise providers.

2.9 Co-production with stakeholders

2.9.1 The strategy builds on the Council's participation strategy and promotes working with people with care and support needs to find shared and agreed solutions. Where there is a clear benefit to the county population, the Council will work with partners to provide integrated services for individuals who need care and support.

2.10 Promoting quality

2.10.1 The strategy emphasises the promotion of quality and is mindful of the capacity, capability, timeliness, continuity, reliability and flexibility of services delivered to support well-being, where appropriate, using the definitions that underpin the Care Quality Commission's (CQC) fundamental standards of care as a minimum.

2.11 Ensuring choice

2.11.1 The strategy promotes actions that encourage the plurality of service providers to ensure that people have genuine choice of the way in which their support needs are met. The strategy supports actions that will facilitate the personalisation of care and support, and encourage the development of services that enable people to make meaningful choices, and to take control of their support arrangements, where they choose to do so.

2.12 Supporting sustainability

2.12.1 The strategy emphasises the need to develop markets for care and support that – whilst recognising that individual providers may exit the market from time to time – ensure the overall provision of services remains healthy in terms of sufficient provision of quality care and support. The strategy emphasises the use of detailed risk assessments to identify a range of potential solutions that support 'hard to replace' sub-markets.

2.13 Understanding the market

2.13.1 The strategy emphasises the need for the Council to maintain a robust understanding of current and future needs for care and support services,

using the Market Position Statement as the principal, public-facing repository for this information. The document would include information about specific conditions and multiple and complex needs, trends and forecast estimates of the number of people who receive Council funded care and support services, and the type of care they receive.

2.14 Facilitating market development

2.14.1 The strategy encourages collaboration with stakeholders and providers to ensure that the market has sufficient signals, intelligence and understanding to meet demand and ensure sufficiency of future supply.

2.15 Ensuring value for money

2.15.1 The strategy promotes the need to ensure value for money by identifying and applying best practice in the commissioning of services, and recognises that achieving value for money means optimum use of resources to achieve intended outcomes and therefore will regard service quality as well as cost when procuring services.

3.0 THE DRAFT MARKET SHAPING STRATEGY – NEXT STEPS

3.1 Whilst the Market Shaping Strategy is still in draft form, it is already providing a positive influence on a number of developments being undertaken within CFA, including;

- The development of a draft CFA Procurement Strategy
- Influencing the actions being taken forward by the homecare sufficiency project
- Influencing the actions being taken forward by the Older Peoples accommodation project (the over-arching strategy was presented to Committee in January 2016 for review)
- A review of outcomes based commissioning models, and an options appraisal highlighting where these might be applied locally

3.2 Following review by the Adults Committee, the proposed next steps will be;

- To review the draft strategy against national best practice learning gained from workshops run by the Institute of Public Care, held week commencing 9 May 2016
- Engage with health partners and other key stakeholders, with a particular focus on identifying gaps in the strategy and seeking consensus on the draft action plan
- Submit the final draft strategy to Adults Committee in September for approval
- Refresh of the Council's Market Position Statement and establishing procedures to ensure it is regularly reviewed and updated

4.0 DRAFT CFA PROCUREMENT STRATEGY

4.1 The draft Market Shaping Strategy identified that flexible, fair and proportionate commissioning and procurement activity can have a positive impact on the local care market. Because effective and innovative commissioning and procurement activity is also integral to the achievement of the business planning savings targets for 2016/17 and beyond, the development of the CFA Procurement Strategy was prioritised ahead of

finalising the Market Shaping Strategy to ensure activity undertaken across the directorate delivers services that are fit for purpose and offer value for money. A summary of upcoming procurement activity can be found in appendix D.

4.2 The CFA Procurement Strategy has three key priorities:

- Improving procurement and contract management arrangements
- Delivering efficiency and value for money from procurement and contracting
- Supporting the commissioning function to deliver efficiency by considering different procurement options

4.3 Improving procurement and contract management arrangements

4.3.1 The strategy promotes improved procurement and contract management arrangements by advocating;

- Consolidating procurement and contracting activity across Directorates and strengthening links with procurement and legal support in LGSS
- Using best practice models in procurement activity, such as the use of alliance contracting (currently being applied to the new Advocacy contract) and identifying opportunities to apply the Public Contracts Regulations 2015 that allows local authorities to enter into a contract with one or more parties with the intention of developing and then purchasing innovative services, products or works Involving service users and providers in service design, building on recent experience gained through the procurement of support for carers and advocacy services to influence future procurement including the retendering of the homecare contract due to be complete in late 2017

4.4 Delivering efficiency and value for money from procurement and contracting

4.4.1 The strategy promotes the delivery of efficiency and value for money from procurement and contracting by;

- Helping providers manage their costs and revisiting specification requirements, including, for example, the development of a shared understanding of the impact of the national living wage
- Working with other local authorities on joint procurement, such as the current advocacy services tender
- Reconsidering contract lengths
- Efficiency from scale/volume, including the use of block contracts where appropriate to reduce unit costs
- Incentivising providers to innovate and align with our strategy, such as exploring the viability of payments by results
- Maximising the contribution of the voluntary and community sector

4.5 Supporting the commissioning function to deliver efficiency by considering different procurement options

4.5.1 The strategy supports the commissioning function to deliver efficiency by considering different procurement options, including;

- Ensuring the right model – insourcing and outsourcing – investigate

viability of in house provision of home care and residential/nursing care, review current tasks and/or functions that could be more cost effective if provided by other organisations

- Integration and Joint commissioning – maximising opportunities for procuring jointly with health, for example, around falls prevention, homecare and Continuing Health Care and transport

4.6 THE DRAFT CFA PROCUREMENT STRATEGY NEXT STEPS

4.6.1 The final draft of the CFA Procurement Strategy will also be submitted to the Children & Young Peoples Committee in May seeking comment and delegation for approval from Members.

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

5.1.1 Both strategies seek to provide structure to the Council's involvement with the local care market economy. The draft CFA Procurement Strategy sets out themes and actions for consideration by officers when procuring goods and services, placing an emphasis on achieving value for money. The draft Market Shaping Strategy promotes a care market that offers a diverse range of safe, sustainable, personalised and effective care and support services that meets the needs of vulnerable people in the county.

5.2 Helping people live healthy and independent lives

3.2.1 Both strategies support this priority. The draft CFA Procurement Strategy promotes value for money; ensuring Council resource is used effectively to support people living healthy and independent lives. The draft Market Shaping Strategy outlines themes and actions that support market sustainability and the provision of safe, personalised and effective services to people with care and support needs.

5.3 Supporting and protecting vulnerable people

5.3.1 The draft Market Shaping Strategy draws together a range of themes and actions focussed on the long-term stability and sustainability of the local care market, including an emphasis on quality, sustainability and choice in order to support and protect people with care and support needs.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

6.1.1 The Procurement Strategy outlines themes and actions designed to maximise value for money and efficiency, therefore making better use of the Council's financial resource and supporting the achievement of the challenging savings targets outlined in the business plan.

6.2 Statutory, Risk and Legal Implications

6.2.1 The draft CFA Procurement Strategy is supported by existing procurement legislation and best practice. The Care Act 2014 established new duties for

local authorities to promote the efficient and effective operation of the market for adult care and support as a whole. The draft Market Shaping Strategy reflects and responds to these duties.

6.3 Equality and Diversity Implications

6.3.1 By promoting efficiency from the procurement process to achieve value for money, the Procurement Strategy will enable the Council to maximise the level of support available to vulnerable children families and adults. The draft Market Shaping Strategy outlines themes and actions that support market sustainability and the provision of safe, personalised and effective services to vulnerable adults and older people with care and support needs.

6.4 Engagement and Consultation Implications

6.4.1 A consultation exercise was undertaken in January 2016 to share the draft strategy with local provider networks. 12 responses were received. The responses were overwhelmingly positive. Providers particularly welcomed having sight of the Councils' overall strategy for procurement, and felt that the identified actions were appropriate. Some minor points of clarification were raised and have been incorporated into the final draft of the document. Providers also offered a range of ideas for service development and delivery that will be followed up individually with the providers. A report summarising the consultation feedback is attached as appendix C.

6.4.2 The draft Market Shaping Strategy will be shared with stakeholders via a consultation exercise at the end of May following the initial review by the Committee.

6.5 Localism and Local Member Involvement

6.5.1 There are no significant implications within this category. Spokes have been consulted.

6.6 Public Health Implications

6.6.1 There are no significant implications within this category.

Source Documents	Location
None	

APPENDICES

Appendix A: Draft Market Shaping Strategy
Appendix B: Draft CFA Procurement Strategy
Appendix C: Draft CFA Procurement Strategy consultation response report
Appendix D: Contracts tendering forecast 2016

Market Shaping Strategy for Adults and Older People & Action Plan 2016-21

April 2016

Version 0.8.5

Document control sheet

Version	Date	Notes / Comments	Person Responsible
0.1	31st May 2015	Initial draft	Andy Mailer
0.2	9th June 2015	Update document to include relevant market position statement data	Andy Mailer
0.3	7th January 2016	Addition of ONS household income and house price data as appendices	Andy Mailer
0.4	29th January 2016	Update of action plan	Andy Mailer
0.5	1st February 2016	Update of Action Plan	Ken Fairbairn
0.6	19th February 2016	Update of Action Plan	Mary-Ann Stevenson
0.7	7th March 2016	Update of Action Plan	Michelle Vinall
0.8	1st April 2016	Review of vision, structure & action plan	Andy Mailer
0.8.1	13th April 2016	Review of vision, structure & action plan	Ken Fairbairn
0.8.2	19th April 2016	Review of action plan	Emily Sanderson
0.8.3	25th April 2016	Review of vision, structure & action plan	Claire Bruin Ken Fairbairn Andy Mailer
0.8.4	28th April 2016	Review of action plan	Ken Fairbairn Andy Mailer Alison Bourne Louise Tranham
0.8.5	5th May 2016	Update of action plan and changes to LD background	Tracy Gurney Emily Sanderson

Contents

1. Purpose

This document supports the CFA Procurement Strategy and sets out actions in response to the duty to shape the care market established via the Care Act. This Market Shaping Strategy (MSS) provides shape and direction to the Council's role as a market facilitator, and is critical to realising Government's vision for the sector at a local level. The MSS is a key product of the care market workstream within the Council's Care Act implementation programme.

2. Introduction

Cambridgeshire County Council's Market Shaping Strategy (MSS) supports the vision that;

> **The Council, partner agencies, service users and providers work together to ensure the local care market offers a diverse range of safe, sustainable, personalised and effective care and support services that meets the needs of vulnerable people**

The Council's MSS supports the Care Quality Commission's (CQC) objective that providers are "safe, effective, caring, responsive and well-led", and is underpinned by the new statutory duty established under the Care Act 2014 to shape and influence the local care market to;

> **…give people more control and help them to make more effective and personalised choices over their care**

3. The vision for Children, Families and Adults in Cambridgeshire

The Council published a Strategy for Children, Families and Adults in Cambridgeshire in October 2015 setting out the directorate's priorities for the next five years. The document states;

> **<u>Our vision</u> is for children, families and adults in Cambridgeshire to live independently and safely within strong and inclusive local networks of support. Where people need our most specialist and intensive services, we will support them**

This vision will be achieved by strengthening the impact of work to prevent, reduce or delay need for high cost care and support, with focus being given to;

1. Communities & families to do more for the vulnerable
2. All our work will be person focused
3. Change the way that people can access our services
4. Reduced spend on support for schools and settings
5. Improved use of digital technology, analysis and use of data to better plan, target and commission support
6. Convene a broader dialogue with business

These themes will be reflected in all areas of commissioning undertaken across adults and older people, and will therefore be an influence on this strategy.

4. Council vision & priorities

The 2016/17 Business Plan states the Council's vision is;

For people in Cambridgeshire to live independently and safely within strong and inclusive communities and with networks of support that they can call on.

We will support people when they need our most specialist and intensive services.

To achieve our vision we are focusing on achieving a number of outcomes for the people of Cambridgeshire:

- **Older people live well independently**
- **People with disabilities live well independently**
- **Places that work with children help them to reach their full potential**
- **The Cambridgeshire economy prospers to the benefit of all residents**
- **People lead a healthy lifestyle and stay healthy for longer**
- **People live in a safe environment**
- **People at risk of harm are kept safe**

We are ambitious about the way in which we can support and shape the future success of our communities. We want to work with you to achieve our aspirations for our county.

The Market Shaping Strategy and action plan seeks to influence the local care market in order that this vision is realised.

5. Market Shaping Strategy aims

The Council's Market Shaping Strategy will;

- Support the Council's strategic objectives by ensuring that appropriate services are available to all service user groups with a clear focus on the promotion of independence and personalisation.

- Support the implementation of the first phase of the Care Act 2014 by detailing a clear approach towards market shaping, promoting choice and control, and ensuring that services are tailored to the needs of the individual.

Encourage innovation within the local care market, promoting joint-working between the Council, commissioning partners in health and providers to meet people's care and support needs.

- Promote a thriving, vibrant and diverse provider market offering real choice and control for people with a wide range of care and support needs to achieve their outcomes and aspirations.

- Provide a clear direction that the County Council intends to follow so that providers feel informed about our commissioning intentions over the next five years.

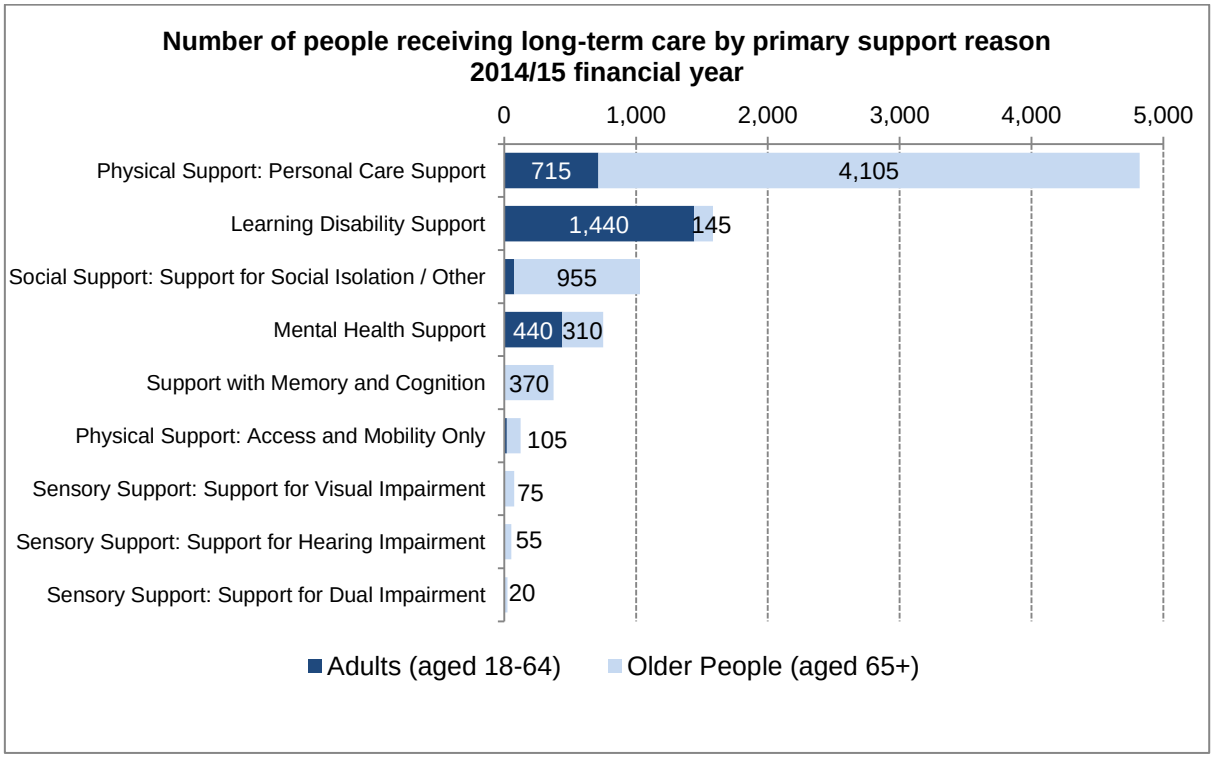
6. An overview of the Cambridgeshire care market

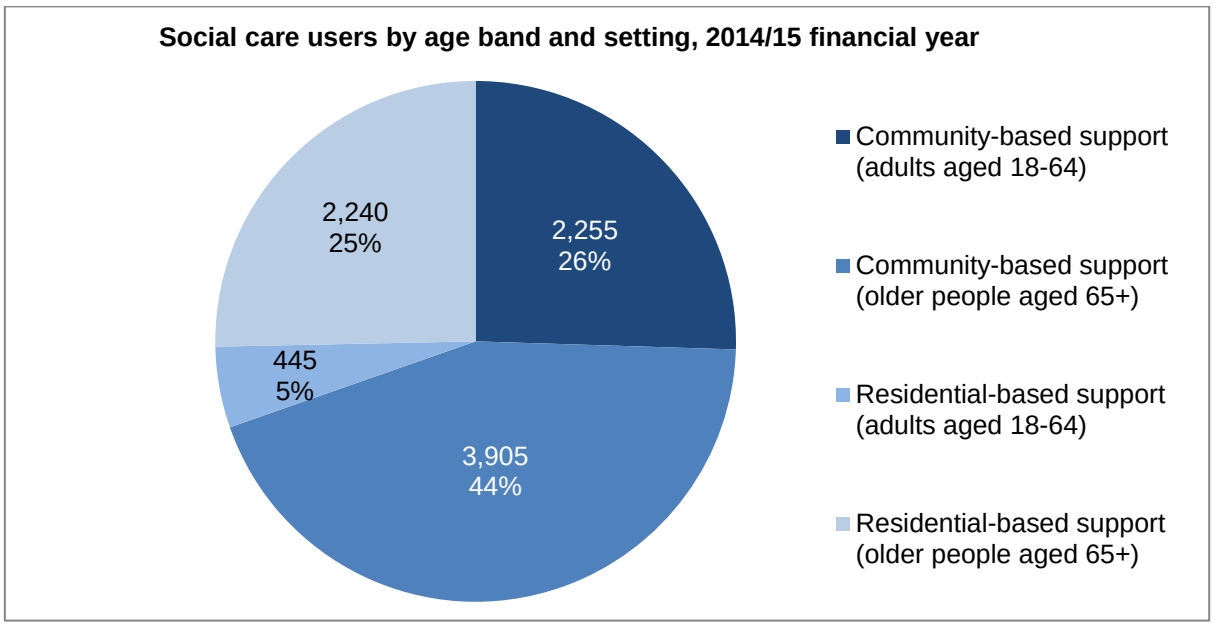
The direct economic value of the Cambridgeshire care market is estimated to be around £320m a year. This figure excludes the value of informal care, (ie care provided by family or friends), health related expenditure and any secondary economic benefit brought about through the subsequent purchasing of goods and services by care providers. Local estimates suggest that the Council and private individuals each spend around £150m annually on care services within the county area, with the NHS spending around £20m. See appendix 2 for further details.

The market comprises a number of (sometimes overlapping) sub-markets. A sub-market is a group of services or client needs that have distinct commissioning requirements and cannot easily be combined. The makeup of each sub-market will vary considerably, with some well-established sub-markets attracting a diverse range of providers, while others, for a variety of economic factors, may consist of a small number or even a single provider.

1.1. People receiving long-term social care support

The majority of people who received long-term social care support (55%) in 2014/15 required help with personal care – most of whom were aged 65 and over. Just under 20% of people were supported because of a learning disability, most of whom were adults aged between 18 and 64.





Source: Health and Social Care Information Centre (HSCIS) Short and Long Term care (SALT) statutory return 2014/15, table LTS001a

1.2. The market for residential & nursing care

As of the 1st April 2015 there were 139 CQC registered providers of residential and nursing care in the county for adults and older people, with a total capacity of around 4,400 beds. The Council purchased beds in 113 of the 139 in-county registered care homes – equating to 80% of providers.

The Council purchases around 1,800 permanent residential and nursing care beds at any given time for all client groups and around 1,500 of these are in the county. The remaining 300 are with out-of-county providers.

In total, around a third of all available beds in the county are occupied by Council placements. The remaining capacity is taken up by other local authority placements, NHS continuing healthcare provisions, people who fund their own care costs ("self-funders"), and vacancies.

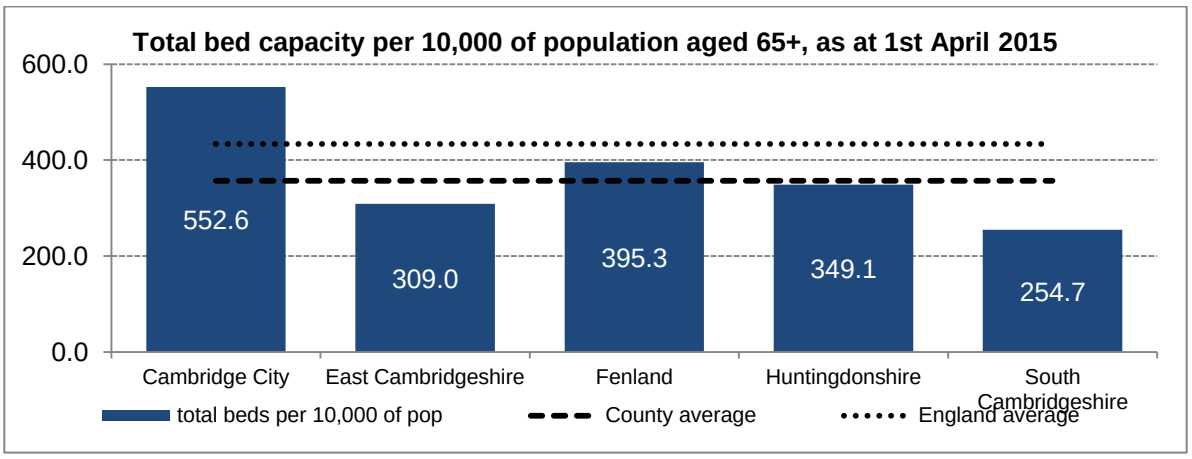
60 providers account for 80% of the Council's in-county spend on permanent residential and nursing care. These providers have a total capacity of 2,559 beds, of which the Council purchases 1,146 (equating to 45% of their total bed capacity)

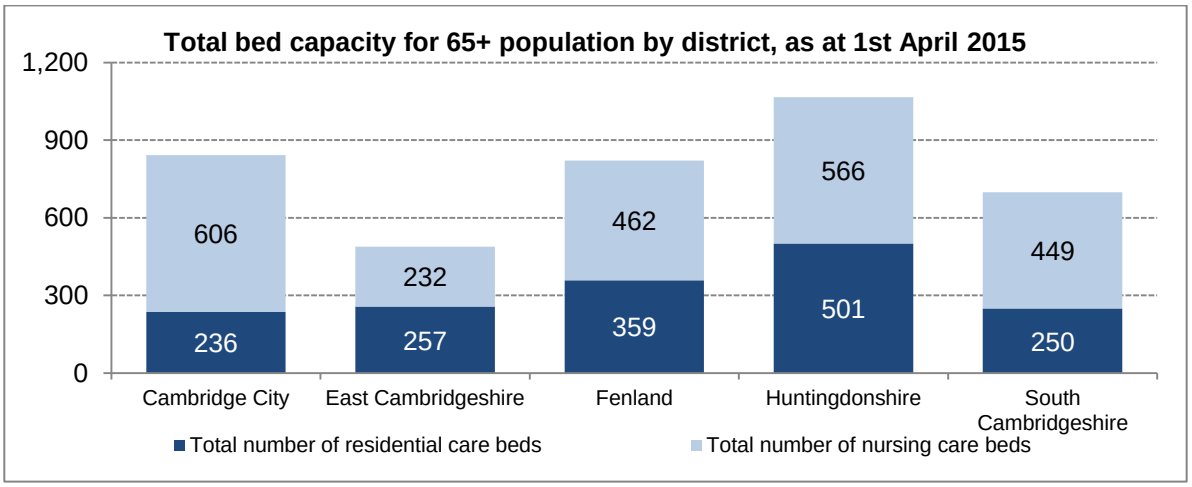
15 in-county residential and nursing providers have 80% or more occupancy part or fully funded by the Council, 8 of which are 100% occupied by Council funded service users, the largest of which has 25 beds.

Analysis of provider capacity shows that around 60% of providers have 29 beds or less, whilst 24% have fewer than 10 beds. This is broadly in-line with national and regional averages.

Applying the latest Office for National Statistics (ONS) population estimates for the 65+ age group to the published CQC registration data shows that Cambridge City is the only county district that has a total bed capacity above the national average – all other districts have significantly fewer beds per 10,000 of population aged 65+. Exploring the

breakdown between residential and nursing beds within each district area again highlights significant geographic variations. The majority of beds in Cambridge City and South Cambridgeshire are nursing care; whilst East Cambridgeshire and Huntingdonshire have a more even split between nursing and residential care beds.





There are around 1600 adults supported through the Learning Disability Partnerships in Cambridgeshire. There has been a change of emphasis within the Learning Disability Partnerships from placing service users in residential settings to commissioning supported living services for service users. A supported living service enables service users to hold their own tenancy, which increases their rights and their access to benefits, and also enable service users to be supported in their own home. This is in line with the personalisation agenda included in Transforming Lives.

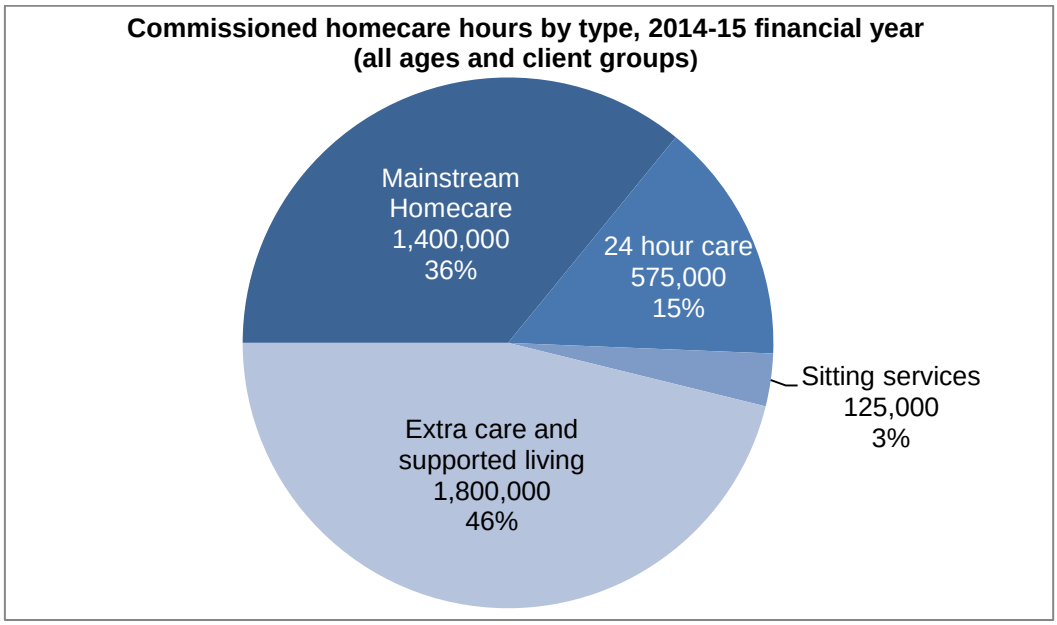
Around 700 service users receive a residential, nursing or supported living service. Of that 700, there are almost 140 placed out-of-county. There has been a consistent policy in learning disability services to place in county and return service users to in county placements where appropriate, taking the service user's preferences into account. This was in response to the best practice guidance arising from the Winterbourne View Review.

Supported living services depend on the local housing market; therefore there are areas of the county, where the price of housing is high, with shortages of provision - mostly in Cambridge city and South Cambridgeshire.

Alongside this there is a lack of specialist provision for adults with a severe learning disability and autism across the whole county and limited day services from independent providers for adults in the Huntingdonshire area.

1.3. Homecare

There are 84 CQC registered providers of homecare services, providing care to a mix of private and Council funded clients. The Council currently holds contracts with 29 providers. The Council typically supports 3,300 people at any one time with all forms of homecare, commissioning around 3.9 million hours a year.



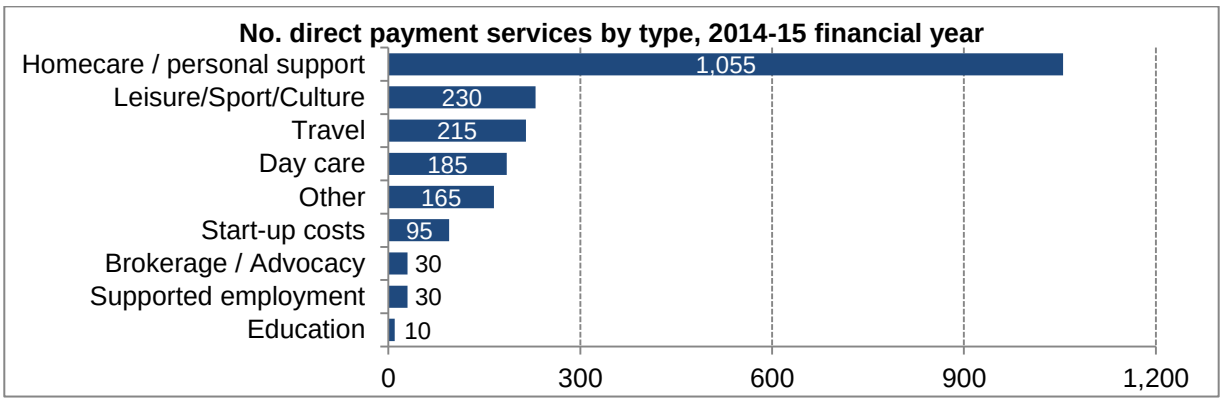
Source: Internal CCC homecare commissioning report

Note: Extra care and supported living figure includes two separate figures; a) 1.48m hours based on schedules recorded on individual client records and b) an estimate 330,000 hours based on a standard weekly plan of 22.5 hours per week, in line with existing operational practice

On a typical day, there are around 165 people on the 'pending list' waiting for homecare, who need on average around 1,500 hours of care a week, suggesting an overall lack of capacity in the market.

1.4. Council funded direct payments

Around 1,300 people a year receive social care support from the Council via a direct payment, which enables them to take control and make decisions about the care that they receive. Analysis of the service descriptions used on the client records shows that around half of all direct payments are used for personal support, either from homecare agencies or from personal assistants. It should be noted that people can receive multiple services and therefore the total number of services will be greater than the total number of people receiving direct payments.



1.5. Impact on the wider health and social care system

Capacity issues in the current care market have a detrimental impact on the wider health and social care system. For example, in the 2014/15 financial year there were over 33,000 hospital bed-day delays experienced by Cambridgeshire residents, of which just over 7,700 were attributed to Adult Social Care. Of those, just over 80% were due to a lack of capacity, either for care at home (re-ablement or homecare) or in a residential or nursing home.

7. Drivers for change……the Council perspective

1.6. Local pressures

The local care market is subject to significant demographic pressure.

The Office of National Statistics (ONS) project that number of people aged over 70 in the county is forecast to increase much more quickly than the size of the general population between 2011 and 2021. If current prevalence of frailty, dementia and disability continues, there will be a significant increase in demand for social care, particularly services that older people use, such as homecare, residential and nursing care, and assistive technology.

It is therefore envisaged that services for older people will need to change to cope with more demand. They will also need to change to effectively support a higher average age and complexity of need.

Want to know more? Read the latest Joint Strategic Needs Assessments for Older People here!

http://www.cambridgeshireinsight.org.uk/currentreports/older-people-including-dementia

http://www.cambridgeshireinsight.org.uk/currentreports/jsna-older-peoples-services-and-financial-revie

http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/older-peoples-mental-health-2014

As the Cambridgeshire population grows and ages, the number of people with learning and physical disabilities is also expected to rise.

The proportion of people with a learning disability aged over 55 is expected to increase and parents caring for them are likely to have died or become frail, placing additional pressure on the local care system. Social care requirements for people with learning disabilities in England are expected to increase by 14% by 2030, and a similar level of growth is expected within Cambridgeshire.

Physical disability is related to a number of chronic health conditions. People receiving support from the physical disabilities social care team at Cambridgeshire County Council are most likely to have a disability resulting from Multiple Sclerosis, spinal or skeletal injury or acquired brain injury. It is predicted that the number of people in Cambridgeshire aged 18-64 who have a moderate physical disability will increase by 8% and those with a severe physical disability will increase by 14% between 2015 and 2030[1]

Want to know more? Read the latest Joint Strategic Needs Assessment for adults with physical and learning disabilities here!

http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/physical-and-learning-disability-through-life

There are an estimated 63,000 people aged 18-64 in Cambridgeshire (16% of the county population) with a mental health problem such as anxiety or depression, and around 6,800 people (1.8% of the population) registered with their GP are known to have a serious mental illness such as schizophrenia. In May 2015 there were around 3,200 people receiving specialist support for mental health issues within the County, of which around 550 were also receiving social care support via the County Council. The number of people affected by mental illness in Cambridgeshire is expected to increase in line with overall population growth. The latest JSNA focussed on adult mental health forecasts an increased prevalence of common mental health disorders across all Cambridgeshire districts, with growth in numbers concentrated in Cambridge City especially. It also suggests that there is unmet mental health need within the population.

Want to know more? Read the latest Joint Strategic Needs Assessments for adults with mental health issues here here!

http://www.cambridgeshireinsight.org.uk/currentreports/mental-health-adults-working-age

http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports/autism-personality-disorders-and-dual

[1] Source Pansi (Projecting Adult Needs and Service Information)

Taken together, the forecasts for older people, and adults with disabilities and those with mental health issues suggest a significant growth in demand for care and support over the coming years.

At the same time, local authorities are under significant financial pressure. The Council is faced with a substantial reduction in central government funding, only slightly off-set by increases in local funding through business rates and council tax. Between 2015 and 2020 the Council is faced with a budget reduction in real terms of around 40%. This does not take into account the sizable budget savings that have already been made since 2010.

In order to respond to the twin issues of increased demand and less financial resource, the Council needs to radically revisit the way care is delivered in Cambridgeshire. Simply reducing all existing budgets by a fixed percentage every year is neither sustainable nor in line with requirements in the Care Act. Through an internal project known as 'Transforming Lives' the Council is redesigning and refocussing the way care and support is provided. The new model places greater emphasis on self-help, universal 'preventative' support and progression towards independence, coupled with targeted early interventions via short-term crisis response services, in order to reduce the demand for long-term care and support.

1.7. The national agenda

At a national level, the first phase of the Care Act came into effect from the 1st April 2015. The Act places new duties on local authorities to facilitate and shape their market for adult care and support as a whole, to ensure it meets the needs of all people in their area who need care and support, whether arranged or funded by the County Council, by the individual themselves or in other ways.

The Act puts into law themes and practices that had developed over the last 10-20 years, placing greater focus nationally on;

- Prevention
- Promoting independence
- Integration with health
- Personalisation

Each is explained briefly below.

Prevention can cover many different types of support, services, facilities or other resources. There is no one definition for what constitutes preventative activity and this can range from general measures aimed at promoting health, to targeted interventions aimed at improving skills or functioning for one person or a particular group, or lessening the impact of caring on a carer's health and wellbeing.

"Prevention" can be broken down into three general approaches. These are to *prevent*, *reduce* or *delay* the need for care and support. Services can cut across any or all of these three approaches. Prevention should be seen as an ongoing consideration and not a single activity or intervention.

Promoting independence involves the use of preventative, short-term and low-level interventions to help people retain or regain their independence as well as developing new skills for those service users with learning disabilities. This can involve a range of

activities, such as working with housing providers to ensure homes are appropriate to people with complex needs, the use of short-term interventions such as re-ablement or short-term funded packages based on progression to help an individual regain and relearn the skills needed for day-to-day living, or the use of equipment and technology to enable someone to maximise their independence.

Integration with health involves cooperation and close partnership working, and seeks to improve patient and service user experience and outcomes by minimising barriers between organisations and services, and by delivering care that is tailored to meet the needs of those in need of care and support, their carers and families. Integration in this sense does not necessarily refer to structural integration, but to an integrated approach to delivery of care and support. The Learning Disability Partnership is already structurally integrated with health and works in partnership with the CCG but retains case responsibility for service users. This cross-organisational approach has delivered significant benefits in terms of closer partnership working, better information sharing and joint commissioning of services.

Personalisation is about putting individuals firmly in the driving seat of building a system of care and support that is designed with their full involvement, and tailored to meet their own unique needs. Personal budgets are agreed during the support planning process which sets out the overall sum of money that will be available to meet a person's eligible needs. The individual can then exercise choice and control over the way their eligible needs are met through their care and support plan. Some, or all, of the personal budget can be taken as a Direct Payment to enable the individual to directly purchase care and support services.

As money is devolved down to the individual, the role of the Council in directly purchasing services, often through the use of block contracts, is reducing. The number of people taking Direct Payments only (and choosing to arrange their own services independently) is increasing very quickly. This trend is expected to continue over the next few years and the market will need to respond to an increasing demand for innovative ways of using Direct Payments.

8. Drivers for change…. a provider perspective

Cambridgeshire is a geographically diverse area. Four district councils in the county area are classified as rural, and almost 40% of the local population live in villages with fewer than 10,000 residents. Just under a third of Cambridgeshire is classified as 'countryside'.[2] Users of care services often reside in sparsely populated areas which can result in significant travel times, inefficient service models which can make it hard for care providers to achieve economies of scale.

Cambridgeshire has a strong local economy compared to the UK, England and East of England. The county has above average levels of employment (79.5% compared to 72.5% in England) and lower levels of unemployment (3.9% compared to 6.2% in England). Cambridgeshire also has a higher job density ratio (0.84 compared to 0.79 in

[2] According to the Output Area Classification (OAC). The OAC distils key results from the Census to indicate the character of local areas (see http://areaclassification.org.uk/ for more details).

England) meaning there are more jobs per working age adults then many other parts of the country. [3] More details can be found in appendix 3.

The County is relatively wealthy, with average household weekly earnings being higher than the regional and national averages. However there remain significant financial inequalities within the county at a district, and sub district level. In the wealthier areas, people are more likely to self-fund their care whereas in areas of lower household income, people with care needs are more likely to meet eligibility receive Council-funded support. More details can be found in appendix 4 and 5.

The latest local workforce report published by Skills for Care has shown that there are an estimated 15,800 jobs in adult social care in Cambridgeshire. These are split between the statutory sector (4%) the independent sector (75%) and direct payment recipients (22%). Across the whole sector there are estimated to be 12,500 direct care workers, 600 managers and supervisory workers 1,000 professionals and 1,700 workers from other areas of social care. 62% are full time – which is broadly in line with the regional average (59%). The whole time equivalent ratio is 0.6 meaning that on average 100 jobs equates to around 60 whole time jobs (calculated on a 37 hour working week).[4]

Staff turnover varies depending on the job group. Professional staff have the highest turnover rate (33.2%), direct care staff (30.4%) and management / supervisory (12.1%). The Skills for care workforce report suggests that there are around 1,000 people employed in a professional staff role, and a turnover rate of 33.2% equates to around 200 people leaving their jobs in the last 12 months. There are an estimated 12,500 direct care workers in the county so a turnover rate of 30.4% equates to around 3,800 workers leaving their position in the last 12 months. There are an estimate 800 people employed in a managerial and supervisory role and the turnover rate of 12.1% equates to around 120 people leaving their position over the last 12 months.

Cambridgeshire has a reported vacancy rate of 5.8% which is broadly in line with regional and national averages.

The Skills for Care report also shows that the majority of people were aged between 45 and 49, with an average age of 42. Those aged over 60 represent 11% of the workforce and with an estimated workforce of 15,800, this equates to a little over 1,700 who are likely to retire within the next 5 years.

The average rate of pay for the adult social care sector in Cambridgeshire is broadly in line with the national and regional average. The average for people providing direct care is £7.50 in Cambridgeshire compared to £7.40 in the Eastern region and £7.34 for England, while the average hourly rate for people working on a managerial / supervisory role is £13.43 in Cambridgeshire compared to £12.89 in the eastern region and £14.06 for England.

Local research has shown that the people working in the care sector have similar educational qualifications to those that work in administrative and secretarial occupations. Comparing earnings between these two categories across the eastern region shows that the median annual pay for administrative and secretarial occupations is around £5,000 a

[3] ONS unemployment statistics published April 2015
[4] A summary of the adult social care sector and workforce in Cambridgeshire – Skills for care January 2015

year higher than those that work in the care sector. Research also showed that people working in sales and customer service occupations have lower levels of educational qualifications to those that work in the care sector, but median pay is at a comparable level.[5]

9. What is market shaping?

"Market shaping" is a catch-all phrase describing a spectrum of activity undertaken to influence the current and future range of support available in a locality, based on people's needs and aspirations[6]

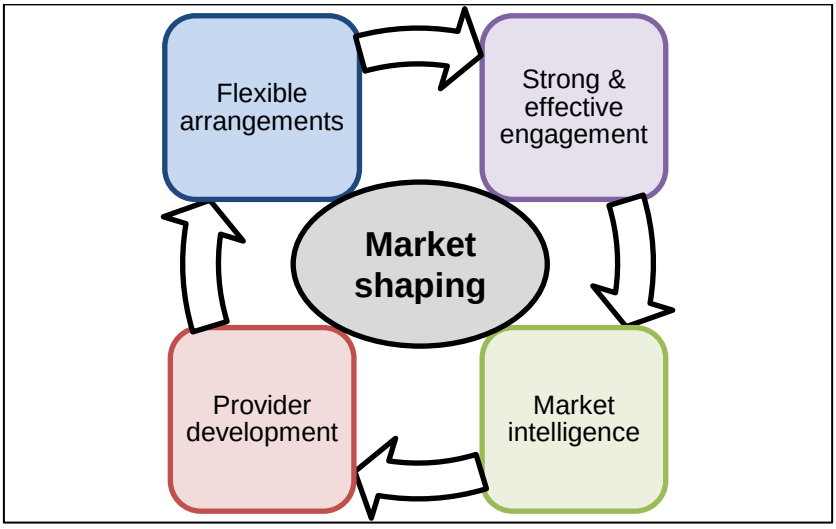
As established via part one of the Care Act 2014 market shaping involves the local authority collaborating closely with other relevant partners, including people with care and support needs, carers and families, to facilitate the whole market in its area for care, support and related services. This includes services arranged and paid for by the state through the Council itself, those services paid by the state through direct payments, and those services arranged and paid for by individuals from whatever sources (sometimes called 'self-funders'), and services paid for by a combination of these sources. Market shaping activity is designed to stimulate the development of a diverse range of appropriate services and ensure the market as a whole remains vibrant and sustainable and develops to meet the needs of an increasingly complex population of service users.

The core activities of market shaping are to engage with stakeholders to develop understanding of supply and demand and articulate likely trends that reflect people's evolving needs and aspirations, and based on evidence, to signal to the market the types of services needed now and in the future to meet them, encourage innovation, investment and continuous improvement. It can also include working to ensure that those who purchase their own services are empowered to be effective consumers, for example by helping people who want to take direct payments make informed decisions about employing personal assistants.

10. Key market shaping activities being undertaken by the Council

There are four overarching activities involved in market shaping. Each underpins a development workstream objective within the action plan detailed in appendix 1.

[5] CCC internal report – Analysis of the local care provider market 7th May 2014 based on Census 2011 data and the Annual Survey of Hours and Earnings 2013
[6] Practical approaches to market and provider development – Department of Health 2010



1.8. Strong and effective engagement

Engagement with key stakeholders is fundamental to the success of any market shaping activity. Engagement with service users, their carers and families is essential to the understanding of 'need' and should set the direction for commissioning and service development activity undertaken by the Council when acting unilaterally or in partnership with other local authorities or NHS organisations.

Through the use of direct payments, service users become micro-commissioners in their own right. It is essential that the Council works with service users and providers to ensure that the care market is able to respond creatively and flexibly to meet service user need.

Elected members have an important role in ensuring that resources are used appropriately and effectively, and can help promote buy-in from the community and private and voluntary sectors, so early engagement is essential.

Working in partnership with other local authorities or NHS organisations can help deliver efficiencies, economies of scale, facilitate risk sharing and reduce competition between purchasing organisations. Collaboration can support market growth, sustainability and diversity. Whilst partnership working may not be applicable in every instance, it should be a key consideration when commissioning or re-commissioning services. Therefore early engagement to explore opportunities for shared arrangements is an important facet of this strategy.

Underpinning all of this is the need for continued engagement and dialogue with current and potential suppliers, especially focussing on the need to work differently and creatively to meet the growing and changing needs of service users, within a restricted financial envelope.

To facilitate this, Council staff will;

- Work with existing service user Partnership Boards and forums when commissioning and re-commissioning services and seek input into service specifications to ensure they reflect service user need
- Ensure contract monitoring processes capture service user feedback on service quality and use this information to improve services.
- Use appropriate forums (workshops, spokes and committees) to seek member engagement and direction when commissioning and re-commissioning services

- Exploring options for joint commissioning and shared services with other authorities and health organisations as a default position, before acting unilaterally
- Seek partner membership when establishing project and programme boards focussed on commissioning and re-commissioning services
- Use existing provider forums and networks to engage with providers to facilitate service development

1.9. Market intelligence

This involves developing and maintaining a better evidence base about the local care market, a greater understanding as to how it operates, and finding more effective ways to communicate this knowledge to suppliers and local people.

To facilitate this, Council staff will;

- Refresh the market position statement to enable providers and potential providers to access the latest available information
- Develop and maintain mechanisms and processes that will enable the Council to respond quickly to new ideas and proposals from new and existing providers

1.10. Provider development

The focus of this work is to develop constructive relationships with providers based on a shared view of the outcomes to be achieved, a common understanding of any constraints and an equitable distribution of risk; and making targeted support available to suppliers to help them adapt and respond while developing a local infrastructure that supports people to have choice and control.

To facilitate this, Council staff will;

- Engage with partners and providers to design, implement and support a joint workforce development programme that supports a sustainable workforce
- Encourage workforce stability to support the standardisation of contract terms and conditions and payment practice
- Work with health partners, providers and other stakeholders to promote the concept of a new career pathway within the care sector, whereby employment in the care market can be a gateway to employment in the NHS or in social care in the longer term. This model would be founded on the acceptance of 'churn' within the workforce and allow all stakeholders to develop coordinated recruitment processes
- Develop early warning systems that will pre-empt financial and quality related provider failure and put in place provider failure plans, in line with the new legal requirements established in the Care Act
- Provide ongoing provider workforce training

1.11. Flexible arrangements

The focus of this work is to develop commissioning, procurement and tendering processes that are fair and proportionate and which support the development of a range of person-centred support from a plurality of different providers, where formal tendering is not always the first resort and where opportunities are taken to enhance flexibility and secure services across local authority boundaries.

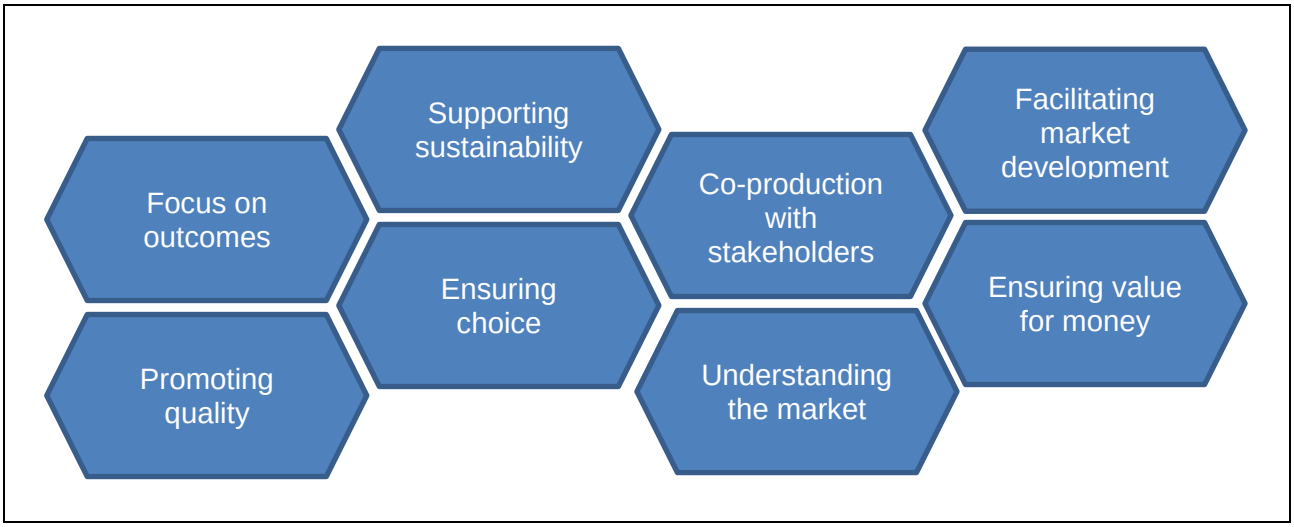
To facilitate this, Council staff will;

- Develop and implement a new procurement strategy that will support flexibility and innovation

- Develop mechanisms that support the piloting of new and innovative ways of meeting need, recognising that doing so will carry a degree of uncertainty and will therefore require shared models of risk that reward and support providers to engage with the commissioning process and offer proposals that reduce long-term care costs
- Undertake an options appraisal of outcomes based commissioning and agree where and how areas where it might be applied to improve service user outcomes and reduce care costs

11. Market shaping themes

The Council will reference the following high-level themes when undertaking actions that shape and influence the local care market. The specific theme will apply to a greater or lesser extent depending on the specific activity.



1.12. Focus on outcomes

The Council is committed to promoting the wellbeing of individuals who need care and support, as well as the wellbeing of their carers, emphasising the importance of enabling people to stay independent as long as is possible. The Council will ensure that the focus on achieving positive outcomes is imbedded in all care market shaping activities.

In encouraging outcomes-based services, the Council will give consideration to incorporating "payment-by-outcomes" mechanisms, where appropriate.

1.13. Promoting quality

The Council has a duty to facilitate markets that offer a diverse range of quality and appropriate services. When considering the quality of services, the Council will be mindful of the capacity, capability, timeliness, continuity, reliability and flexibility of services delivered to support well-being, where appropriate, using the definitions that underpin the CQC's fundamental standards of care as a minimum, and having regard to nationally relevant standards, for example any developed by the National Institute of Health and Care Excellence (NICE).

1.14. Supporting sustainability

The Council will work to develop markets for care and support that – whilst recognising that individual providers may exit the market from time to time – ensure the overall provision of services remains healthy in terms of sufficient provision of quality care and support to meet expected needs. The Council will maintain a Market Position Statement that will highlight gaps in service and include, where possible, demand projections to support this objective. The Council will also act positively and creatively to promote sustainability within the market, using detailed risk assessments to identify a range of potential solutions that support 'hard to replace' sub-markets. This may involve – but is not limited to – developing in-house services that address unmet need, or using Council

assets or resources creatively to facilitate solutions, for example allowing the development of residential homes on Council land to ensure market capacity.

1.15. Ensuring choice

The Council is committed to encouraging a range of different types of service providers to ensure that people have genuine choice of the way in which their support needs are met. The Council will work with a range of providers and other commissioning organisations to develop a sustainable market place, which is willing and able to offer the type of services people want to purchase. This marketplace will be able to meet the anticipated needs– both in terms of capacity and capability- of the local population, regardless of how they are funded.

The Council will facilitate the personalisation of care and support, and will encourage services designed to enable people to make meaningful choices, and to take control of their support arrangements, where they choose to do so. The Council endorses the national view that personalised care and support services should be flexible so as to ensure people have choices over what they are supported with, when and how their support is provided, and whenever possible, by whom.

The Council will facilitate the provision of information and advice to support informed decision making.

1.16. Co-production with stakeholders

Where possible, the Council will work alongside people with care and support needs to find shared and agreed solutions. Where there is a clear benefit to the county population, the Council will work with partners in health and the voluntary and community sectors to provide integrated services for individuals who need care and support.

1.17. Understanding the market

The Council will maintain a robust understanding of current and future needs for care and support services, using the Market Position Statement as the principal, public-facing repository for this information. Where information is available, this will include;

- appropriate information about specific conditions and multiple and complex needs
- trends and forecast estimates of the number of people who are or are likely to be fully or partly state funded care and support services
- trends and forecast estimates of the number of people who are or are likely to be fully or partly state funded and micro-commissioning their care via direct payments
- trends and forecast estimates of the number of people who are or are likely to be self-funding their own care and support services

1.18. Facilitating market development

Where practical, the Council will collaborate with stakeholders and providers to bring together information about needs and demands for care and support with that about future supply, to understand for their whole market the implications for service delivery.

The Council will support and empower effective purchasing decisions by people who self-fund care or purchase services through direct payments, recognising that this can help support and develop a more effective and responsive local market.

The Council is committed to ensuring that the market has sufficient signals, intelligence and understanding to react effectively and meet demand, a process often referred to as market shaping.

The Market Position Statement is intended to encourage a continuing dialogue between a local authority, stakeholders and providers where that dialogue results in an enhanced understanding by all parties, and is therefore an important market shaping tool.

In the event of the Council's market shaping activity is not achieving the strategic aims as quickly or as effectively as is needed, the Council will consider more direct market interventions. This may include the encouraging and supporting of social enterprises, Community Interest Companies and User-Led Organisations.

1.19. Ensuring value for money

The Council will research best practice in the commissioning, re-commissioning and decommissioning of services, and recognises that achieving value for money means optimum use of resources to achieve intended outcomes and therefore will regard service quality as well as cost when procuring services.

12. A framework for achieving the vision

This strategy supports the vision that;

The Council, partner agencies, service users and providers work together to ensure the local care market offers a diverse range of safe, sustainable, personalised and effective care and support services that meets the needs of vulnerable people

Aligning the overarching activities with the high-level themes described in the previous sections provides a framework for achieving the vision.

Overarching Activity	High-Level Theme							
	Focus on outcomes	**Promoting quality**	**Supporting sustainability**	**Ensuring choice**	**Co-Production with stakeholders**	**Understanding the market**	**Facilitate market development**	**Ensuring value for money**
Strong and effective engagement	**Commissioners engage with service users to develop outcome-based service specifications** Individual service users micro-commission services that meet outcomes via direct payments Providers understand and deliver services that meet personal outcomes to support independence	Quality standards are agreed with providers Service user and regulatory (eg CQC) feedback is used to monitor provider service quality Providers comply with the Council's service standards and quality requirements	**Strong and regular communication with providers to understand and respond to business challenges and opportunities** Local SME and VCS organisations are given equal opportunity to compete for Council business, in line with the Social Value Act 2012 The Council supports local businesses to develop sustainable business models	Providers engage with service users and commissioners to offer a range of solutions that meet peoples care and support needs	**Service users, partner organisations, members, providers and commissioners are all involved in finding shared and integrated solutions that meet peoples care needs**	Providers understand the Council's commissioning intentions and procurement timetable	Service users and providers are able to influence local policy and service delivery models **New providers are encouraged to develop and invest in services across the county**	Commissioners explore ways of integrating services with partner organisations in order to maximise value for money and improve efficiency

Overarching Activity	High-Level Theme							
	Focus on outcomes	**Promoting quality**	**Supporting sustainability**	**Ensuring choice**	**Co-Production with stakeholders**	**Understanding the market**	**Facilitate market development**	**Ensuring value for money**
Market intelligence	Service user experience and outcome information is clearly articulated and available to inform commissioning decisions and provider capacity	**Monitoring systems use local and national data to monitor capacity, utilisation and service quality**	**The care market is regularly analysed to identify 'hard to replace' providers to support actions that encourage sustainability and promotes new entrants into the market** Gaps and shortfalls in provision are communicated to the market via the Market Position Statement and provider forums	**The Market Position Statement identifies gaps and shortfalls in market provision to stimulate growth and promote choice**	The Market Position Statement is shared with, and promoted by, stakeholders	Commissioners and stakeholders develop a shared understanding of market pressures, limitations, and cost pressures	Information about long-term needs for care and support is routinely used to facilitate the development of new services	**Commissioners use market intelligence data to identify opportunities to integrate services, improve outcomes for service users and achieve greater value for money or efficiency in the way in which services are delivered** Commissioners and providers have a shared understanding of cost and budget pressures

Overarching Activity	High-Level Theme							
	Focus on outcomes	**Promoting quality**	**Supporting sustainability**	**Ensuring choice**	**Co-Production with stakeholders**	**Understanding the market**	**Facilitate market development**	**Ensuring value for money**
Provider development	**Providers are supported to develop new and innovate ways of delivering positive outcomes for service users**	**Providers are supported to develop workforce development strategies that supports the delivery of good quality care**	Service providers are supported to develop effective strategies to recruit and retain staff within the sector	**Providers are supported to develop a range of services focused on improving outcomes for people with care and support needs using information provided in the Market Position Statement**	Providers work with service users and other key stakeholders to shape service design and development to increase choice, promote quality and sustainability	**Providers are supported to proactively identify and respond to market signals and industry best practice**	Providers innovate and are pro-active in developing new ways of improving outcomes for people with care and support needs	Providers develop and support cost effective service delivery models

Overarching Activity	High-Level Theme							
	Focus on outcomes	**Promoting quality**	**Supporting sustainability**	**Ensuring choice**	**Co-Production with stakeholders**	**Understanding the market**	**Facilitate market development**	**Ensuring value for money**
Flexible arrangements	Contracts and service specifications focus on meeting outcomes rather than describing how services should be delivered Opportunities for 'payment by results' and / or 'incentivisation' are identified and incorporated into contractual arrangements, where appropriate, to reward the achievement of outcomes	**Providers are empowered to develop, in agreement with commissioners and procurement staff, appropriate ways of measuring their service which complement the service specification**	Commissioning and procurement arrangements are flexible and encourage innovative practice, market growth and sustainability **Commissioners use a range of solutions (including use of council assets) to promote market sustainability** Procurement processes encourage engagement from local SME and VCS organisations, in line with the Social Value Act 2012	Commissioning and procurement arrangements encourage providers to offer a range of service delivery solutions to meet identified need and / or gaps in the market	Service users are supported to form their own independent service delivery models (including mutuals and social enterprises) to meet outcomes	Commissioners, service users and providers regularly meet to monitor the performance of contracts and identify any areas for improvement, variation or amendment	**Commissioners are able to respond positively to new and innovative business proposals designed to improve outcomes for people with care and support needs** Commissioners support and encourage a market for alternative options for service provision (for example, PA's personal health budgets, Individual Service Funds)	Contract monitoring arrangements are streamlined and proportionate. **Procurement processes and service delivery models support a range of flexible provider models (eg partnerships, sub-contracting, geographical patches etc)**

13. Work already underway to shape and influence the local care market

Although this is a new strategy developed as a result of the Care Act, the Council is already engaged in a number of significant pieces of work designed to shape and influence the local care market where there are long-standing sufficiency issues resulting in unmet need. The more significant pieces of work are;

- Older Peoples accommodation strategy, focussing on medium and long- term accommodation needs for people aged 65+
- Homecare sufficiency project, focussed on a range of tasks aimed at reducing unmet need for homecare, and delivering actions identified at a stakeholder workshop that took place in April 2015
- The recent appointment of a Homecare Development Manager to support providers through a range of actions, including support to implement recruitment and retention plans and the development of a county-wide independent sector provider (ISP) workforce development strategy
- The Council's Workforce Development Service provides regular training courses to support the provider and voluntary sector workforce, covering a range of key competencies, both managerial and operational
- Through the personalisation agenda, Direct Payments continue to be promoted to service users, and the use of non-traditional care providers (such as personal assistants) encouraged to provide person-centered support
- As a result of the Winterbourne Concordat, now called Transforming Care, best practice guidance was to bring all hospital placements in county using non-residential services where possible, the Learning Disability Partnership took the opportunity to review all out of county beds and, where a move in county would be in the person's best interest, move the person in county to a non-residential setting.
- There is ongoing work through the Transforming Care Partnership Board reporting to NHS England to investigate options for provision as an alternative to a hospital admission.
- Consolidating a number of contracts to provide a 'single offer' across the county and across client groups (such as the upcoming VCS support contract and the advocacy contract)
- There are a range of quality monitoring systems in place designed to capture and utilise service user feedback to monitor service quality
- A CFA Procurement Strategy has been drafted, referencing national best practice and recent legislative changes (such as the Social Value Act 2012) that promotes a flexible approach to procurement
- There is significant work ongoing in the East Cambridgeshire Learning Disability Partnership with providers around responses in a crisis situation to improve possibilities that carers can continue in their role and prevent hospital admission. Consideration is currently being given on how this approach could be implemented across the county.

14. Priorities for development

Taking into account the activities and themes detailed earlier in the strategy, and work detailed above that is already underway to shape and influence the market, the action plan will involve around the following priority areas for development:

1.20. Strong and effective engagement

1. Commissioners engage with service users to develop outcome-based service specifications
2. Strong and regular communication with providers to understand and respond to business challenges and opportunities
3. Service users, partner organisations, members, providers and commissioners are all involved in finding shared and integrated solutions that meet peoples care needs
4. New providers are encouraged to develop and invest in services across the County

1.21. Market intelligence

1. Monitoring systems use local and national data to monitor capacity, utilisation and service quality
2. The care market is regularly analysed to identify 'hard to replace' providers to support actions that encourage sustainability and promotes new entrants into the market
3. The Market Position Statement identifies gaps and shortfalls in market provision to stimulate growth and promote choice
4. Commissioners use market intelligence data to identify opportunities to integrate services, improve outcomes for service users and achieve greater value for money or efficiency in the way in which services are delivered

1.22. Provider development

1. Providers are supported to develop new and innovative ways of delivering positive outcomes for service users
2. Providers are supported to develop workforce development strategies that supports the delivery of good quality care
3. Providers are supported to develop a range of services focused on improving outcomes for people with care and support needs using information provided in the Market Position Statement
4. Providers are supported to proactively identify and respond to market signals and industry best practice

1.23. Flexible arrangements

1. Providers are empowered to develop, in agreement with commissioners and procurement staff, appropriate ways of measuring their service which complement the service specification
2. Commissioners use a range of solutions (including use of council assets) to promote market sustainability
3. Commissioners are able to respond positively to new and innovative business proposals designed to improve outcomes for people with care and support needs
4. Procurement processes and service delivery models support a range of flexible provider models (eg partnerships, sub-contracting, geographical patches etc)

Appendix 1: Action plan

Strong and effective engagement					
1	**Commissioners engage with service users to develop outcome-based service specifications**				
Actions		**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
Develop a range of approaches to Outcomes-based Commissioning, relevant to the specific service area		Options identified and opportunities for implementation agreed	Strategy Service	Procurement Strategy	Mid 2016/17 financial year
Embed the Council's participation strategy in the commissioning and procurement processes		Service users influence key service specifications Service users participate in the evaluation of tenders	Heads of service for commissioning and procurement	Participation Strategy	From April 2016
2	**Strong and regular communication with providers**				
Actions		**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
Regular provider forums held to ensure providers are up to date with latest developments and upcoming work		Minimum of 6 held annually, across different client groups	Heads of service for procurement		Ongoing
Review of provider forum attendance, and follow up with non-attendees to understand reasons for lack of engagement and identify areas for improvement		Improved attendance at provider forum meetings	Heads of service for procurement		By 2017/18 financial year
Increased dialogue with key providers – small group and 1-2-1 – to review areas for development and identify opportunities for service development and innovation		Topic specific workshops held throughout the period, to include; Medication management Deprivation of Liberty End of life care Meetings with key providers held on a bi-annual basis to support future service development	Heads of service for procurement		Ongoing
Development of a dedicated provider		Increased awareness and	Heads of service	Procurement	Mid 2016/17

	webpage to hold key information, to include: • Market position statement • Market shaping strategy • provider forum materials • a new ideas template • Details of key commissioning contacts • e-procurement user guide	transparency of Council procurement. Providers and stakeholders have a clear route for accessing information regarding commissioning requirements and the submission of proposals	for procurement	Strategy, Market Shaping Strategy	financial year
	Expand readership across all services of existing service's communications with providers which includes WFD e-bulletins and Brokerage newsletter and develop further communications for new markets	All providers have access to regular CCC communications and updates including information on upcoming events and training	WFD, Brokerage Team and Access to Resources	Workforce Development Strategy, TL and Care Act	On going
	3	**Service users, partner organisations, members, providers and commissioners are all involved in finding shared and integrated solutions that meet people's care needs**			
	Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
	Create reference groups to support key commissioning activity e.g. the re-commissioning of homecare	Stakeholders are engaged throughout the commissioning exercise	Heads of service for commissioning and procurement	Homecare sufficiency project	From April 2016
	Conduct detailed market research to identify current and future accommodation needs of older people	Council strategy reflects the needs of the local community	Heads of service for commissioning and procurement	Older Peoples Accommodation Programme Board	End 2016/17 financial year
	Work with commissioner's in children's services to map future demand for adult social care in a systematic way	Adult social care commissioners are aware of future demand and can proactively commission services to meet that demand. The transition between children's social care and adult social care is straightforward for service users.	Heads of service for commissioning	SEND code of conduct SEND Commissioning Board	End 2016/17 financial year

	Engage key VCS service user groups (e.g. CAIL, COPE, Older Peoples Reference Group, Lifecraft, Speaking Out, LD Partnership Board) to inform commissioning strategies and service design	Co-production of services	Heads of service for commissioning and procurement	Participation Strategy Transforming Lives	From April 2016
	4	**New providers are encouraged to develop and invest in services across Cambridgeshire**			
	Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
	Develop simple process for dealing with new ideas from providers	Investors, developers and stakeholders are able to submit proposals for service changes and improvement	Heads of service for commissioning		September 2016
	Develop a 'Cambridgeshire Offer' in response to new business ideas from potential investors / providers so that the Council operates a 'no wrong door' approach	All parts of the Council (Planning, Economic Development, Digital Strategy etc) and other relevant stakeholders (eg District Councils) are engaged to support investment into the County	Service Director: ASC Service Director: OPMH Commissioners and other strategic leads		End 2016/17 financial year
	Develop work with Cambridge Community Foundation and other grant funded organisations to prompt funding of VCS and Community groups that provide support and services that support Transforming lives strategy.	Increase of funding streams to VCS from external sources	Heads of service for commissioning and procurement	Care Act Transforming Lives Community Resilience Strategy	From April 2016

Market Intelligence

1 Monitoring systems use local and national data to monitor capacity, utilisation and service quality

Actions	Success criteria	Owner(s)	Linked to:	Timeline(s)
Use Capacity Overview Dashboard to capture and analyse care home prices, capacity and quality	Real time, evidence based market management.	Heads of service for commissioning and procurement		From April 2016
Provider Failure Early Warning Dashboard is used to collate and analyse information to identify providers who may be at risk from financial or quality failure. This information is shared across services.	Market intelligence is available to enable CCC to take early action in the event of provider failure in line with duties under the Care Act.	Contracts Teams and Access to Resources	TL and Care Act Programme	April 2016
Develop closer links between monitoring officers and locality teams in the Learning Disability Partnership	Information flows well between frontline staff and contract monitoring officers ensuring that all staff interacting with a provider are aware of and supporting one another.	Access to Resources and Learning Disability Partnerships		September 2016
Monitor effectiveness and application of training and seek to offer targeted, affordable and high quality workforce development opportunities to providers	Systems are in place to monitor the effectiveness of training, and targeted workforce development support is available	Workforce Development, Contracts Team and Access to Resources	Draft ISP Workforce Development Strategy	September 2016

2 The care market is regularly analysed to identify 'hard to replace' providers to support actions that encourage sustainability and promotes new entrants into the market

Actions	Success criteria	Owner(s)	Linked to:	Timeline(s)
Management information is regularly reviewed by directorate management teams and / or performance boards	'Hard to replace' providers are identified and a) provider failure plans are in place and b) commissioners develop remedial plans to encourage new and	Heads of service for commissioning and procurement	Older Peoples Accommodation Strategy Transforming Care	Ongoing

	alternative providers to operate in the County			
Develop strategic partnerships with identified 'hard to replace' providers	Identified 'hard to replace' providers have regular contact at a strategic level with the Council and are aware of the Council's future commissioning intentions.	Heads of service for commissioning and procurement		September 2016
3	**The Market Position Statement identifies gaps and shortfalls in market provision to stimulate growth and promote choice**			
Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
Refresh Market Position Statement	Information used by Providers, developers and stakeholders to support business case development. Information used in regular discussions with key providers to develop services A process is in place to ensure the document is regularly refreshed	Heads of service for commissioning and procurement	CFA Procurement Strategy Business Plan	Ongoing, minimum annually
Focus workshops when specific gaps identified. These should include providers ,Commissioners from CCC, PCC, CCG and Districts, VCS and Service Users	Ensure all opportunities and options considered	Heads of service for commissioning and procurement	CFA Procurement Strategy	Business as usual from launch of strategy
4	**Commissioners use market intelligence data to identify opportunities to integrate services, improve outcomes for service users and achieve greater value for money or efficiency in the way in which services are delivered**			
Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
Commissioning strategies incorporate national best practice, and learning from regional support networks (eg ADASS contracting group, ADASS Finance group,	Best practice approaches are adopted in service specifications and options for service delivery where replication would lead to service improvement, efficiency	Heads of service for commissioning and procurement		Ongoing

	CCRAG)	gains or quality improvements.			
	Pre-market assessments are undertaken when commissioning services	Comprehensive understanding of local markets and the commercial challenges and opportunities facing providers. Information is used to inform the approach used to commission services.	Heads of service for commissioning and procurement		Approach adopted for commissioning significant areas of spend
	Commissioners explore opportunities for joint commissioning with relevant stakeholders (for example other local authorities, health partners, voluntary organisations, district councils)	Development of a regional contracting plan enabling opportunities for joint working and integrated contracts. Reduction in transaction costs. Reduction in duplication Reduced costs as a consequence of increased volumes	Heads of service for commissioning and procurement	ADASS Directors Group Agenda	Sept 2016
	Reconsider expanding Brokerage function to homecare and community support functions and/or CHC Homecare. Consider options for the recommissioning of homecare across the county where appropriate in 2017	Centralised approach to driving efficiency and minimising travel time leading to an increase in contact time for care staff. Increase market visibility and control over scarce resources. Increased opportunities for collaborative working amongst providers	Head of Procurement & Head of Operations		January 2017
	Develop integrated Joint Commissioning with CCG, PCC and District Councils particularly in the commissioning of MH services and VCS.	Joint commissioning of Services	Heads of service for commissioning and procurement	Care Act Transforming Lives Community Resilience Strategy Mental Health Strategy	From April 2016

Provider development

1 Providers are supported to develop new and innovative ways of delivering positive outcomes for service users

Actions	Success criteria	Owner(s)	Linked to:	Timeline(s)
Develop with the New Early Help Team as well as locality teams for learning disabilities, new and innovate ways that providers from both the independent and voluntary sectors work with service users who are Transforming Lives tier 1and 2 to provide support and services	Increases referral rate between providers and VCS. Service users have improved/route access to a range/menu of services	Head of Procurement & Head of Operations	Transforming Lives Better Care Fund	From April 2016
Homecare Development Manager working closely with Homecare providers to develop their workforce through the delivery of some of the key objectives of Joint Workforce Development Strategy.	Homecare providers recruiting and retaining a highly trained work force with the right values, developing a positive culture and raising the profile of Homecare across the sector	Head of Procurement	Joint Workforce Development Strategy	From April 2016
Targeted training opportunities & workshops, to support provider development.	An increase in the number of providers able to comply with service standards, customer expectations and regulatory requirements	As stated	Joint Workforce Development Strategy	Oct 2015 – Oct 2016
Develop work that is ongoing in East Cambridgeshire across the county with providers to work to a progression model around short term funded packages to reduce the reliance on long term funded service and/or hospital admissions.	Providers work quickly and responsively with locality teams on a short term basis across the county.	Learning Disability Partnerships	Transforming Lives	From May 2016
Develop a countywide strategy to address issues regarding older people's accommodation needs in the medium to long term.	Strategy implemented and attracting engagement from accommodation providers	CCC, Cambridge & Peterborough CCG, Peterborough	Older Peoples Accommodation Strategy	From June 2016

			CC, PSHFT, EEAST and CPFT		

2	Providers are supported to develop workforce development strategies that supports the delivery of good quality care				
	Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
	Homecare providers assisted to develop individual workforce development strategies	Increase in staff retention Increase in numbers of staff recruited into the sector School and college leavers able to consider a career in care Sustainable career pathways developed in conjunction with Sills for care and other sector leaders	Workforce Development Officer & CCC WFD Team	Joint Workforce Development Strategy	September 2016
	Development of an overarching sector wide Workforce Development Strategy	Active promotion of the sector through a variety of sources and through the media. Calendar of recruitment events across the county. Job centres across the county actively working with providers in their areas. A cohort of care Ambassadors visiting and promoting a career in care in schools and colleges	Workforce Development Officer & CCC WFD Team	Joint Workforce Development Strategy	End August 2016
	Work with LD providers to develop career pathways for their staff	Increase in staff recruitment and retention in the sector	CCC WFD Team LDP Teams		End of financial year 2016/17
	Proactively work with providers to identify training required for packages of care and tailor the training offer as needed.	Providers work closely with the Council to procure and develop needed training courses.	CCC WFD Team LDP Teams		End of financial year 2016/17

3	Providers are supported to develop a range of services focused on improving outcomes for people with care and support needs using information provided in the Market Position Statement				
Actions		**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
To ensure that commissioning arrangements offer providers sufficient flexibility to develop innovative services		Service Users and other stakeholders report better outcomes	Heads of service for commissioning and procurement		Business as usual from launch of strategy
To work with providers (including VCS), health colleagues and CCC staff to develop an AT offer that supports independence for Service Users		Greater use of AT, leading to less use of statutory care services and less people entering residential care. Lower number of acute admissions	Assistive Technology Team	Transforming Lives Assistive Technology Strategy	ongoing
4	**Providers are supported to proactively identify and respond to market signals and industry best practice**				
Actions		**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
Increase awareness amongst providers of how to submit plans to address shortfalls (and who to submit these to)		Increase in the number of Business Cases submitted to Invest to Save pot. Submissions from providers that address shortfalls in service availability, unmet need and unsatisfied need	Heads of service for commissioning and procurement		Business as usual from launch of Strategy
Agree a clear process to address provider shortfalls in learning disabilities.		A process is in place and agreed with providers as to how to address shortfalls.	Access to Resources and LDP		September 2016
CCC to disseminate information from regional/national forums regarding best practice; providers to consider how this could be adapted by them		Examples of successful service delivery options used elsewhere tabled by providers and partners	Heads of service for commissioning and procurement		From April 2016 and ongoing

Flexible arrangements

1 Providers are empowered to develop, in agreement with commissioners and procurement staff, appropriate ways of measuring their service which complement the service specification

Actions	Success criteria	Owner(s)	Linked to:	Timeline(s)
Work with providers to use their internal quality assurance arrangements to inform the review of service specifications.	Service specifications are familiar to and agreed with providers. Provider's staff at all levels are aware of the service specification they are working to.	Heads of service for commissioning and procurement		Business as usual from launch of Strategy
Providers, commissioners and Contract staff to review outcomes contained in service specifications prior to tendering	Outcomes based targets developed as part of the Service Specification	Heads of service for commissioning and procurement		Business as usual from launch of Strategy

2 Commissioners use a range of solutions (including use of council assets) to promote market sustainability

Actions	Success criteria	Owner(s)	Linked to:	Timeline(s)
Council land, infrastructure and other assets are considered for use when developing services, e.g. service delivery points could include libraries and other Council buildings	Providers are supported to remain in Cambridgeshire. Robust business cases developed to evidence the best use of council assets.	Service Director: ASC Service Director: OPMH		Business as usual from launch of Strategy
Establish a commissioning group across CFA to share learning and good or innovative practice. Consider extending this group across the Council.	Commissioning is as efficient as possible across CFA. Learning is shared and good practice celebrated. Innovative ideas are progressed.	Service Director: Strategy and Commissioning		September 2016
Consideration to be given to	Consideration is given when	Commissioners		Business as usual

	delegation of functions of the LA to third parties, including VCS, where this makes operational sense and produces savings/efficiencies and improving outcomes	commissioning services			from launch of Strategy
	To explore the opportunities for Providers to take advantage of the purchasing power of the council when procuring goods and services, (e.g. equipment, training)	More providers utilising purchasing power of the council to procure services/goods, leading to lower costs	Heads of Service Procurement in conjunction with LGSS	CFA Procurement Strategy	Business as usual from launch of Strategy
	3	**Commissioners are able to respond positively to new and innovative business proposals designed to improve outcomes for people with care and support needs**			
	Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
	Develop and implement a process for dealing with proposals for new services	Process in place and publicised via CCC website and provider forums	Heads of Service for Procurement		September 2016
	Develop, in collaboration with providers, services to support specialised needs within learning disabilities, for example, complex challenging behaviour.	There are appropriate services for all client groups within the service users open to the Learning Disability Partnership.	Head of Service for the LDP		Ongoing
	Alternative models of homecare are considered for implementation to address system capacity issues	Alternative models of homecare developed to address the overall shortfall in homecare supply and improve provision in hard to reach areas. Reduction in demand on re-ablement and other services currently used to manage demand for mainstream homecare	Head of Service Development	Homecare Sufficiency Project	See project timeline

	4	Procurement processes and service delivery models support a range of flexible provider models (eg partnerships, sub-contracting, geographical patches etc)			
	Actions	**Success criteria**	**Owner(s)**	**Linked to:**	**Timeline(s)**
	Review current contract procedure guidelines with LGSS Procurement to facilitate flexibility in commissioning	Contract procedure guidelines are sufficiently flexible to allow innovative provider models and support commissioners in developing these.	Head of Service for commissioning and procurement LGSS Procurement		End of financial year 2016/17

Appendix 2: Estimating the economic value of the Cambridgeshire economy

The Office of National Statistics (ONS) collects and publishes information on business turnover captured via the Annual Business Survey. This Data can be broken down by business type which allows the analysis of the care economy in England. The data is available at a regional level, which by applying population information, can be used to estimate the value of the care economy at a county level.

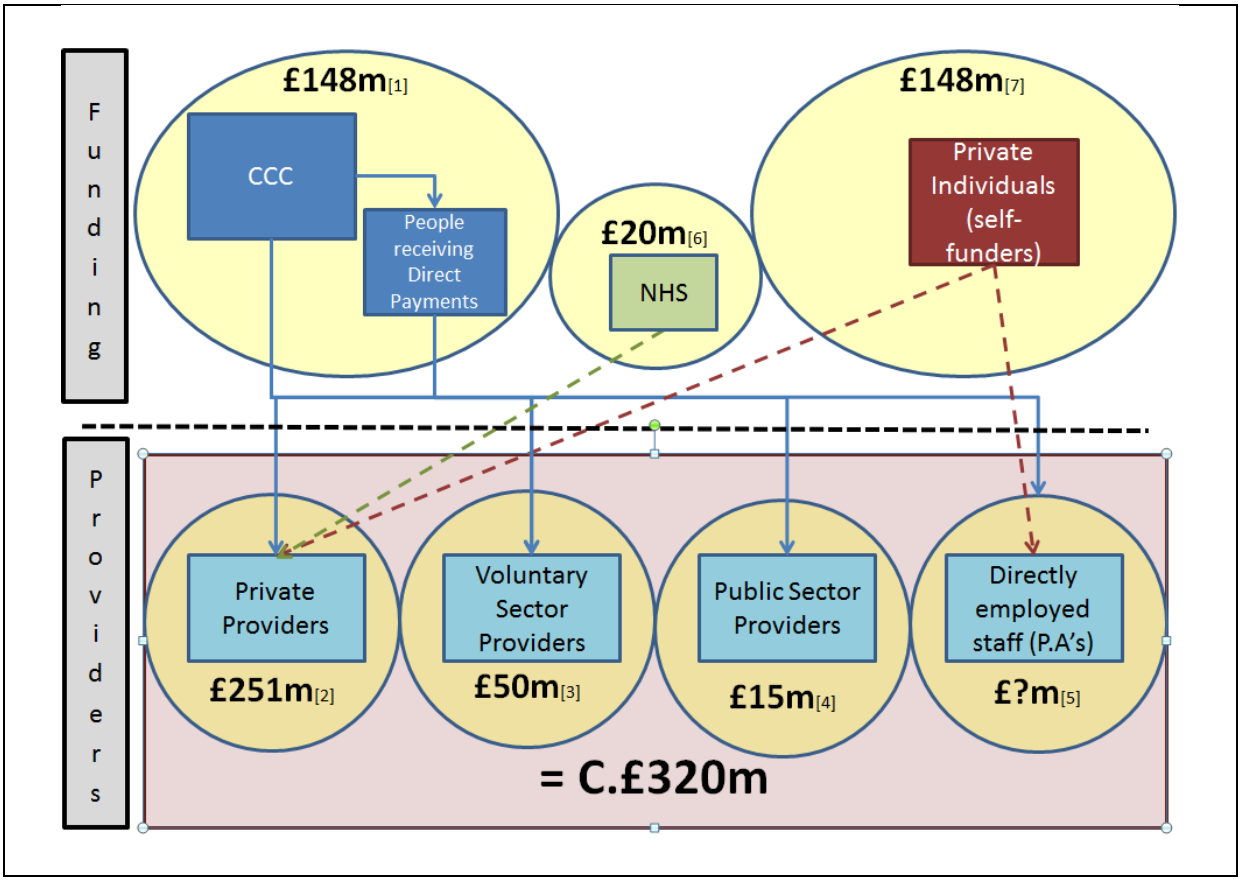
2012 Annual Business Survey UK Non-Financial Business Economy

Release Date 23/07/2014

Area	Population aged 18+	Care Economy - Total Turnover (£ million)	Turnover per person (18+)
East of England	4,678,281	£2,338	£500
England	42,359,366	£21,402	£505
UK	50,501,583	£25,266	£500

Applying the East of England Turnover per person (aged 18+) to the adult Cambridgeshire population suggests a total

Area	Population aged 18+	Turnover per person (18+)	Care Economy - Total Turnover (£ million)
Cambridgeshire	**502,057**	**£500**	**£251**



Estimate value of the Cambridgeshire Care Economy (£ millions)

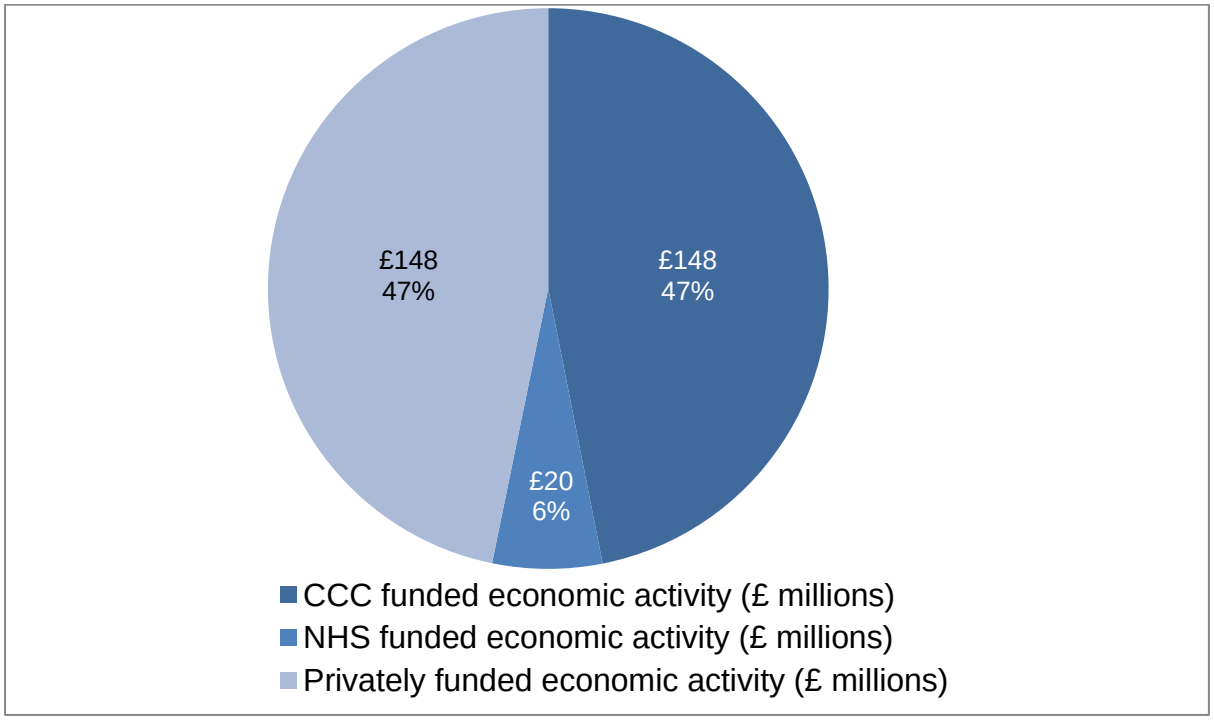
	Gross annual CCC spend of care packages	**£171**
Of which…….	Older People & Mental Health Directorate	£84
	Adult Social Care	£87
	Client contributions	**£22**
Of which…….	Older People & Mental Health Directorate	£19
	Adult Social Care	£3
[1]	**Net annual CCC spend of care packages**	**£148**

[2]	**Private providers - Total Turnover (£ million)**	**£251**
Of which…….	CCC funded	£148
	NHS funded	£20
	Private funded	£148

[3]	**Voluntary sector (est. additional 20% of sector)**	**£50**

[4]	**Public sector run services**	**£15**
Of which…….	In-house provider services	£7
	Re-ablement, OT, ATT	£8

	£ millions	**%**	**Calculation**
CCC funded economic activity (£ millions)	£148	47%	[1]
Privately funded economic activity (£ millions)	£148	47%	([2] + [3] + [4]) - [1]
Total care market economic value (£ millions)	**£316**	**100%**	[2] + [3] + [4]



Appendix 3: employment measures

Analysis of a range of employment indicators available from the Office National Statistics (ONS) shows that the Cambridgeshire economy is out performing the regional, England and national averages.

ONS People not in Work - January 2014 to December 2014 (published 17th April 2015)

Economic Indicator	What is good?	Cambs	East of England	England	UK	Notes
Job density	Higher ratio	**0.84**	**0.78**	**0.80**	**0.79**	Jobs densities are calculated as the number of jobs per resident aged 16 to 64 of the relevant year.
Employment %	Higher %	**79.5**	**75.7**	**72.5**	**72.2**	Annual Population Survey (APS) data. The APS is a survey of the population of private households, student halls of residence and NHS accommodation.
Unemployment %	Lower %	**3.90**	**5.20**	**6.20**	**6.20**	Model-based estimates of unemployment. These are calculated from a model based on the Annual Population Survey with the Claimant Count as an auxiliary variable.
Unemployment claimant count %	Lower %	**1.1**	**1.9**	**2.4**	**2.5**	A measure of the number of people claiming benefits principally for the reason of being unemployed. Currently this is the number claiming Jobseeker's Allowance on the second Thursday of each month (the "count date").

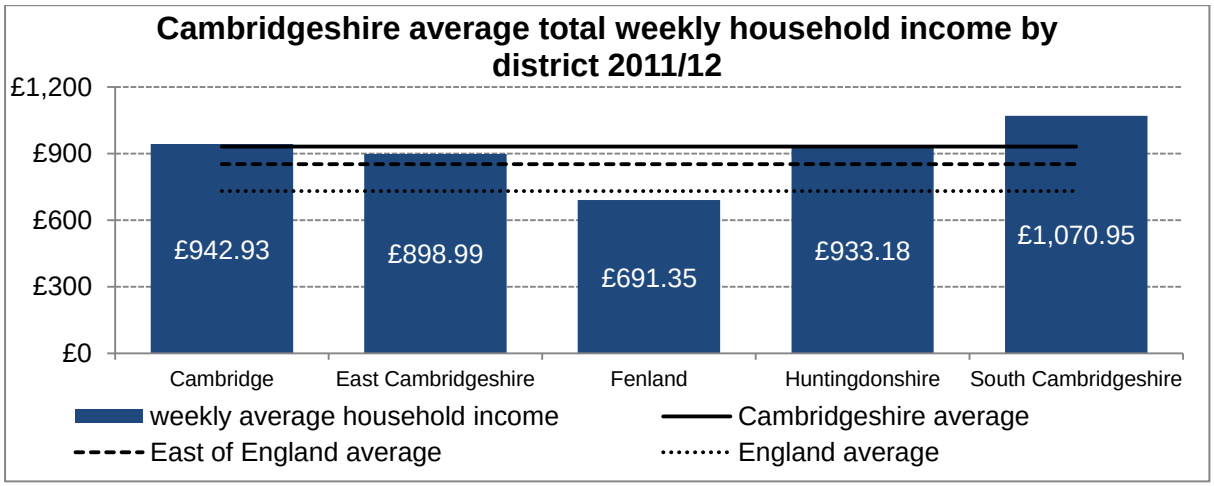
Source: http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=People+not+in+Work#tab-data-tables

ONS People not in Work - January 2014 to December 2014 (published 17th April 2015)

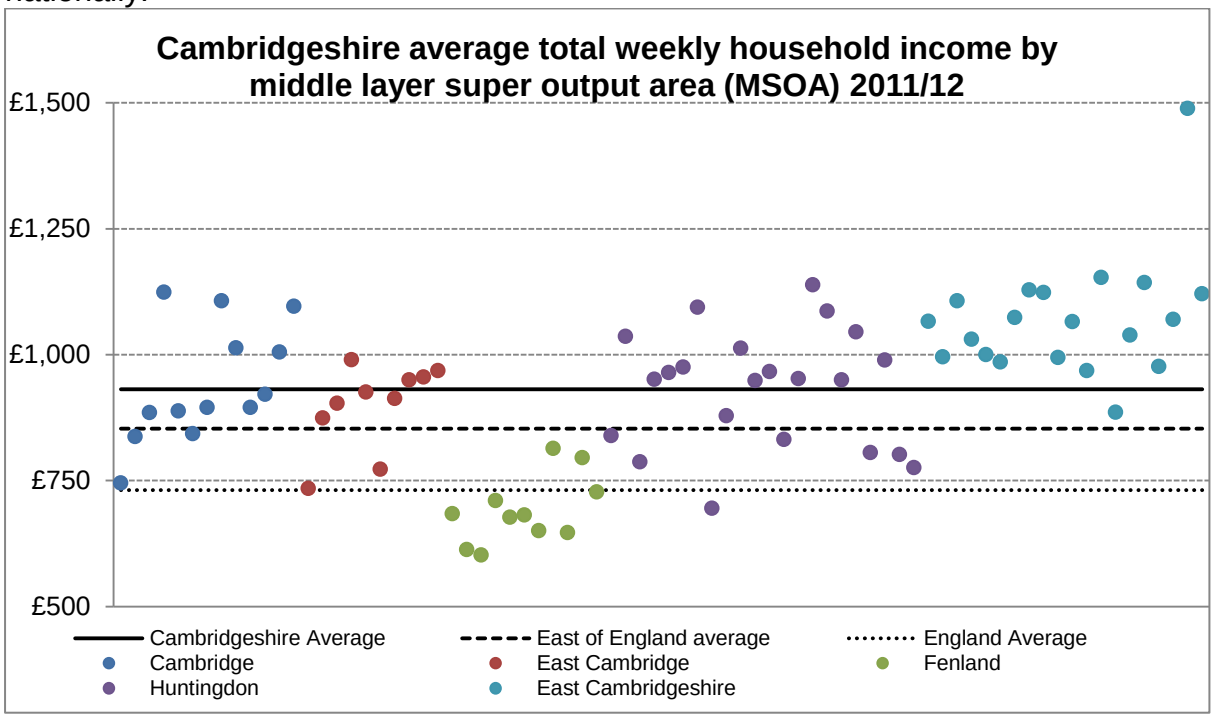
Area	Job density	Employment %	Unemployment %	Unemployment claimant count %
Cambridgeshire	**0.84**	**79.5**	**3.9**	**1.1**
Cambridge	1.18	78.6	4.0	1.0
East Cambridgeshire	0.70	74.1	4.4	1.1
Fenland	0.64	78.0	5.4	1.9
Huntingdonshire	0.75	83.9	3.6	1.1
South Cambridgeshire	0.80	79.6	3.2	0.7

Appendix 4: Cambridgeshire average weekly household earnings

Analysis of average weekly household income data published by the Office of National Statistics (ONS) shows that the county is performing well against national and regional comparators. However, analysis of the Cambridgeshire level data (i.e. district sub-district) shows significant geographical variations within the County. Cambridge and Huntingdonshire have weekly household income levels similar to the county average, and greater than the national and regional averages, with the average for South Cambridgeshire being significantly higher. The average weekly household income in East Cambridgeshire, is above national and regional averages, but a little below the county average, whilst the average for Fenland is significantly lower than all other districts and is also below the national and regional average.



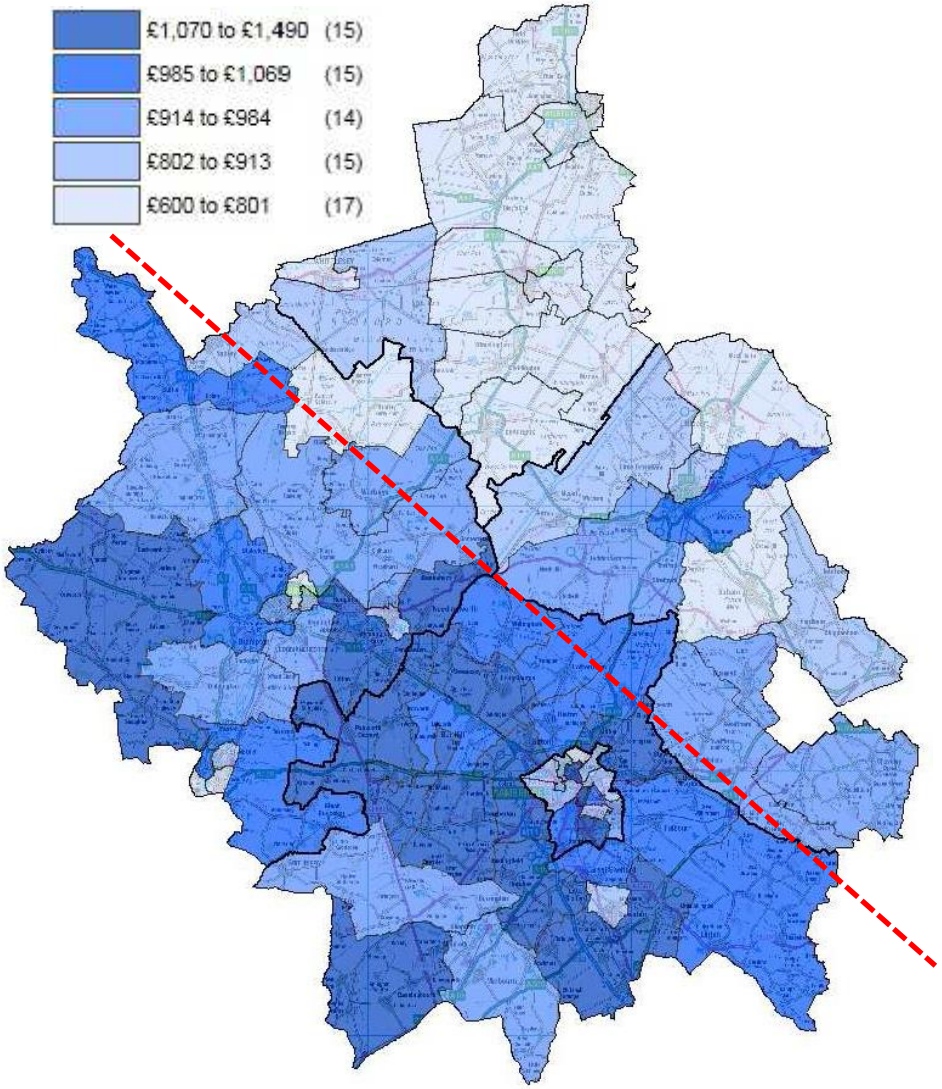
Analysis of district level information follows a similar pattern, with the averages within South Cambridgeshire being significantly above the regional and national averages, and Fenland performing poorly against other parts of the county, regionally and nationally.



Source: http://www.ons.gov.uk/ons/rel/ness/small-area-model-based-income-estimates/2011-12/index.html published October 2015

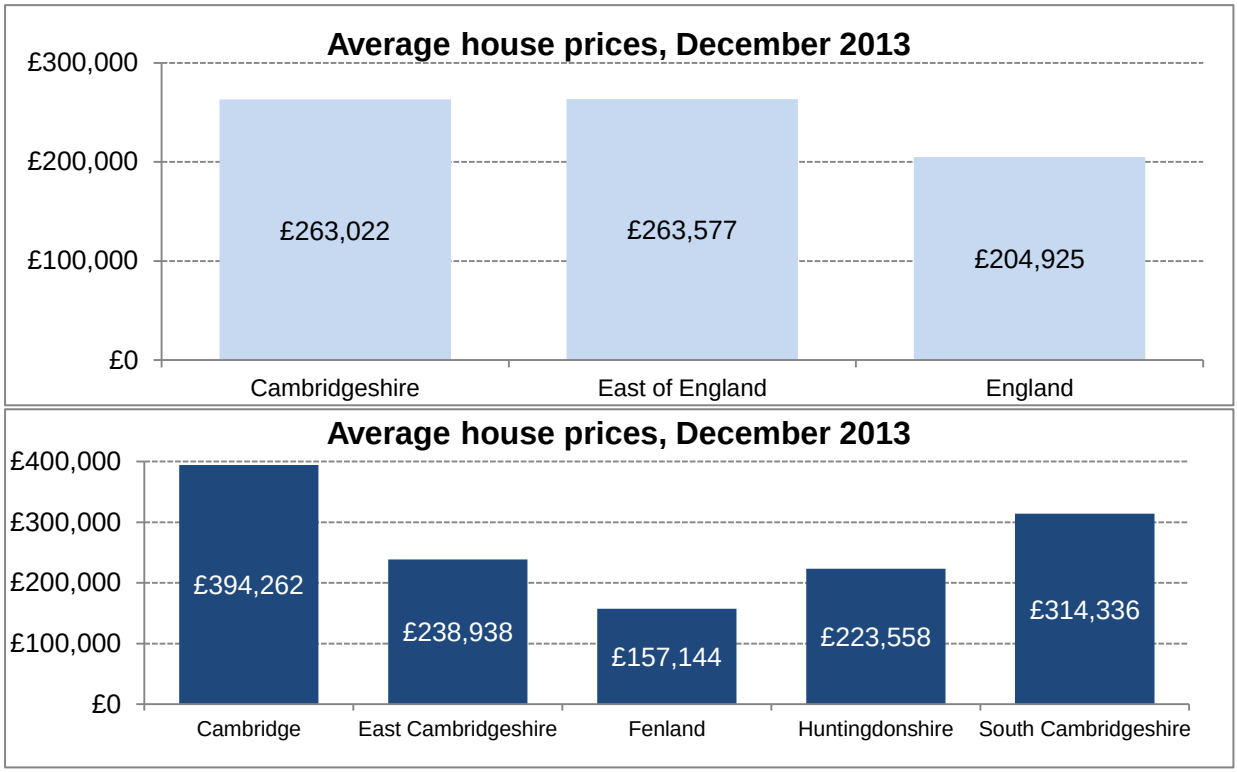
When plotting this information geographically, there is a clear South-East / North–West axis, as shown in the map below.

Cambridgeshire average total weekly household income by middle layer super output area (MSOA) 2011/12



Appendix 5: Average house prices (July-December 2013)

House prices in Cambridgeshire are in line with the regional average, and are greater than the national average. Breaking this figure down to district level, it is clear that much of this comes from house values in Cambridge and South Cambridgeshire, which are significantly higher than other parts of the County.



Appendix 6: Useful links

CQC capacity data
https://docs.google.com/folderview?id=0B1jvn_rdpdEzMUtiNVoyeW9rb2M#list

CCC website – support for new businesses
http://www.cambridgeshire.gov.uk/info/20098/support_for_businesses

CCC website – doing business with the Council
http://www.cambridgeshire.gov.uk/info/20092/business_with_the_council/37/doing_business_with_the_council/2

CCC Joint Strategic Needs Assessments
http://www.cambridgeshireinsight.org.uk/joint-strategic-needs-assessment/current-jsna-reports

ONS unemployment statistics
http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Unemployment#tab-data-tables

Skills for Care NMDS-SC dashboards
https://www.nmds-sc-online.org.uk/ReportEngine/Dashboard.aspx

LGA market shaping toolkit
http://www.local.gov.uk/care-support-reform/-/journal_content/56/10180/6520234/ARTICLE

IPC Market Shaping Toolkit
https://ipc.brookes.ac.uk/services/documents/Market_Shaping_Toolkit.pdf

Cordis Bright - Social care market sustainability guidance
http://www.cordisbright.co.uk/news/post.php?s=social-care-market-sustainability

United States Agency for International Development (U.S AID) Healthy markets for Healthy Growth: A Market Shaping Primer
https://www.usaid.gov/sites/default/files/documents/1864/healthymarkets_primer.pdf

Practical approaches to market and provider development
http://www.thinklocalactpersonal.org.uk/_library/PPF/NCAS/Practical_approaches_to_market_and_provider_development_12_November_2010_v3_ACC.pdf

Children Families and Adults Services Procurement Strategy

May 2016

Version 12 (Final Draft)

Contents

1. Purpose

This strategy sets out the actions being taken across Children, Families and Adults Services (CFA) to ensure the procurement of services is efficient, effective, delivers value for money and achieves the savings targets set out in the Council's business plan, whist achieving the CFA vision.

> **Our vision** is for children, families and adults in Cambridgeshire to live independently and safely within strong and inclusive local networks of support. Where people need our most specialist intensive services, we will support them.

Because effective procurement activity is dependent on strong, coherent and creative commissioning (see appendix 2 for further details), this strategy will also set out some broad principles to ensure that procurement and commissioning activity is aligned across the directorate to support the achievement of the challenging savings targets set out in the Council's business plan.

2. Drivers for change

CFA faces significant cost pressures in the coming period, including:

- The impact of the National Living Wage announced by the Chancellor in early July 2015. Analysis undertaken in conjunction with the sector suggests provider costs will increase over the next 5 years as a result of this additional financial commitment
- General inflationary increases in prices and costs (such as fuel and rent) by working with providers to better understand cost pressures
- A relative lack of supply across the sector having an adverse impact on pricing. In recent years, we have typically found that the cost of new placements in care homes in particular is a key cost pressure which can attributable to:
    - Between 2016 and 2021 the number of residents aged 85 and older is expected to grow by 24%. Demographic growth coupled with the relative affluence of the county means the Council is competing for care placements in a market where providers can attract and charge higher prices to people who fund their own care.
    - Diminishing supply – between April 2013 and April 2015 the total number of registered residential and nursing beds within the county reduced by 6%, despite significant population growth over the same period
    - Falling block contract volumes resulting in greater use of spot contract purchasing during periods of high demand - with an adverse impact on pricing
- Supply has been further impacted by:
    - Several domiciliary care providers have withdrawn from Cambridgeshire in 2015/16 – stating staff recruitment and retention was a significant factor
    - An increasing number of providers are struggling to meet the requirements of the new Care Quality Commission (CQC) Regulatory Framework. 11 providers have been judged as requiring improvement and 2 services have gone into Special

Measures. The effect of a care home receiving a judgement a poor judgement is usually an increase in prices in neighbouring homes

- The Council has a savings target of over £100m between April 2016 and March 2021

- In response to the cost and demographic pressures outlined above, CFA has developed a number of ambitious strategies focussed on service transformation across the directorate. Effective, efficient and innovative procurement practice will be required if the vision set out in these strategies is to become reality.

It is clear that the scale of these pressures is greater than the organisation has faced previously and makes it imperative that the commissioning, procurement and contract management functions work collectively to drive savings whilst maintaining safe services. This will mean working with providers to embrace innovation and develop new ways of providing services alongside other partners such as health colleagues and the voluntary and community sectors.

3. Key areas for development

3.1 Improving commissioning, procurement and contract management arrangements in Children, Families and Adults Services

We have an aspiration for a more devolved, creative and flexible approach to commissioning within Children, Families and Adult Services which helps our teams move away from a reliance on traditional forms of care and support, allowing them to spend flexibly on whatever meets need most cost-effectively, with the emphasis on prevention, community resilience and personalisation to reduce the demand for long-term care.

We will match this aspiration for commissioning with the right model of procurement, involving:

- Closer collaboration between procurement teams, individual commissioners, care managers, social workers and other commissioning roles, including commissioners in other organisations. Where officers are exploring new types or models of care we need procurement leads helping explore how a new solution could be developed and operationalised, how costs could be minimised, and help put new solutions into practice as quickly as possible. People who use services will need to be consulted and be aware that families will need to accept more responsibility.

- There are still areas where the Council is the major commissioner/purchaser of services. In many cases services are commissioned using traditional models of care and support. This approach will need to change to one where the Council is working with providers to capitalise on our leverage, minimise costs whilst being realistic about the services people need. Safety will not be compromised but the approach to delivering services will need to take into account reduced budgets.

Actions

By agreeing clear boundaries and expectations of the commissioning, procurement and contract management functions we can improve the effectiveness of our response to cost pressures. Actions being taken by the procurement and contracting function are:

- Consolidating the procurement and contracting function

- Developing Market Position Statements in major areas of spend to give clear messages to the market concerning what we intend to commission and why, to facilitate dialogue with service providers and encourage new service delivery models

- Strengthening the links with the LGSS procurement and legal teams as an enabler for innovative procurement practice

- Supporting commissioners to:

    - Implement a flexible commissioning model that places greater emphasis on co-production and joint commissioning with partner and regional organisations

    - Ensure sufficient lead-in time when commissioning / re-commissioning services, for example committing to undertake a full pre-tender market assessment beginning 2 years before an existing major contract is due to expire

    - Establish commissioning processes / checklists to ensure there is sufficient consideration given to best practice, benchmarking and innovation

    - involve service users as well as providers in the co-production of service design – in future we want to see people who use services taking an active role in service development

    - Ensure there is adequate staff resource within CFA to prioritise engagement with service users, residents and providers to support the development of service specifications and minimum quality standards

    - Support the development of a CFA virtual commissioning group to:

        a. Share learning, experience, innovation and best practice

        b. Identify new commissioning opportunities

        c. Act as a forum for constructive challenge and independent review, testing questions and assumptions

Given the importance of collaboration with partner agencies – particularly the NHS and district councils – once established, the group will be opened out to include representatives from these organisations. The group will be sponsored by the Service Director for Strategy & Commissioning to help give the forum its initial momentum and help ensure it has sufficient influence and support to enable system wide change and greater efficiencies, as well as a system-wide appreciation of the challenges faced by commissioners from a range of organisations.

3.2 Delivering efficiency and value for money from procurement and contracting

3.2.1 Helping providers manage their costs & revisiting specification requirements

By working alongside providers we can help them to manage their costs and so offer services at a lower price. We will encourage as many of our providers as possible to work proactively and openly with us to find ways to minimise cost pressures.

Equally, we need to recognise that by working closely with our service users on a daily basis, providers are uniquely placed to gain valuable insight into the most cost effective way

of meeting need. It is important therefore to ensure we continue to engage in constructive dialogue with providers to utilise this experience to shape current and future services.

Actions
Actions being taken by procurement staff are:

- Engaging with providers to better understand their cost pressures, particularly the impact of the NLW to help prepare providers for implementation in 2016

- Working with providers to identify other, non-salary cost pressures within provider organisations, focussing on the detailed specific pressures for each organisation rather than a general inflationary uplift for the sector as a whole, and supporting the development of plans to minimise price rises

- Using Provider Forums to highlight the challenges facing the Council and engage with providers to develop creative, cost effective responses

- Initiating individual meetings with Directors of the Council's largest providers aimed at understanding their challenges and cost pressures. These meetings will include a discussion around provider's medium term strategy for Cambridgeshire

- Working with providers to review the financial consequences of existing service specifications, with particular focus on identifying non-value added requirements that have comparatively little impact on service user outcomes

- Undertaking detailed pre-tender market assessments in all key areas which will also help identify where:

    - Specific elements of a service specification are disproportionately influencing costs

    - There are more cost effective ways of meeting agreed outcomes

    - Ensuring that the procurement process is proportionate, relative to the spend and the market's willingness to engage

    - Developing sustainable approaches to inflation that limit the financial exposure to the Council but also take into account the increase in relevant aspects of a provider's costs

- Developing more risk based flexible approaches to contract monitoring arrangements and avoiding duplication with the CQC

- Ensuring training standards are relevant to the service specification and outcomes

- Developing a minimum set of standards that would be applicable to all service specifications (such as wellbeing and safeguarding) whilst recognising that other standards may be more flexible

- Supporting commissioning staff to:

    - Engage with and influence strategic meetings of health partners (CCG, LCG's and acute trusts)

- Work with District Council's to identify and plan for the long-term accommodation needs of older people

3.2.2 Joint procurement: working with other local authorities

We are seeking efficiency by identifying opportunities for joint commissioning with other authorities and by sharing services. Certain contracts will be considered for a joint exercise with other local authorities in the first instance. This approach can help reduce unit costs by offering contracts at greater volume and scale and equally it can help achieve operational efficiencies by sharing the transaction costs of tendering exercises.

Actions

Actions being taken are:

- Engaging with regional networks (ADASS contracting group, Children's Cross Regional Arrangements Group [CCRAG]) to:
  - Support the development of a joint adult social care regional contracting plan, using a consolidated contracts register to identify shared opportunities such as a regional integrated community equipment contract and cross-border homecare solutions with neighbouring authorities
  - Identify opportunities to develop joint contracts for children's services by utilising a shared database of providers and opportunities for informal information sharing. If necessary, Cambridgeshire will take the lead in coordinating the CCRAG work programme to ensure it drives opportunities for efficiency
- Giving particular consideration to achieving further efficiencies of scale from joint procurement arrangements for:
  - Direct Payment Support Service.
  - Integrated Community Equipment Services
  - Residential and Nursing Beds
  - Advocacy Services
- Supporting joint commissioning arrangements with Peterborough City Council to reduce management and overhead costs and standardising service delivery across the two local authority areas. We have implemented a joint head of children's health commissioning and are establishing shared arrangements for the commissioning of adult mental health services

3.2.3 Reconsidering contract lengths

We are carefully examining our approach to contract lengths, getting this right can deliver lower costs in a number of ways.

In some areas offering longer contracts would be beneficial:

- Giving increased certainty to providers, allowing them to invest in the service, and encouraging a more strategic approach to service delivery both from commissioning bodies and providers

- Offering certainty of business over a greater period could increase provider profit margins by allowing a greater period over which to repay capital investment, this additional margin of profit could be used to reduce care costs

Equally in other areas it may be better to offer short contracts;

- Where the market is competitive or prices in a service are likely to reduce it may make sense to offer shorter contracts or build in more regular contract reviews in order to continue to drive down costs and maximise efficiency

- In areas of spend where completely new service models are being developed or where new providers are appearing we would want to test the market regularly and ensure we retain the ability to react to emerging best practice and new innovations within the sector, for example the use of assistive technology

Actions
Actions being taken are:

- Ensuring consideration is given to the characteristics of the specific market when commissioning services so that that the contract length remains appropriate, involving:

    - Formal analysis of contract length when undertaking pre-market assessments. Given the scale and pace of innovation and technological change, this will be undertaken when re-commissioning as well as commissioning new services

    - Placing a greater emphasis on contract reviews and break clauses to enable contracts to be amended or varied to reflect policy changes, changes in commissioning requirements or service user expectations

    - Robust discussions with potential providers aimed at identifying the advantages and disadvantages of longer contracts (primarily cost savings)

- Through our strategy for children in care and other vulnerable groups we are looking to move away from costly spot purchasing towards longer-term contracts for key accommodation which we know we will need for the medium term. This will include supported accommodation to be jointly commissioned with district council such YMCA and Foyers

- Reviewing the approach to respite care to ensure it targets those families who would otherwise fall into crisis if the service was unavailable, whist ensuring the arrangements achieve value for money in line with business plan savings targets.

- Exploring suitable contract lengths for the home and community support contract due to expire in 2017

3.2.4 Efficiency from scale/volume

Due to its size, the County Council is able to exercise significant market influence and use its buying power in order to manage and influence costs and achieve value for money. Whilst this approach can be used in some sectors, it is less than effective in areas such as care homes.

Actions

Actions being taken are:

- Forecasting expected volumes when undertaking a pre-market assessment to ensure that, as far as possible, contract volumes reflect anticipated demand. Factors to include are:
    - Demographic pressures
    - Other relevant up-coming changes to service delivery across the sector
    - Known or anticipated changes in local or national policy
- Identifying opportunities to implement a sliding scale of payment, whereby the authority offers to pay 100% of an agreed price until a provider's costs are met and then a sliding and reducing scale for any additional business offered thereafter. This would ensure the provider's margin remains static whilst delivering a lower price for providing sufficient volume (effectively a form of bulk discount)
- Merging similar services to ensure that a greater volume of work is available under one individual contract, thus allowing the discounts above to be met more effectively, and giving providers the opportunity to streamline back office costs by having one organisation provide the administration for a single contract
- Identifying opportunities to utilising 'alliance contracting' to allow collaboration between providers through the delivery of integrated services without the need for organisational integration, while sharing risk and accountability between alliance partners
- Adopting 'payment by result' approaches that rewards the achievement of a desired set of outcomes

However, this of approach comes with a number of risks/challenges:

- There needs to be willingness and an ability within the market to diversify
- Contracts need to be robust and fit for purpose when considering numerous contractual and legislative responsibilities relating to the various service areas
- Requires internal buy-in from all departments involved (commissioning, procurement and contracting, operational)
- There is a risk of creating monopoly providers, or providers who are 'too big to fail'

3.2.5 Incentivising providers to innovate and align with our strategy

We are exploring ways in which to support providers to develop new ways of working which deliver efficiency for the local authority and improves outcomes for service users through greater emphasis on prevention and the delaying and escalation of need. The work of external providers needs to align wherever possible with our strategy of demand management and key programmes such as Transforming Lives.

Actions being taken are:

- Support the utilisation of ”outcomes based commissioning” to assist a move away from traditional ‘time and task’ contracts and incentivise providers who are able to meet agreed outcomes (either at a whole-population or service user specific level)

- Developing innovative procurement practices, (such as competitive dialogue) to ensure flexibility and enable the market to collaborate on the development of new and sustainable solutions that promotes community resilience and supports the Transforming Lives model and the prevention agenda

- Encouraging change and innovation by developing shared models of risk that reward and support providers to engage with the commissioning process and offer innovative suggestions which reduce long-term care costs for the Council

- Developing mechanisms that make it easy for new and existing providers to propose creative ways of meeting need in a way that improves service user outcomes, reduces demand for long-term care and achieves value for money. This includes:

    - Improving the quality of information on the Council’s external website so new and existing providers are able to approach key staff with new ideas

    - Identifying CFA resource that can help support relevant business case development

    - Working with partner organisations and service user groups to support relevant business case development

    - Committing to the development of an ‘invest-to-save’ budget that can be called on to implement pilot schemes or new ideas that align to council objectives

- Undertaking options appraisals to explore the viability of:

    - Incentivising homecare agencies to reduce visits while ensuring service user needs continue to be met. This could involve homecare agencies making greater us of equipment, technology and voluntary organisations to replace traditional homecare visits

    - Ensuring that providers with high cost placements are using the most effective and efficient support systems e.g. assistive technologies

- Supporting commissioning staff to:

    - Commission a single provider for short breaks, shared care and long term care for children with disabilities in order to support them remain at home and/or in-county and accessing local schools

    - Link residential homes with foster carers (as per the Residential Hub model) to enable young people, where appropriate for them, to have family experience and help to move on

3.2.6 Supporting the local economy and maximising the contribution of the voluntary and community sector

Councils need to maximise the economic, social and environmental benefits to communities for every pound that is spent, and spend with small or medium-sized enterprise (SMEs) and

the Voluntary and Community Sector (VCS) can make a significant contribution to local economic growth. Voluntary and community sector (VCS) organisations can offer services which are fully or partly funded by other means, such as charitable donations and grants, or are reliant on volunteering, which often means they can meet our objectives at lower cost. Due to their extensive community links they can provide added value for service users over and above what might be specifically commissioned within a local authority contract. It is vital that we explore where we could seek to contract with VCS organisations, and be brave about including the sector much more fundamentally in our service model.

Actions
Actions being taken are:

- Identifying forward spend wherever possible, and using this data to inform pre-market engagement and supplier planning to encourage SME and VCS tenders

- Identifying opportunities to apply the Social Value Act 2012 to contract opportunities that fall below Official Journal of the European Union (OJEU) thresholds

- Review the existing VCS contracts to eliminate duplication within CFA, explore opportunities for joint commissioning with health partners and neighbouring local authorities and streamline management arrangements to develop single points of contact to reduce costs

- Undertake risk / impact assessments when reviewing VCS contract viability

- Review our major contracting areas to identify which activities might be offered by VCS organisations more efficiently or where they might lever in additional added-value to core contract specifications

- Working with commissioners to undertake options appraisals for:

    - Developing a single Advocacy contract in collaboration with Peterborough City Council, covering both children's and adult services

    - Increasing the number of volunteers willing to assist people to remain independent could potentially save money from the home care budget

    - Developing signposting alongside information and advice services that can divert people away from statutory services is an area currently under developed across the county

3.3 Supporting the commissioning function deliver efficiency

Effective procurement and contract management activity is dependent on strong, coherent and creative commissioning (see appendix 2 for further details), the following sections identify opportunities to further enhance the commissioning function where there is a direct impact on the effectiveness of procurement and contracting activity.

3.3.1 Ensuring the right model – insourcing and outsourcing

There should be no prior assumption in favour of in-house or external delivery for different services; a mixed economy is the right approach so that we choose the model which best fits the service or contract. However it is vital that we review whether we have the right approach

in all areas and identify any potential to reduce overall spend either by outsourcing services or bringing them into direct control.

Broadly, external delivery can reduce operating costs (eg lower staff costs) and regional and national providers can achieve economies of scale beyond the reach of a local authority

Equally the in-house delivery of services allows services can be offered in areas which are not commercially viable and where the focus can be on meeting needs most efficiently without any profit motive – the incentive for teams is to reduce long-term workload for each service user rather than maintain income.

Actions
Working with commissioning staff to:

- Ensure consideration is given to the merits of in-house and outsourced provision when reviewing service scope and design - specifically where there are gaps and shortfalls in market provision. Specific focus is being given to the viability of in-house service provision of:
    - Homecare services
    - Residential care homes
- Piloting the use of an external organisation to undertake adult social care assessment and review activity to help clear backlogs in the Older Peoples service
- Continue to monitor the benefits of outsourcing adult social care carers assessments, services and reviews
- Reviewing the current in-house arrangements to identify tasks and / or functions that could be more cost effective if outsourced and provided by private or voluntary sector organisations

3.3.2 Integration – Joint commissioning and procurement with health

There are numerous areas where overlap occurs between health and social care, whether this is in relation to each discipline delivering a similar service or where there is joint involvement with an individual service user (e.g. district nurses, health care assistants and homecare workers). There is significant scope to achieve efficiency through joint commissioning and combining procurement and contracting arrangements with health partners – both in terms of administrative efficiencies and through more fundamental alignment of service models.

Actions
Actions being taken are:

- Imbedding existing joint procurement and contract management arrangements with health partners including:
    - Short breaks for families with children with disabilities
    - Integrated Speech and Language Services
    - Integrated Occupational Therapy Service

- Supporting commissioners to Engage with the Cambridgeshire Executive Partnership Board and the Better Care Fund Programme to explore opportunities for further joint commissioning with health partners, to include:
    - Falls prevention services
    - Homecare and Continuing Health Care
    - Total transport
    - Further opportunities for shared roles
    - Reducing duplication of Homecare Agency/District Nurse/Carer time by agreeing an approach whereby health and social care tasks can be shared between organisations

4. Risks and dependencies

There are a number of risks related to a change in the procurement and contracting approach currently employed by the County Council to a focus more explicitly on cost reduction:

- Insisting on lower prices may reduce quality and force smaller providers out of the market, further reducing supply and creating monopolies
- The market might not have the required appetite for change
- Where we have immature markets we will require significant management and development prior to and post implementation of new concepts – stretching capacity
- Provider relationships could suffer due to a new cost-focussed approach, we would need to ensure that we work in a collaborative way, possibly sharing benefit with providers to encourage cooperation and innovation
- There is a risk of provider / contract failure resulting in higher costs in longer term (as we have to spot purchasing at a higher price)
- Service user needs may not be fully met
- The focus on cost might mean final service provision does not match what our service users tell us they want through consultation – leading to dissatisfaction or challenge

5. Appendix 1: Useful links

IPC framework for joint commissioning and purchasing of public care services
http://webarchive.nationalarchives.gov.uk/20091116142854/http:/dhcarenetworks.org.uk/_library/Chap1FRichardson.pdf

Monitoring social care contracts: a framework for good practice?
http://www.thinklocalactpersonal.org.uk/_library/Resources/BetterCommissioning/MONITORING_CONTRACTS_FRAMEWORK.pdf

National Procurement Strategy
http://www.local.gov.uk/documents/10180/5878079/L14-304+National+Procurement+Strategy+for+Local+Government+in+England_07.pdf/0c66ccef-9ad8-416c-8e5a-2419b033fbbe

National Social Care Category Strategy for local government
http://www.local.gov.uk/documents/10180/7519026/lg+procurement+-+National+social+care+category+strategy+for+local+government/dc65f5a4-5c2d-4ba4-92c7-a25b8f58fa09

Commissioning for better outcomes: a route map
http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab

Contract Management Guide – Chartered Institute of Purchasing & Supply (CIPS)
http://www.cips.org/documents/CIPS_KI_Contract%20Management%20Guidev2.pdf

CFA Strategy for Children, Families and Adults services in Cambridgeshire 2016/17 to 2020/21
http://www.cambridgeshire.gov.uk/download/downloads/id/4114/strategy_for_children_families_and_adults_services_in_cambridgeshire_2016_to_2017.pdf

CFA Participation strategy
http://www.cambridgeshire.gov.uk/info/20166/working_together/580/getting_involved

6. Appendix 2: The commissioning and contracting cycle explained

Source: IPC framework for joint commissioning and purchasing of public care services (2006)

The paragraphs below outline some of the activities that might be undertaken under each element of the commissioning cycle.

Analysis
Understanding the values and purpose of the agencies involved, the needs they must address, and the environment in which they operate. This element of the commissioning cycle involves activities such as:

- Clarifying the priorities, whether local or national, and the research and best practice basis for the services.
- Undertaking needs analysis to identify the current and likely future needs of the whole population for the relevant services.
- Mapping and reviewing services across agencies to understand provider strengths and weaknesses, and identifying opportunities for improvement or change in providers.
- Identifying the resources currently available and agreeing future resources across agencies.
- Analysing the risks involved in implementing change and/or continuing with the status quo.

Planning
Identifying the gaps between what is needed and what is available, and planning how these gaps will be addressed. This element of the commissioning cycle involves activities such as:

- Undertaking a gap analysis to review the whole system and identify what is needed in the future.
- Designing services to meet needs.
- Writing a commissioning strategy which identifies clear service development priorities and specific targets for their achievement.

Doing
Ensuring that the services needed are delivered as planned, in ways which efficiently and effectively deliver the priorities and targets set out in the commissioning strategy. This element of the commissioning cycle involves activities such as:

- Managing the balance of services to reduce risk, i.e. deciding which services should be undertaken in-house and which should be contracted from other providers. Ensuring a good mix of service providers, offering consumers an element of choice in how their needs are met.
- Developing good communications and effective relationships with existing and potential providers.
- Making arrangements to ensure service quality, including identifying the quality assurance criteria that should be included in contracts in order to ensure services meet the standards required.
- Purchasing new services and de-commissioning services that do not meet the needs of the client group.

Reviewing
Monitoring the impact of services and analysing the extent to which they have achieved the purpose intended. This element of the commissioning cycle involves activities such as:

- Pulling together information from individual contracts or service level agreements.
- Developing systems to bring together relevant data on finance, activity and outcomes.
- Analysing any changes in population need, reviewing the overall impact of services, and considering the effectiveness of service models across the market to respond to different needs.
- Identifying revisions needed to the strategic priorities and targets.

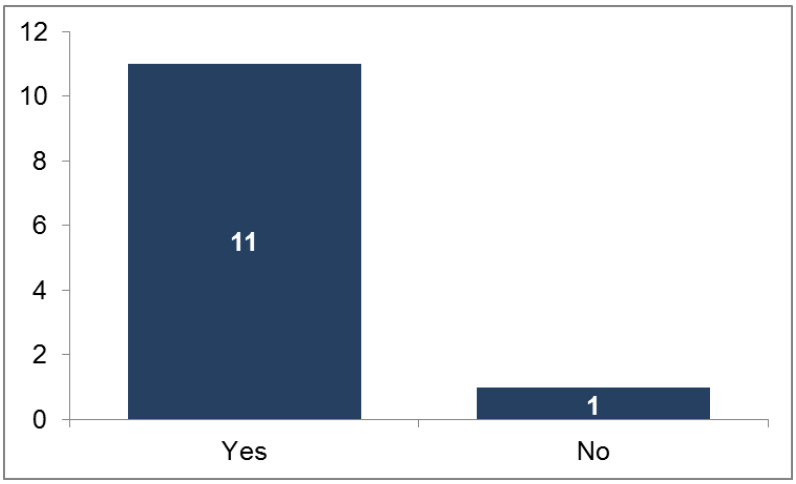
The purchasing and contracting cycle
This inner circle follows the same pattern of analyse, plan, do and review and consists of similar activities, but at a different level. Activities in the purchasing cycle include:

- Analysing patients/service users' needs and the strengths and weaknesses of providers, as well as the direction set in the commissioning strategy.
- Developing service specifications and deciding on contract type and terms.
- Day-to-day care and contract management and communication with providers.
- Tendering for services and letting of contracts.
- Monitoring and reviewing contracts.

Draft procurement and contracting strategy: provider engagement questions

Sections 1 and 2 set out the purpose of the strategy and the drivers for change.

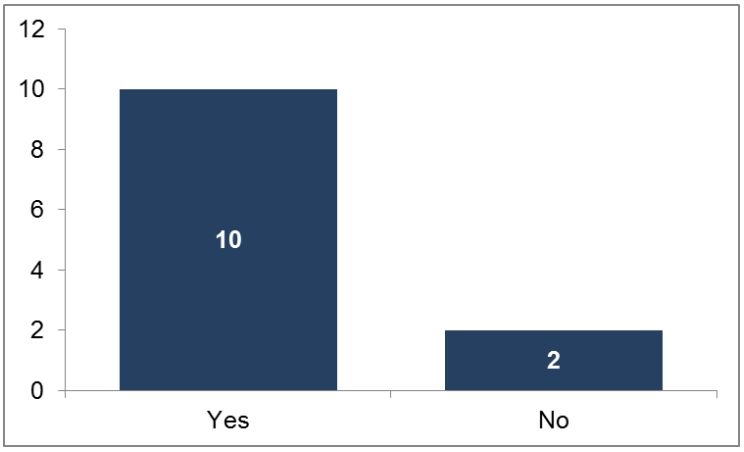
1. Do you feel that the purpose of the document is clear in section 1?



Summary of feedback received on this section of the strategy:

Comment	Response
The purpose is clear - achieve savings as set out in the business plan in a collaborative way where appropriate	To note
The content of Section 1 regarding the Strategy's purpose is clear. We understand from the content of the strategy and your covering letter that CCC CFA wishes to use this strategy to generate innovation and ideas from providers to achieve both reductions in cost and improvements in quality	To note
Section 1 says nothing about outcomes for children, families or adults; it focuses entirely on the council. The strategy would be more meaningful if it recognised that the Council's main purpose is to support and improve outcomes for its residents and particularly the most vulnerable.	**ACTION: The CFA vision has been is referenced in section 1**

2. **Do you feel the drivers for change outlined in section 2 adequately describe the challenges faced by the council and your provider organisation?**

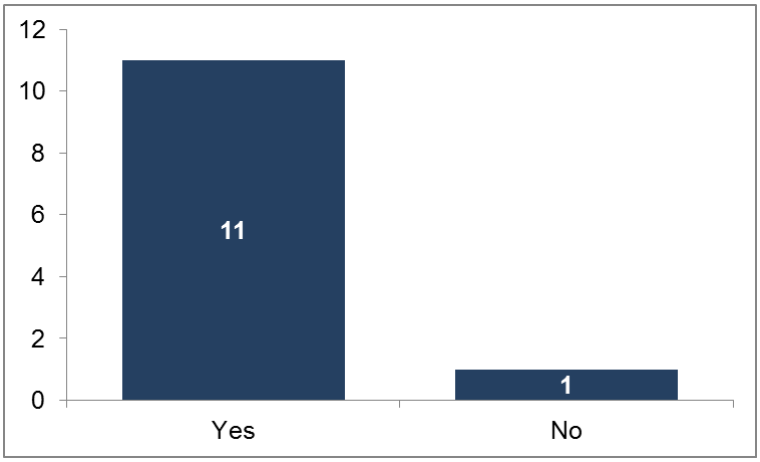


Summary of feedback received on this section of the strategy:

Comment	Response
It is difficult to answer on behalf of the council but the document adequately describes pressures on the provider. NMW and increases to overall costs are the key drivers we are attempting to address to maintain services	To note
Very comprehensive list of drivers	To note
We recognise and agree with the drivers for change outlined in Section 2 and can see there are additional external and local factors making the status quo for CAF unsustainable	To note
Additional cost pressures include paying for Carer travel time at or above National Living Wage. There are increasing pressures to pay for all expenses relating to a Carer's duties including mobile phones and increased mileage payments	To note
The attraction and retention of Carers into the market is our main challenge	To note
The draft strategy does not provide any evidence that these pressures are greater than previously, particularly inflation and demographic growth	**ACTION: Evidence of demographic growth added to section 2**
(CamSight) We believe the local charity and community sector is well placed to offer specialist and informed assessment services and would welcome the opportunity to explore this in more detail. It is possible that Cam Sight could offer expertise and capacity to support assessments for visually impaired people, signposting to other local services before escalating priority cases to Social Services.	**ACTION: Requires follow up by relevant commissioning / contracting staff**

Section 3 focusses on improvements to the commissioning, procurement and contract management functions across the CFA directorate.

3. **Do you agree that the actions outlined in this section will improve the Council's ability to respond to the challenges outlined in section 2?**



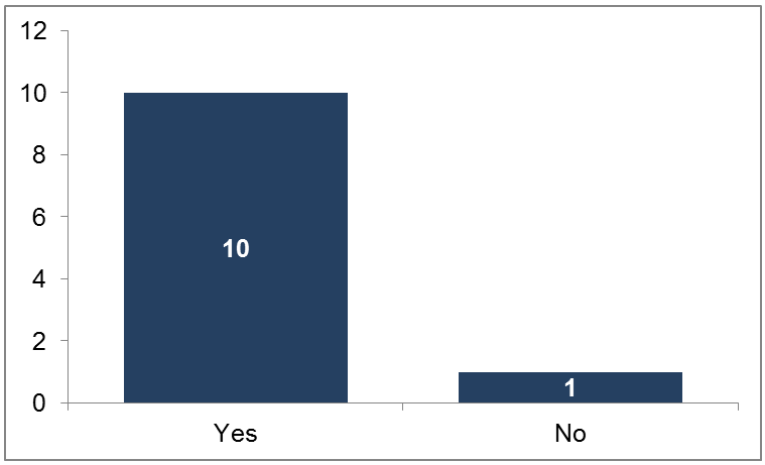
Summary of feedback received on this section of the strategy:

Comment	Response
Yes but consideration is required as these models could be at the expense of current suppliers which could affect the current market further. In order for this to work commissioning will need to be robust and focus on clarity so that providers are clear of their responsibilities and not expected to make up shortfalls in commissioning which will only destabilise the market further. When commissioning occurs the risk assessments in place should show how the changes will be managed and who will be responsible	To note
We welcome the actions outlined in Section 3, in particular the emphasis on giving time to engagement with service users, residents and providers; communicating future intentions and clarifying commissioning processes.	To note
I agree that Market Position Statements would be very helpful – in prioritising Transforming Lives as a given outcome. This is vitally important because I understand Transforming Lives has no ongoing budget.	To note
I agree that Market Position Statements would be very helpful – in prioritising Transforming Lives as a given outcome. This is vitally important because I understand Transforming Lives has no ongoing budget.	To note
It would be good to see more emphasis on joint commissioning of services, particularly to provide a more integrated approach to service provision.	This is covered in detail in section 4.2
We note in this Section that you consider Social	This comment probably reflects

Workers to be commissioners. Although we accept that many social workers are initiating interventions and services on behalf of individuals and thus acting as commissioners at this level, we feel the majority of Social Workers are in-house providers of social care to the residents of CCC	variations in practice between adults and children's services. The strategy reflects the practice in adult social care where chare is commissioned from the independent and voluntary sectors.

Section 4 sets out a series of actions that are intended to help the Council deliver efficiency and value for money when purchasing care services.

4. **Do you agree that the identified actions are the right areas for the Council to focus on?**



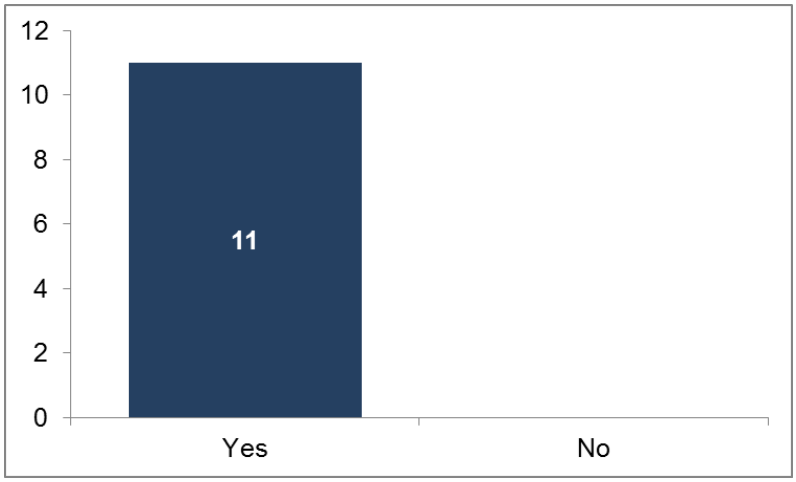
Summary of feedback received on this section of the strategy:

Comment	Response
Working with providers to understand their cost pressures is imperative	To note
We welcome longer contract lengths as this helps ensure the stability of our service and enables us to commit to providing more added value elements to our provision	To note
We welcome the Council's proposed actions to strengthen efficiency and value for money, including in particular measures such as engaging with providers; detailed market assessments; a common minimum set of standards; joint procurements with the NHS and reconsidering contract lengths.	To note
The council should focus on what it can do to make generic savings available to providers and their workforce. Where we can afford to pay between 60-80% of the recognised contribution for fuel expenses (20-30p per mile) our staff would benefit from discounts negotiated with fuel providers. This will only be possible if the council could negotiate on behalf of all providers. This could be expanded to other schemes (car repairs etc) to make the cost of living less of a concern for low paid workers such as the care workers and support workers employed by local providers	**ACTION: Requires follow up by relevant commissioning / contracting staff**
(CamSight) As an organisation within the 'Voluntary and Community Sector' we particularly welcome the actions listed in Section 4.6. We have a number of suggested areas where the VCS could offer a more cost effective model with better service user experience and sustainable	**ACTION: Requires follow up by relevant commissioning / contracting staff**

outcomes and have listed these under the final question of the consultation under 'additional comments'.	
(CamSight) Section 4.4 refers to a strategic move towards merging services and 'alliance contracting'. It also identifies associated challenges with this approach, including the creation of monopoly providers or those 'too big to fail'. We also anticipate the risks associated with large scale mergers and 'prime contractor' procurement models that can constrict and contract the local market. We would like to see this risk addressed within the Council's strategy and hope that this can in part be resolved by the measures listed in Section 4.1.	The strategy is designed to be a high-level, over-arching document, so while these risks are valid, they should be addressed as part of individual procurement exercises, rather than in the top-level strategy
Whilst there are increasing efforts for health and social care to integrate better, territorialism is still rife, and without a true partnership and mutual support between health and social care, the drive towards integration and overall cost savings will be undermined.	Comment highlights a key challenge to integration and partnership working
Contract lengths – whilst longer contracts are very supportive towards longer term investment, the current economic climate and uncertainty about the Council's ability to cover increased provider costs would provide a disincentive for providers to accept longer term contracts. To overcome this we recommend a clear, contractual obligation for inflationary increases, and also mutual termination clauses for either party to exit.	Issue to consider when reviewing contract lengths
The lack of guaranteed business means that often providers don't achieve the indicative volume at any time during the contract. More assertive steps should be taken to ensure transfers of services, not just at the start, but also during the contract term (e.g. where other 'non-strategic' providers build volumes not intended within the commissioning framework).	Issue to consider when contracting services
'Lead provider' contracts – a growing number of local authorities are implementing such contracts in the misguided belief that such lead providers can solve the capacity problems in that area just by passing responsibility to them, able to subcontract if they are unable to do this. Evidence clearly shows that this has not worked.	Issue to consider when contracting services

Section 5 identifies actions that will help the Council enhance the commission function within CFA.

5. Do you agree that the identified actions are the right areas for the Council to focus on?



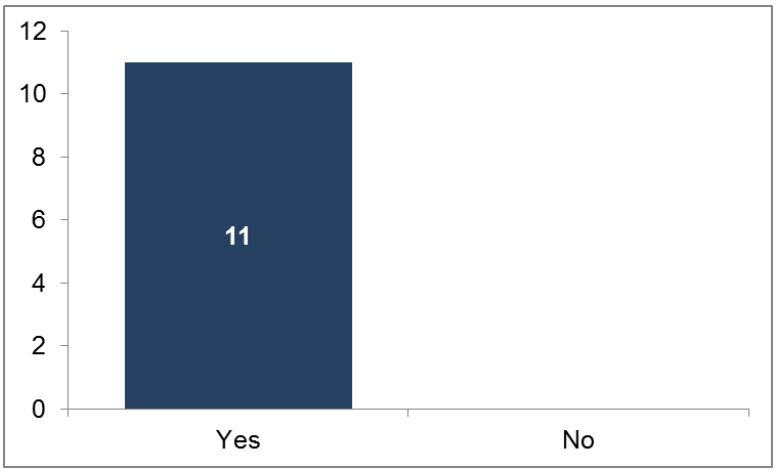
Summary of feedback received on this section of the strategy:

Comment	Response
Commissioning larger packages to begin with will enable a service user to complete bus training if required and become more independent eventually meeting the support worker at the end point saving support time and making the services more efficient. This involves having clear outcomes that are not only agreed with the provider but also the service user and their family.	Note the support for outcomes based services
I am particularly pleased to read the section on integration. Closer working between health and social care is absolutely essential. This is arguably the most important clause in the document.	To note
Although we accept that regional and national providers can achieve economies of scale in some service areas, in others we fear that procurement of local services from regional or national providers will cut the links to local people, communities and local support organisations with a significant loss of safety and service quality.	Issue to consider when contracting services
Use of an external organisation to undertake adult social care assessment and review activity - we would like to reiterate our comments relating to Section 2 and propose that a clear pathway of assessment would cut costs; avoid duplication; prevent people falling through the net; empower service users and avoid confusion thus enabling	**ACTION: Requires follow up by relevant commissioning / contracting staff**

more efficient referral and timely take up of prevention based services to avoid crises and support independence.	
(CamSight) It would be very helpful to discuss the sharing of information. Cam Sight is a member of the Cambridgeshire Vision Partnership. Yet Cam Sight currently has no access to names and details of adults in the County who appear on the register of people who are blind or partially sighted held by Sensory Services. People who could benefit from our services may have to wait before they are referred to Cam Sight and can take up emotional, practical and peer support that would benefit them at this vulnerable time of diagnosis, or they may decide on the basis of second hand information that our services are unsuitable. In the case of children, the register is held by the Sensory Education Service. Again Cam Sight has no knowledge of the children on the register who are then far less likely to take up all the groups, activities and peer support available. Cam Sight has been awarded £5,000 to set up a pre-school group in Fenland for blind and partially sighted children and their families. We have not been able to identify families in Fenland and as only one child attends, we may need to return the funding in June 2016 and this particular money will not be available in the future. A positive and collaborative approach to information sharing and assessment is included in the group of potential examples of new cost effective and beneficial models of commissioning outlined under 'other comments' in Section 5.	**ACTION: Requires follow up by relevant commissioning / contracting staff**
Joint Commissioning and procurement with Health (section 5.2) – we observe many areas of overlap between Health and Social Care. We welcome closer and joint procurement across people's health and care needs building on the framework of the Cambridgeshire Vision Partnership.	To note
The overlaps between health and social care are vitally important. At Red2Green we are contracted by the LA (through Personal Budget income) to provide for adults with Learning Disabilities and by the CCG to provide for adults with mental health challenges. There is clearly added value in having such services operating side-by-side within the same organisation	To note

Section 6 summaries risks and dependencies associated with this strategy.

6. Do you agree with the identified risks and dependencies?



Summary of feedback received on this section of the strategy:

Comment	Response
I think it is certain that these risks are real and will require some delicate management. Providers are in business and need a certain level of assurance for future planning but do understand that costs need to be saved. It would be better if we were consulted and informed of changes for the new financial year earlier than we are currently.	To note
The risks identified are all accurate, and very real. But it is essential that these are not downplayed.	To note
We recognise the risks and challenges identified in Section 6 and look forward to working with the Council to put proposed mitigating strategies in place to address these.	To note
It is unfortunate that yet again, service users are not the main focus of the strategy;	The main focus of the strategy is improving the efficiency and effectiveness of the procurement function. The need to involve service users in the production and monitoring of services is referenced throughout the document. **ACTION: A link to the participation strategy has been added to appendix 1**

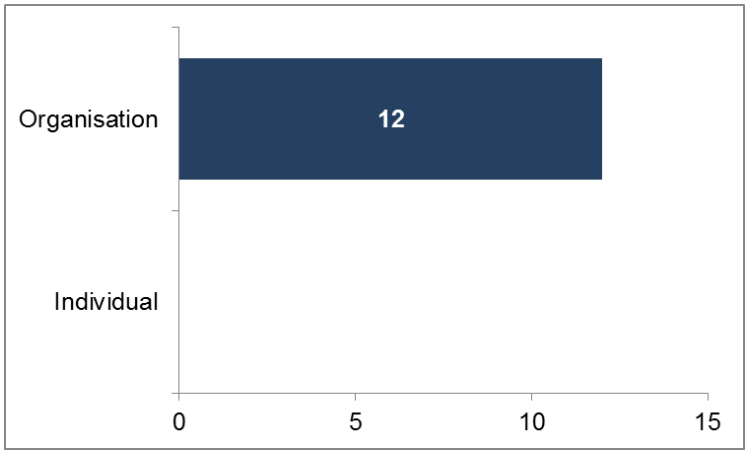
7. Please use this space to add any additional comments on the draft strategy.

Comment	Response
Thank you for the opportunity to comment on the Council's Draft Procurement and Contracting Strategy for Children, Families and Adult Services. If implemented in full, this strategy describes a major shift in the approach to commissioning and procuring local services for local people.	To note
Cam Sight would greatly appreciate the opportunity to discuss the following potential new models of service delivery and how we might contribute: • We are aware that there is insufficient capacity within Sensory Services to deliver individual Habilitation training in mobility and daily living skills for all visually impaired children who would benefit. Cam Sight has two trained Rehabilitation and Habilitation workers who run groups for pre-school children and families; primary age children with associated parent support and for teenagers and young people. Cam Sight would like to deliver an introduction to mobility through use of the guide cane and long cane and also daily living skills training within the existing group settings which would be cost effective and fun. We would provide six sessions, assessing the children and working with parents. Sensory Services or Cam Sight could then follow with another six sessions of more formal sessions if they were needed • A shared client visual impairment passport with fields of information agreed by the joint agencies and held by the client would save cost and support effective assessment. Clients would have the option to withhold information from specific members of the Cambridgeshire Vision Partnership but this approach would encourage visually impaired people to take up prevention based services. Any information would build upon rather than duplicate previous information. A visual impairment worker could accompany domiciliary care staff to benefit from the visual impairment aspect of their detailed assessment. Local specialist providers are well placed to perform elements of the assessment process within their fields of expertise well as sign-posting and drawing on local support services • Adults with learning disabilities are ten times	**ACTION: Requires follow up by relevant commissioning / contracting staff**

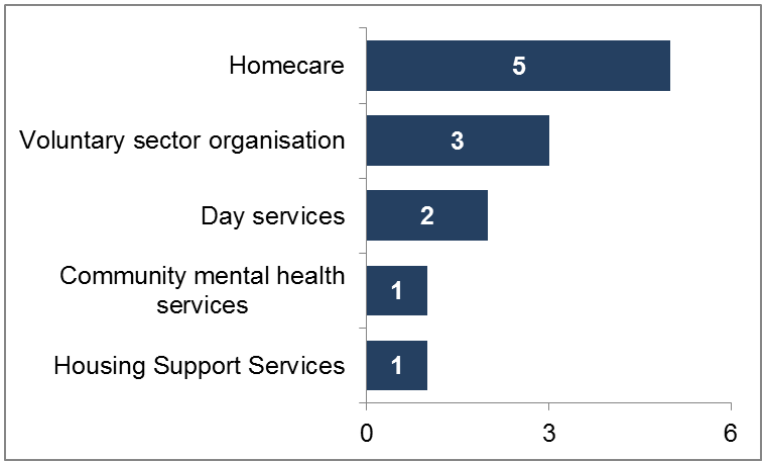
more likely to be blind or partially sighted than the general population (RNIB, 2016). Cam Sight has experience of supporting people with a learning disability and visual impairment. We would be keen to lead peer support groups for people with a mild learning disability and sight loss and provide appropriate support in a group setting. This would provide social support without proving an expensive outlay in people's personal budgets • We could work more closely with social workers as they put care packages together for people who have sight loss perhaps in addition to other needs to ensure the elements within the packages are available.	
Although the market may not have an appetite to change it should not rely on past models being effective for future requirements.	To note
While the draft strategy does talk about new ways of working, its solutions tend to be much more traditional contract based, following a "predict and provide" model.	To note
It is a very helpful and useful strategy document; I hope it gets implemented.	To note

The following information will be used for monitoring purposes only.

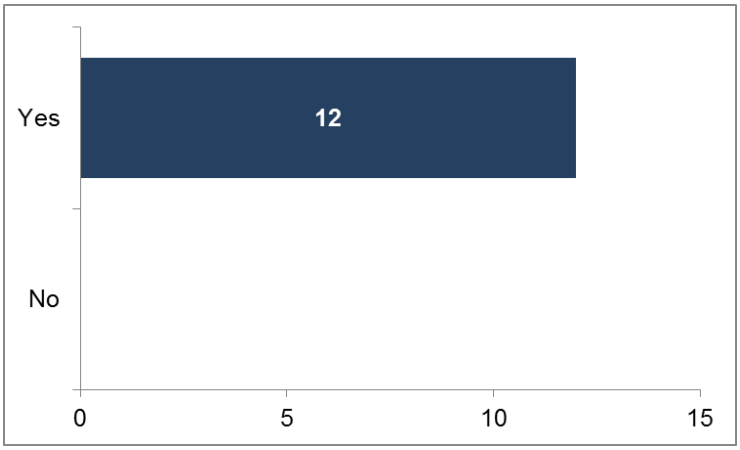
8. Responding as:



If responding on behalf of an organisation please describe the type of service(s) your organisation provides:



9. Do you currently provide services to the Council?



Appendix D

Contracts Tendering forecast 2016- 2018

Cambridgeshire Homecare- Home and Community Support Contract

Name of contract	Type of Provision	Contract Start Date	Contract End date	Contract Value
Home and Community Support Contract	Provision for Adult Social Care and Housing Support Services.	01/11/12	31/10/17	£17,762,125

PD, Sensory and Carers

Name of contract	Type of Provision	Contract Start Date	Contract End date	Contract Value
Provision of Sensory support	Sensory/Sight impaired/blind	01/04/14	31/03/17	£87,000
Provision of Sensory support	Sensory/Deaf/ Hearing impaired	01/04/14	31/03/17	£50,000
Provision of Community Advocacy	Provision of Community Advocacy	01/04/11	31/12/16	£152,000
Provision of Sensory support	Sensory/Sight impaired/Blind	01/04/14	31/03/17	£33,000
Provision of Deaf Services	Profound deaf support	01/04/2014	31/03/17	£99,000
Provision of Community Advocacy	Home and Community Support-Advocacy	01/04/2013	31/12/16	£76,000

Older People and Housing Related Support & Day Services

Name of contract	Type of Provision	Contract Start Date	Contract End date	Contract Value
Abbeyfield Cambridge Vietnamese	An Lac House	01/04/2010	31/03/2016	£41,729
Provision of Older People community support. Various components in the contract.	Warden Service, Volunteer visiting, Enabling & Influencing, Day Services, Advocacy/Information &advice	01/12/2011	31/12/2016	To be confirmed following review of contract paperwork
116 Chesterton Rd	Accommodation based homeless families support	31/03/14	31/03/2016	£80,000
CHS Group	Floating Support East Cambs	01/07/11	30/06/16	£97,125
Provision of Floating Support Huntingdon	Floating Housing related support provision	01/07/11	30/06/16	£249,750
Day Service contracts x 30	Older People – Voluntary Organisations	04/01/2012	31/03/16	Approximate Value £761,000

Mental Health Contracts

Name of contract	Type of Provision	Contract Start Date	Contract End date	Contract Value
153 Hills Rd	Home and Community Support-Provision of Homeless service	31/03/2014	30/03/17	£27,186
28 Carlyle Rd	Home and Community Support-Provision of Homeless service	31/03/14	30/03/17	£27,186
53 St Philips Rd	Home and Community Support-Provision of Homeless service	31/03/14	30/03/17	£10,456
Long Term Service Single Homeless	Home and Community Support-Provision of Homeless service	31/03/14	30/03/17	£27,189
Corona house	Supported living and outreach service for Homeless Women	01/04/12	31/03/17	£89,952
55 - 61 Kirkgate Street	Provision of homeless service	01/04/12	31/03/17	£29,145
Princes Walk	Provision of homeless service	01/04/12	31/03/17	£27,544
Abbey St Move On	Provision of homeless service	01/04/2013	31/03/17	£14,383
Cambridge cluster	Accommodation support service	01/04/12	31/03/15	£564,598
Fern Court	Accommodation support service	06/12/10	31/03/17	£99,677
Vic terrace	Supported living at Vicarage	01/12/11	30/11/16	£129,330

	Terrace			
The Haven	Provision of Older People Mental Health services	01/04/12	31/03/17	£144,495
IMHA and Generic mental Health Advocacy	Peterborough and Fenland Mind - CIAS	01/04/11	31/03/16	£159,594 - CCG joint Contract £232,641
Access to Work – employment support service	Access to Work – employment support service	01/12/11	30/11/16	£249,657
Provision on Mental Health Support	Prevention, Recovery and Wellbeing Service – Day Support.	01/04/12	30/03/17	£461,221
RSI Move On	Home and Community Support-Homeless	/	31/03/17	£41,191
Community Advocacy	Advocacy	01/04/2013	31/03/2016	£76,000
IMCA	Advocacy	01/05/2013	30/04/2017	£74,850

Extra Care Contracts

Name of contract	Type of Provision	Contract Start Date	Contract End date (including extension capacity.)	Contract Value
Dunstan Court Extra-Sheltered Care	Ex-Sheltered services	01/07/13	30/06/17	£187,104
Moorlands Extra-Sheltered Care	Ex-Sheltered services	22/04/13	21/04/18	£178,303 includes Housing Related Support
Provision of Poppyfields Extra Sheltered Housing Care Service	Ex-Sheltered services	31/01/11	30/01/2017	£321,470
Provision of care and housing related support at Ditchburn Place, Mill Road, Cambridge	Ex-Sheltered services	25/01/11	23/07/16	£559,041 + 34,305 includes Housing Related Support
Provision of Doddington Extra Care and Housing Related Support Service	Ex-Sheltered services	07/01/13	06/07/18	To be confirmed following review of contract paperwork
Provision of Extra Care and Housing Related Support Services at Bircham House, Sawston, Cambs	Ex-Sheltered services	02/09/13	02/09/17	£131,237
Provision of Extra Care Services at Willowbank, Chesterton	Ex-Sheltered services	02/09/13	02/09/17	£132,838
Provision of Extra Care Services at Baird Lodge	Extra Sheltered services	30/03/13	01/04/18	To be confirmed following review of contract paperwork
Provision of Extra Care Services at Millbrook	Extra Sheltered services	31/03/13	01/04/18	To be confirmed following review of contract paperwork

Provision of Extra Care Services at Ness Court	Extra Sheltered services	31/03/13	01/04/18	To be confirmed following review of contract paperwork
Provision of Extra Care Services at Dunstan Court	Extra Sheltered services	31/03/13	01/04/18	To be confirmed following review of contract paperwork

Agenda Item No: 9

DISABILITY RELATED EXPENDITURE

To:	**Adults Committee**
Meeting Date:	**17 May 2016**
From:	**Executive Director, Children, Families and Adults**
Electoral division(s):	**All**
Forward Plan ref:	**For key decisions** *Key decision:* **No**
Purpose:	**Adults Committee is being asked to consider reducing the standard rate of Disability Related Expenditure used in financial assessments. Disability Related Expenditure is taken into account in the financial assessment of people receiving social care services who are in receipt of Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment. The standard rate is offered without requiring any evidence of additional expenditure relating to the person's disability. Evidence can be provided as part of the assessment if expenditure is above the standard rate.**
Recommendation:	**Adults Committee is being asked to approve the following recommendations:**

a) Consider the feedback from the consultation.

b) Continue to offer a standard rate of Disability Related Expenditure, with no evidence of expenditure being required, as part of the financial assessment process.

c) Reduce the standard rate of Disability Related Expenditure from £26 per week to £20 per week with the change implemented as described in paragraph 5.9.

	Officer contact:
Name:	Claire Bruin
Post:	Service Director, Adult Social Care
Email:	Claire.bruin@cambridgeshire.gov.uk
Tel:	01223 715665

1.0 BACKGROUND

1.1 The business planning process for 2016/17 included consideration of ways to increase income to offset the expenditure required to meet people's assessed and eligible needs for adult social care. A target of £500K increase in income was agreed in February 2016. The main way of raising income for adult social care is through the contributions made by people in receipt of support following a financial assessment, carried out in line with Department of Health guidance. One aspect of the contributions process that has been looked at is Disability Related Expenditure. This report explains the proposed changes and provides feedback from the public consultation.

1.2 **Explanation of Disability Related Expenditure**

People who are allocated a Personal Budget for care and support, funded by Cambridgeshire County Council, also have a financial assessment to see how much they should contribute to the cost of their care and support. The financial assessment is a means tested assessment which means that those who can afford to pay will be asked to make a contribution towards their care at home. The assessment takes into account capital, income and also makes allowances for certain expenditure; housing related costs and Disability Related Expenditure (DRE).

1.2.1 DRE is what the Department of Health defines as any reasonable cost that a customer may incur as a result of their disability. For example, the person might pay for extra laundry costs or extra heating. These costs are taken into account when determining how much income people have left and therefore working out how much they need to contribute to the cost of their care and support. To be eligible for DRE, people must be in receipt of Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment.

1.2.2 Once basic living expenses and any DRE have been taken into account, the remainder of the income is then assessed to determine the amount the person can afford to pay as their contribution towards their social care support.

1.2.3 Councils may choose to set a standard rate of DRE, but are not required to by the Department of Health guidance. Having a standard rate of DRE means that people who are eligible for DRE can choose this rate and are not required to provide evidence of any expenditure related to their disability. Alternatively, people can choose to have an individual assessment to determine the level of DRE and provide evidence of their expenditure for consideration by the Council.

1.3 **The proposed changes**

1.3.1 The standard rate of DRE used in Cambridgeshire is £26 per week which is higher than a number of similar authorities, where the rate ranges from £18 to £20 per week. Some authorities, including all but one of our statistical neighbours, do not offer a standard rate of DRE and expect all people receiving social care support who are also in receipt on the benefits set out in 1.2.1 above to provide evidence of DRE as part of their financial assessment process.

1.3.2 Examples of standard rates used by other Local Authorities are::

- Northamptonshire County Council - £18 per week
- Leicestershire County Council - £20 per week
- Hertfordshire County Council - £20 per week
- Bedford Borough Council - £20 per week
- Norfolk County Council - £15 per week
- Buckinghamshire County Council – do not offer standard DRE
- Oxfordshire County Council – do not offer standard DRE

1.3.3 The proposal under consideration is to retain a standard rate for DRE, but to reduce it from £26 to £20 per week. People eligible for DRE would continue to have the choice of using the standard rate of DRE or requesting an individual assessment and providing evidence of relevant expenditure. This change will assist the Council in managing the financial challenges it faces whilst ensuring that there is a fair and equitable way to reflect the additional costs that people with disabilities have to manage.

1.3.4 In the 12 months to 31 December 2015 financial assessments were undertaken with 1,729 new service users and 1,113 were eligible for DRE. Of the 1,729 people, 94% opted for the standard DRE i.e. £26 per week. Using these figures, if all 1,729 people had received a standard rate of DRE at £20 per week, additional income generated would have been £6,348 per week (£330,096 full year effect).

1.3.5 In addition, there is the potential for additional income to be generated from existing services users who have chosen to use the standard rate of DRE. These people would have the choice of using the new lower rate of DRE or providing evidence of expenditure for an individual assessment to determine the level of DRE to be applied.

1.3.6 Any additional income generated would have to be offset by the cost of carrying out the individual assessment relating to DRE. This is estimated as £7.85 based on 30 minutes of staff time per assessment. This is considered further in paragraph 5.7.

2.0 CONSULTATION METHODOLOGY

2.1 A consultation on the proposed changes has been undertaken. The main method of responding to the consultation was online, via the Council's website. However, paper copies of the questionnaire were also posted to people who requested them, and respondents' paper submissions have been entered onto the online system by the Council to make responses easier to analyse. Easy read copies of the questionnaire were also made available. The questionnaire was short and consisted of only two substantial questions. The questionnaire is included at Appendix 1.

2.2 To promote this survey, a total of 2,703 letters were sent on 1 April to existing service users who make a contribution to their Personal Budget, inviting them to provide their views on the proposal of changing the standard rate of DRE. The letter that was sent is attached at Appendix 2.

2.3 As well as the direct contact to service users, emails were sent to organisations working with adult services users advertising the consultation.

Most service providers posted the consultation on their website or directed people to the Council website. The approach was very well received by service providers.

2.4 The consultation was open for 30 days, from 1 April to 1 May. Quantitative and qualitative analysis has been done on the responses and is shown below.

3.0 CONSULTATION FEEDBACK

3.1 When planning the consultation, it was decided that individual letters should be sent to the people (approximately 2,000) currently using DRE as well as the public consultation on the Council's website. It was recognised that DRE is a relatively technical issue, and as such the people receiving letters might need support with understanding what they were being asked to comment on. Two contact numbers were therefore provided in the letters – a number for the Financial Assessments team for enquiries relating to DRE, and a general contact number for requesting paper copies and other queries. There were approximately 300 enquiries to these numbers.

3.2 The enquiries were split evenly between the two numbers, with approximately 150 calls dealt with directly by the financial assessment team and the same number by the consultation coordinator. Of the calls answered by the consultation co-ordinator, nearly all callers were not sure whether they were getting DRE or not and wanted to find out more about the scheme. 21 callers did not wish to complete a questionnaire but when prompted said that they did not support the proposal. 109 paper questionnaires were requested by callers, of which 64 questionnaires were completed and returned and have been included in the analysis below.

3.3 The discussions on the phone proved a useful source of informal feedback on the proposal and the process of consultation itself. The concept was difficult for people to understand, especially for people with learning disabilities and some carers. Virtually all the respondents who contacted the Council initially stated that they did not understand either the concept of the £26 flat rate allowance or the consultation letter that they had been sent. This will be considered in reviewing current communications explaining financial assessments and DRE.

3.4 The contact also offered some unexpected opportunities for supporting people. For example, four carers called us and told us that they were experiencing some difficulties looking after loved ones suffering with dementia. These carers have been linked into relevant services and work is currently ongoing to establish a peer support scheme to assist both carers and the people cared for.

3.5 In total, 147 responses to the formal survey were received, on line and by return of hard copies.

3.6 The first question was about whether the Council should continue to offer a standard rate of DRE. Overwhelmingly, respondents agreed with the proposition that the Council should continue to offer a standard rate of DRE (85.3% of respondents who answered this question agreed).

3.7

To what extent do you agree or disagree that the Council should continue to offer a standard rate of DRE within the financial assessment process?				
			Response Percent	Response Total
1	Strongly agree		70.59%	96
2	Agree		14.71%	20
3	Neither agree nor disagree		2.94%	4
4	Disagree		3.68%	5
5	Strongly disagree		3.68%	5
6	Don't know		4.41%	6
			answered	136
			skipped	11

3.8 The second question was about whether the standard rate should be reduced. 64.9% of respondents who answered this question disagreed with this proposition, with a large majority of those 'strongly' disagreeing. However, the responses were not as polarised as the previous question, with nearly a fifth of respondents (18.7%) agreeing that the standard rate should be reduced.

3.9

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)				
			Response Percent	Response Total
1	Strongly agree		9.63%	13
2	Agree		8.89%	12
3	Neither agree nor disagree		10.37%	14
4	Disagree		5.19%	7
5	Strongly disagree		59.26%	80
6	Don't know		6.67%	9
			answered	135
			skipped	12

3.10 All of the respondents who answered the demographic questions were individuals, and 91% of them were service users or carers. Most respondents were female. 40% of service users who answered the question about age were 65 or over, and only a small proportion (11%) were 34 or under. This approximately corresponds with the overall characteristics profile of social care service users. More information about the demographics of respondents is in Appendix 3.

4.0 ANALYSIS OF COMMENTS

4.1 All of the comments received have been included at Appendix 3 with the full responses.

4.2 There were very few comments that related directly to the proposal for retain a standard rate of DRE, but the two comments below did highlight the burden of providing evidence of expenditure:

- *For many people, including me, the process of gathering 'evidence' will be too hard to do, especially given the effects of their disability.*
- *The council wishes to penalise those with increased needs by requiring increased evidence many such people suffer with dementia and complex health needs.*

4.3 A number of comments supported the assessment of actual expenditure as a fair way to determine DRE, some of which are shown below. In addition, some of these comments highlighted the importance of ensuring that support was available to provide the evidence required and that the Council was clear on what it required:

- *This seems reasonable as the council must ensure claims are genuine. However support should be offered to Service Users in obtaining these receipts as it could deter less able Service Users from claiming.*
- *As long as they are sensible about what kind of evidence or proof is required for expenditure, I think all expenditure should have to be proved. There is little enough money to go around for vital services as it is, and assuming everyone has £20 a week could make quite a substantial difference if they don't actually have that. For me, I suspect my DRE is well over £20 and I would put in a claim as such. I think if people genuinely have the expenditure they will be willing to provide the proof of that. However I also think it is important to think carefully about what proof is required for certain things - how would you expect extra laundry costs to be proved? Would it be better to ask for a list of what extras are required, how much they cost and details of why they are required specifically for the individual's disability rather than asking for receipts showing extra spending? Then each item on the list could be assessed as appropriate or inappropriate (including the amount spent - if someone is using luxury washing powder without good reason e.g. a skin condition when they could be using an own brand version it might be appropriate to lower the amount exempted to what they COULD spend instead).*
- *I have looked after my husband for 16 years after he had a stroke , I gave up my good job to look after him and have been his full time Carer , he has got worse over the last few years and have had to ask*

for more help , he is incontinent now and the washing and cleaning is never ending I have recently retired and reducing the money would make s big difference , however I do believe that we should all be assessed and I would be more than happy for someone to come out and visit us.

4.4 Most people disagreed that the rate should be reduced to £20. In many cases, they explained how difficult the challenges of living their daily lives were. They also pointed out that losing £6 a week was a large amount. Many of these comments did not include anything specific on the option of providing evidence for an individual assessment to determine DRE.

- *The large majority of people in receipt of AA, DLA or PIP are extremely vulnerable and struggle with the most aspects of life. They rely on a help of others to help them with their support and fighting their corners; they are the forgotten few - hence the reason why the Council think it is ok to disadvantage them. I am speaking for someone who has protected characteristics - she is mentally impaired and struggles with the simple day to day chores that you and me do without thinking. To lose £6.00 per week means the difference between going out and meeting others or keeping the electric heater on.*

- *Using the reason that a number of other Local Authorities have a lower rate of DRE to try to reduce Cambs rate of DRE is not a reasonable argument to reduce any form of Disability Allowance. All County Councils are being financial challenged due to harsh government policies. The governments dogma of going for the easy target of disabled people is clear. I would like to think that a caring though cash strapped authority would not get into the situation of a race to the bottom as your reason for the change indicates. We are talking about the most vulnerable in society who are clearly to all the most targeted group by the government. I expect better from Cambs CC.*

- *Do not agree with DRE being reduced. As an individual compared to equivalent peers do not burden any councils government to financial benefits that others in the same situation do. Living at home, family support plus financial support from them saves the councils/governments a great deal of money. Already charges have been implemented on my carer/mother with council that adult social care charge plus carers allowance not given due to state pension. I all feel very annoyed at extra costs applied when saving costs to the state and yet again more budget cuts. As individual it is not fair in comparison.*

- *The reduction of DRE allowance would be an expenditure that most disabled people can't afford. This puts a great financial*

burden on those people who were unlucky that they required financial support from the government, through no fault of their own. Now this is under threat. We assumed we would be looked after. Do not let us down.

- *I am Heidi's mother and she has been severely disabled from birth with a rare genetic syndrome. It would be impossible for me to provide evidence of expenditure due to the fact that Heidi is incontinent and requires extra washing for bed sheets etc. However the regularity of these events is hard to determine. I am Heidi's main carer and the loss of the £6 per week would have an impact. I understand that there are budget cuts all round but hitting severely disabled genuine cases is harsh. I do not think that individual assessments will work and they themselves will prove costly to undertake.*

- *Caring for someone who has a disability always adds more expense to daily life, whether it is paying to keep the house warmer, doing extra laundry or simply driving the person who may need to attend activities or appointments where public transport is not adequate.*

4.5 The feedback from the consultation gives clear support to retaining a standard rate of DRE but does not support the reduction of the standard rate to £20 per week. However, many of the comments challenging the reduction in standard rate DRE do not comment on the use of individual assessments to consider evidence of DRE above the standard rate.

4.6 The combination of a standard rate of DRE and the individual assessment process provides people with the choice of accepting the standard rate or seeking agreement for a higher level of DRE based on evidenced expenditure. Comments that focused specifically on the individual assessment and provision of evidence saw this as a fair and reasonable way to determine how much DRE people should be able to claim in their financial assessment.

4.7 A Community Impact Assessment has been completed (Appendix 4) that has been informed by the consultation feedback and identifies actions that can be taken to help to mitigate potential negative impact of the proposed changes. The feedback from the consultation and the Community Impact Assessment have been considered in the section below.

5.0 PROPOSED CHANGES AND IMPLEMENTATION

5.1 The consultation feedback was strongly in favour of retaining a standard rate of DRE that people could choose without having to provide any evidence of expenditure relating to their disability. This supports the view of Officers that the Council should continue to offer a standard rate of DRE.

5.2 The majority of people who responded to the consultation were not in favour of a reduction in the standard rate of DRE from £26 per week to £20 per week. Strong feelings were expressed about the reduction in terms of the

impact on people's ability to meet their daily living needs and on their quality of life.

5.3 A smaller number of people commented on the difficulty they would face in providing evidence of their expenditure or concern about what evidence would be required.

5.4 Many of the people who agreed or strongly agreed with the reduction in the standard rate of DRE commented positively on the individual assessment seeing the requirement to provide evidence of expenditure as a fair way to manage the DRE allowed within a financial assessment.

5.6 The majority view against the proposal to reduce the standard rate of DRE has been considered alongside the opportunity for people to provide evidence if they believe that they incur more than £20 per week in expenditure relating to their disability and the financial position of the Council.

5.7 The cost of the individual assessment for DRE has also been considered. The estimated cost for this part of the financial assessment is £7.85. There are currently 2,703 people in receipt of DRE. If 64.9% (1754) of people currently using the standard rate of DRE chose to have an individual assessment for DRE, based on the percentage of people who were not in agreement to the reduction in the standard rate of DRE, the cost of individual assessments would be approximately £13,769. This equates to around 0.5 of a Full Time Equivalent post. Making an assumption that all these people received a rate of £26 per week (although this would not be guaranteed), the additional income generated from the remaining 35.1% (949) accepting the standard rate of £20 per week would be £5,694 per week (£296,088 full year effect).

5.8 Taking the feedback from the consultation into account, the option to provide evidence of relevant expenditure above the standard rate of DRE and the financial challenges that the Council faces, it is proposed that the Council continues to have a standard rate of DRE, and that the rate is reduced from £26 per week to £20 per week. Officers would ensure that there is clear guidance on the evidence that would be required for an individual assessment of DRE and consider how people can be supported to gather this evidence, if necessary.

5.9 It is proposed that implementation would happen as follows:

- Existing service users: implementation of the new standard rate of DRE (£20 per week) would happen from the date of the next financial assessment, which would allow for full discussion on DRE and the options of the standard rate and individual assessment.
- New service users: implementation of the new standard rate of DRE (£20 per week) would happen from the date of the start of services, in line with the start of the financial contribution. The initial financial assessment would allow for full discussion on DRE and the options of the standard rate and individual assessment.

6.0 ALIGNMENT WITH CORPORATE PRIORITIES

6.1 Developing the local economy for the benefit of all

6.1.1 There are no significant implications for this priority.

6.2 Helping people live healthy and independent lives

6.2.1 The proposed changes may have an impact on the lives of people supported by adult social care, as highlighted by the comments from the consultation. The use of individual assessments to determine DRE will help to mitigate any potential negative impact.

6.3 Supporting and protecting vulnerable people

6.3.1 The proposed changes will impact on people in receipt of adult social care support who also receive Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment. Although the proposed changes may have an impact on the lives of this group of people, the use of a standard rate and individual assessments to determine DRE will help to mitigate any potential negative impact and offers a fair way to determine the level of DRE.

7.0 SIGNIFICANT IMPLICATIONS

7.1 Resource Implications

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

- The business plan includes an expected increase in income of £500K that the reduction of standard rate DRE would contribute to. If this income is not achieved, savings will have to be made elsewhere within older people and adult services.

7.2 Statutory, Risk and Legal Implications

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

- The Council has to offer individual assessments for determining DRE, but can also offer a standard rate that can be used without the need to provide evidence of expenditure. The Council will offer both options to determine DRE.

7.3 Equality and Diversity Implications

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

- The proposed changes will impact on people in receipt of adult social care support who also receive Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment because they are the only group who can benefit from DRE. Other people receiving adult social care support are not eligible for DRE and therefore it is not considered in their financial assessments.
- The use of individual assessments for DRE will help to mitigate any impact of reducing the standard rate of DRE to £20 per week.
- Officers will ensure that there is guidance on the evidence required for individual assessments of DRE and look at how people can be supported to provide the evidence, if necessary/

7.4 Engagement and Consultation Implications

7.4.1 Public and targeted consultation has been undertaken and the feedback considered in reaching the decision about the proposals to be put forward for consideration by the Adults Committee.

7.5 Localism and Local Member Involvement

7.5.1 If Adults Committee supports the recommendations, Local Members will need to be briefed to help them address any concerned that are raised by their constituents.

7.6 Public Health Implications

7.6.1 There are no Public Health implications.

Source Documents	Location
NONE	

Appendix 1 – questionnaire

Proposed Changes to the Disability Related Expenditure (DRE)

Area: Cambridge City, East Cambridgeshire, Fenland, Huntingdonshire, South Cambridgeshire,
Consultation opens: 01/04/2016 / **Consultation closes:** 02/05/2016
Contact: Theodore Mfuni
Service: Adult Social Care
Telephone number: 01223 729113
Email address: Theodore.mfuni@cambridgeshire.gov.uk
Consultation website:
http://www.smartsurvey.co.uk/s/DREconsultation/

Overview

People who are allocated a Personal Budget for care and support, funded by Cambridgeshire County Council, also have a financial assessment to see how much they should contribute to the cost of their care and support. The methodology for the financial assessment is set out in the Fairer Contributions Policy[1].

The way the financial assessment works is that it deducts costs for basic living expenses such as housing costs and electricity. It then takes into account any Disability Related Expenditure (DRE). DRE is the extra costs people have each week because of a disability, illness or because they are mentally or physically frail. For example, you might pay for extra laundry costs or extra heating. These costs are taken into account when determining how much income people have left and working out how much they need to contribute to the cost of their care and support. To be eligible for DRE, you must be in receipt of Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment.

Once basic living expenses and any DRE have been taken into account, the remainder of the income that remains is then assessed to determine the amount that someone can afford to pay. There is a minimum income guarantee set by government so that you must be left with this amount of money to live on.

[1] Available at http://www.cambridgeshire.gov.uk/downloads/file/2966/fairer_contributions_policy_updated_july_2014

The Council is proposing changes to the **DRE** of the financial assessment for people who live in their own home in the community (i.e. not in a residential care home or nursing home).

The Council sets a standard rate of DRE so that people who are eligible for DRE can choose this rate and are not required to provide evidence of any expenditure related to their disability. Alternatively, people can choose to have an individual assessment to determine the level of DRE and provide evidence of their expenditure for consideration by the Council. Some Local authorities do not use a standard rate for DRE and expect all people who are eligible for DRE to provide evidence of their expenditure.

The proposed changes

At the moment, the standard rate of DRE is £26 per week.

The Council is proposing to retain a standard rate for DRE, but to reduce it to £20 per week. **People eligible for DRE would continue to have the choice of using the standard rate of DRE or requesting an individual assessment and providing evidence of relevant expenditure.**

This change is being proposed after considering the standard rate of DRE used in a number of other Local Authorities that showed that the rate was higher in Cambridgeshire. This change will assist Cambridgeshire County Council in managing the financial challenges it faces whilst ensuring that there is a fair and equitable way to reflect the additional costs that people with disabilities have to manage.

Consultation

This short questionnaire offers you an opportunity to comment on the proposed change to DRE. The Council is particularly keen to hear views from people who may be affected by these changes.

The proposal and the responses from the consultation will be considered by the Adults Service Committee before any change is made. The Committee is expected to consider the proposal at its meeting on 17 May 2016.

CONSULTATION QUESTIONNAIRE

About You

Please tell us a little bit more about you. This will help us make sure we have considered the views of a wide range of people. If you are completing this as a family carer, please provide the details of the person you are caring for.

Are you replying as:

An individual	

An organisation	

Are you a…..

Service user	
Carer	
Health and social care professional	
Other please state below:	

What is the name of your organisation (*This is optional but will help us better understand your feedback.)*

Are you…

Male	
Female	
Other	
Prefer not to say	

Are you responding as a…..

Local Authority	
Care Provider	
Voluntary organisation	
Other please state below:	

How old are you…

18-24	
25-34	
35-44	
45-54	
55-64	
65-74	
75-84	
85 or older	
Prefer not to say	

What is your home or organisation postcode?

Q1) To what extent do you agree or disagree that the Council should continue to offer a standard rate of DRE within the financial assessment process?

(PLEASE TICK ONE BOX ONLY BELOW)

Strongly agree		**Tend to disagree**	
Tend to agree		**Strongly disagree**	
Neither agree nor disagree		**Don't know**	

Q2) To what extent do you agree or disagree that the standard rate of DRE, where people are <u>not</u> required to provide evidence of expenditure related to their disability, should be reduced?
(Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

(PLEASE TICK ONE BOX ONLY BELOW)

Strongly agree		**Tend to disagree**	
Tend to agree		**Strongly disagree**	
Neither agree nor disagree		**Don't know**	

Please add any comments you may have on the proposed change below:

Appendix 2 – Letter to service users inviting participation in the consultation

Dear «Title» «Surname»,

RE: Proposed Changes to the Disability Related Expenditure Consultation

The Council is consulting on proposals to change the standard rate of Disability Related Expenditure (DRE) when doing financial assessments for people who live in their own home in the community. DRE is taken into account when assessing the amount that people can afford to pay towards their Personal Budget for care and support.

At the moment, the standard rate of DRE is £26 per week and is available to anybody who is in receipt of Attendance Allowance, Disability Living Allowance or Personal Independence Payments. The Council is proposing to retain a standard rate for DRE, but to reduce it to £20 per week. People eligible for DRE would continue to have the choice of using the standard rate of DRE or requesting an individual assessment and providing evidence of relevant expenditure.

This change is being proposed after considering the standard rate of DRE used in a number of other Local Authorities that showed that the rate was higher in Cambridgeshire. This change will assist Cambridgeshire County Council in managing the financial challenges it faces whilst ensuring that there is a fair and equitable way to reflect the additional costs that people with disabilities have to manage.

This consultation offers you an opportunity to comment on the proposed changes to the DRE. The Council is particularly keen to hear views from people who may be affected by these changes.

If you wish to respond to the consultation you can do so online at http://www.smartsurvey.co.uk/s/DREconsultation/. The questionnaire should only take 15 minutes to complete. The consultation will close at midnight on Sunday 1st May 2016.

If you are unable to respond to the consultation online but would still like to give your views, the Council can send you a paper copy of the questionnaire or the Easy Read version. Please contact Theodore Mfuni on 01223 729113.

If you have any enquiries relating to DRE please call 01480 372387. Please note, at this time we will be unable to tell you how this may affect your care contributions or personal circumstances.

Your views will be used to help the Council make an informed decision about the proposed changes. The proposal and the responses from the

consultation will be considered by the Adults Service Committee before any change is made. The Committee is expected to consider the proposal at its meeting on 17 May 2016. The plan for putting this proposal into practice will be developed if the proposal is approved by the Committee.

Yours sincerely

Claire Bruin

Service Director

Adult Social Care

Appendix 3 – Raw responses from online system

PROPOSED CHANGES TO THE DISABILITY RELATED EXPENDITURE (DRE)

To what extent do you agree or disagree that the Council should continue to offer a standard rate of DRE within the financial assessment process?

		Response Percent	Response Total
1	Strongly agree	70.59%	96
2	Agree	14.71%	20
3	Neither agree nor disagree	2.94%	4
4	Disagree	3.68%	5
5	Strongly disagree	3.68%	5
6	Don't know	4.41%	6
		answered	136
		skipped	11

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

		Response Percent	Response Total
1	Strongly agree	9.63%	13
2	Agree	8.89%	12
3	Neither agree nor disagree	10.37%	14
4	Disagree	5.19%	7
5	Strongly disagree	59.26%	80
6	Don't know	6.67%	9
		answered	135
		skipped	12

Please add any comments you may have on the proposed change below (70)

1	06/04/16 11:24AM ID: 35071386	Not two people are the same and need different types of support some might need £26 some £20 and some might need less so all cases should be looked at
2	06/04/16 3:07PM ID: 35089424	For many people, including me, the process of gathering 'evidence' will be too hard to do, especially given the effects of their disability. The standard rate is already an underestimate, but I am willing to suffer the potential costs of this, if the alternative is doing hours and hours of admin.

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
		How do I prove how much of my central heating bill is the 'extra cost of being disabled?'. How do I prove the cost of charging my power wheelchair and mobility scooter? When I buy something that I don't buy weekly but that will eventually wear out / break (the special bed I sleep in, the special mugs I drink from) how to I prove the weekly cost to you? I buy some special food - what percentage of the cost of a special loaf of bread (low fat, low sugar, in my case) is the DRE and what isn't? Even if all those things could be calculated and proved with receipts etc, it would be a poor use of my time and energy. As I don't have the energy to have a shower every day, I don't want to waste energy on this process. Your suggesting the DRE should be reduced from £26 a week to £20 a week. but I couldn't spot a question about this change. I don't think you should do that. Scope's research says the extra costs of being disabled average £550 a month - http://www.scope.org.uk/Get-Involved/Campaigns/Extra-costs/Extra-costs-commission/Full-Report £20 a week is £1040 a year, when Scope say the extra costs of being disabled are £6,600 a year. I would be interested to see how you justify your current rate of £26 a week, and the equality impact assessment you've completed for the reduction to £20 a week. Just because other councils are doing something, doesn't make it right or fair.		
3	06/04/16 4:50PM ID: 35099296	The large majority of people in receipt of AA, DLA or PIP are extremely vulnerable and struggle with the most aspects of life. They rely on a help of others to help them with their support and fighting their corners; they are the forgotten few - hence the reason why the Council think it is ok to disadvantage them. I am speaking for someone who has protected characteristics - she is mentally impaired and struggles with the simple day to day chores that you and me do without thinking. To lose £6.00 per week means the difference between going out and meeting others or keeping the electric heater on.		
4	06/04/16 4:58PM ID: 35099008	I do not mind paying a bit more towards my care.		
5	06/04/16 7:33PM ID: 35111426	I have looked after my husband for 16 years after he had a stroke , I gave up my good job to look after him and have been his full time Carer , he has got worse over the last few years and have had to ask for more help , he is I continent now and the washing and cleaning is never ending I have recently retired and reducing the money would make s big difference , however j do believe that we should all be assessed and I would be more than happy fur someone to come out and visit us		
6	06/04/16 10:16PM ID: 35119686	1. Another example of Cambridgeshire County Council targeting its most vulnerable citizens. 2. Consultation document fails to say how long DRE has been £26. In that time, has inflation gone down? 3. What evidence, other than 'some other (unnamed) councils allow £20', can Cambridgeshire offer that £20 is a reasonable figure?		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
		4. Are these other authorities similar to Cambridgeshire, where, given its rural nature, costs for disabled people are likely to be higher? 5. Are there other authorities which allow a figure greater than £20? If so, why doesn't Camridgeshire align itself with these? 6. What risk assessment / analysis has Cambridgeshire done on the impact on and outcomes for service users? These are hardly likely to be positive. 7. The consultation document, as far as I can see, does not say how much money Cambridgeshire hopes to save from this policy. 8. Will the council take any notice of the results of this consultation or will it just press on regardless as it usually does?		
7	07/04/16 11:51AM ID: 35162307	Disability benefits are assessed according to need as are council services so I do not understand the morality in taking away money from people who have been assessed as needing it to live on.		
8	07/04/16 12:14PM ID: 35163978	My daughter suffers from a long term physical disability and lives independently ,she already has to pay almost £65 per week towards her Care package - to decrease the DRE would mean she would need to make up the difference which would equate to £71 per week or an additional £24 per month she doesn't have to spend in her pocket .She already struggles to pay the £65 any additional cost would crucify her .She doesn't ask to be disabled but seems to be penalised at every opportunity that the councils /government can find for wanting to live on her own with a Care package .I AM STRONGLY OPPOSED TO THIS		
9	08/04/16 7:27AM ID: 35230785	people currently receiving this are generally not able to remember every cost and expense so will lose by default. they will have to remember and implement a list of approved cost at every transaction.		
10	09/04/16 11:14AM ID: 35320236	I am so far above it that it does not really impact me.		
11	09/04/16 1:16PM ID: 35324053	Using the reason that a number of other Local Authorities have a lower rate of DRE to try to reduce Cambs rate of DRE is not a reasonable argument to reduce any form of Disability Allowance. All County Councils are being financial challenged due to harsh government policies. The governments dogma of going for the easy target of disabled people is clear. I would like to think that a caring though cash strapped authority would not get into the situation of a race to the bottom as your reason for the change indicates. We are talking about the most vulnerable in society who are clearly to all the most targeted group by the government. I expect better from Cambs CC. I believe bringing in ethnicity into any survey is a form of racial discrimination and should not be promoted. If someone is a British citizen then the colour of his skin should not be asked for as your survey does.		
12	10/04/16 6:00PM ID: 35401428	The council wishes to penalise those with increased needs by requiring increased evidence many such people suffer with dementia and complex health needs		
13	12/04/16 2:28PM	This question is badly worded. Personally, if my contributions are raised I can no longer afford care and Cambridgeshire is widely acknowledged to be an expensive place to		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
	ID: 35551769	live. It should not be lowered.		
14	12/04/16 4:57PM ID: 35566517	We are having our individual budget squeezed. This represents a £320 a year loss in real terms. Who devised these questions? I strongly/disagree/agree?????		
15	16/04/16 7:33PM ID: 35896816	In a climate of CCC clawing back funding for people with Learning Disabilities this is just another blow, my son now has to pay a minimum of £12 per week for transport as Whippet Coaches stopped the route he was using (with a free bus pass) with the agreement of CCC thus he now pays this additional fee from his benefits.. To reduce the DRE would mean an increase in his contribution so even less money for his living needs will be available		
16	19/04/16 1:39PM ID: 36113932	this is yet again going to penalise those who live at home with family and thus are unable to claim any living costs although they have them. ie someone who is in rented can claim any rent or expenses they have in relation to their accommodation. At present those who have a direct payment have not had any uplift on their care packages whereas those who have arranged care have an automatic uplift. Many of those receiving direct payment have already had care reduced have not been able to give staff pay rises. and have to top up their own support. so to pay more towards their care seems inappropriate		
17	19/04/16 8:15PM ID: 36142595	Caring for someone who has a disability always adds more expense to daily life, whether it is paying to keep the house warmer, doing extra laundry or simply driving the person who may need to attend activities or appointments where public transport is not adequate.		
18	20/04/16 1:56PM ID: 36198576	My attendance allowance is £82.30 each month but I have to pay Cambridgeshire CountyCouncil £106.44 each month for carers coming in each day to wash and dress me		
19	23/04/16 10:04AM ID: 36424158	My extra expenditure due to disability is considerable and I already applied last year for enhanced DRE. However the Council has not even gone through the motions of a response. I feel gutted!		
20	25/04/16 4:27PM ID: 36596143	Young disabled people seem to be taking more of a hit on their disability finances than most. Transport for post 16 education is now chargeable, not enough local provision that is inclusive for all disabilities so having to go out of county, which then incurs more expense and now the general expense of being disabled is being eroded. Saying that you can have an assessment is of no consequence when you are looking for proof of expenditure i.e laundry expenses. I feel that you wouldn't except a tesco receipt of washing powder when family and friends are doing your laundry, only a invoice from a professional cleaner, which is more expensive in the first place.		
21	26/04/16 10:01AM ID: 36648375	In my opinion, I think it's a disgrace that many disabled people are having their allowance cut when many have worked hard all their life to pay their way and taxes.		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
22	26/04/16 10:08AM ID: 36649372	It's rubbish		
23	26/04/16 10:10AM ID: 36649523	This would be very unfair for me.		
24	26/04/16 10:12AM ID: 36649749	I need this money to live.		
25	26/04/16 10:29AM ID: 36651634	Without my allowance I cannot live independently. Please don't reduce it as I won't be able to pay for the transport to get me out and see my friends.		
26	26/04/16 10:33AM ID: 36652005	I am paying £15 twice a week if DRE is reduced it will cost me more and I will be unable to pay.		
27	26/04/16 10:39AM ID: 36652437	As my overheads keeps getting higher, it gets harder to meet my basic needs just to live on! An my weekend call (Sat & Sun) by the carers has been dropped, but my monthly charge has not dropped.		
28	26/04/16 10:47AM ID: 36653037	The reduction of DRE allowance would be an expenditure that most disabled people can't afford. this puts a great financial burden on those people who were unlucky that they required financial support from the government, through no fault of their own. Now this is under threat. We assumed we would be looked after. Do not let us down.		
29	26/04/16 10:50AM ID: 36653926	Hard to understand changes so hard to give a view. "why don't they just do it?!"		
30	26/04/16 11:19AM ID: 36654469	My son now has to pay a minimum of £12.00 per week for transport to his voluntary work placement so to have further expense to find from his benefit would make life very difficult for him.		
31	26/04/16 11:40AM ID: 36656709	I was told at my financial assessment that unless James financial circumstances change his contribution will never be increased.		
32	26/04/16 11:44AM ID: 36658741	I receive support from living ambitions		
33	26/04/16 11:46AM ID: 36659085	I pay towards my carers now 3 times a day and do not want my income any further as the £6 goes towards my expenses.		
34	26/04/16 1:28PM ID: 36659593	I need the money to pay for my care without the standard rate of DRE I won't be able to see my friends at special choices as I need to pay for transport as I live in the countryside. I need help to do my personal care.		
35	26/04/16 1:38PM	I am Heidi's mother and she has been severely disabled from birth with a rare genetic syndrome. It would be impossible for me to provide evidence of expenditure due to the		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
	ID: 36668438	fact that Heidi is incontinent and requires extra washing for bed sheets etc. However the regularity of these events is hard to determine. I am Heidi's main carer and the loss of the £6 per week would have an impact. I understand that there are budget cuts all round but hitting severely disabled genuine cases is harsh. I do not think that individual assessments will work and they themselves will prove costly to undertake.		
36	26/04/16 1:47PM ID: 36669691	It may cost me more money than I pay now which I will be unable to pay.		
37	26/04/16 2:25PM ID: 36672525	As pensioners, I am a carer for my husband of coming up for 60 years and he is a carer for me. My husband is diabetic and also has a chronic kidney problem and has a pace maker fitted. I myself am a carer for my husband. I suffer with memory loss and in constant pain from arthritis all over and cannot walk far. Therefore I have to pay someone to do my household jobs, like cleaning. I need someone to help me shower and get dressed each morning.		
38	26/04/16 2:41PM ID: 36674141	As a pensioner I am a carer for my wife of coming up to sixty years and she sis carer for me. I am diabetic with kidney problem which results in frequent visits to Addenbrookes and other hospitals which are costly in term of petrol and parking fees.		
39	26/04/16 2:49PM ID: 36675973	I strongly agree that the rate should not be reduced . As everything else keeps giving up, so more money has to be found from somewhere else.		
40	26/04/16 2:55PM ID: 36676469	It seems another nail in the coffin, however small, for people struggling to care for elderly on a limited budget.		
41	26/04/16 3:06PM ID: 36677566	I would prefer an individual assessment please		
42	26/04/16 3:30PM ID: 36678018	Do not agree with DRE being reduced. As an individual compared to equivalent peers do not burden any councils government to financial benefits that others in the same situation do. Living at home , family support plus financial support from them saves the councils/governments a great deal of money. Already charges have been implemented on my carer/mother with council that adult social care charge plus carers allowance not given due to state pension. I all feel very annoyed at extra costs applied when saving costs to the state and yet again more budget cuts. As individual it is not fair in comparison.		
43	26/04/16 3:36PM ID: 36680050	I am 82 years old and have cll (leukaemia), and resent any suggestion that my income will be reduced. My living cost has increased since I have had this illness, and find it appalling that my life should be made more difficult.		
44	26/04/16 3:54PM ID: 36681704	I mam alone, had a stroke. it means I have no right arm and no right leg. I must have an assistant to do the washing up, wash clothes, hang them, and iron them. She changes the bed, walks with me to the car. She also helps when I go places with no scooters. I wish I could do things differently but sadly not.		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
45	26/04/16 3:57PM ID: 36682181	Dear Theodore MFUNI I am writing in response to a letter received by my daughter, aged 57, who was born with a severe mental impairment, regarding the proposed reduction to the DRE. The outcome of the proposed reduction will result in her inability to live her life independently, something my wife and I have been desperately keen for her to do as we get older. For many years we have managed to support our daughter ourselves but we are now in our 80's and rely on the help of daily carers for her day to day care and for transport to Special Choices in Hartford. The £26 of DRE helps to pay for this support and without this help our daughter would not be able to go out and mix with her peers, which is so important to her wellbeing. By reducing the DRE by £6 per week (£24/month) – a 23% cut will have a devastating effect on her life and ours as we will have to find the difference from our pensions – and these have already been hit by the increase in council tax. So I have some questions for you to consider: 1. Why is the DRE being reduced? Was this planned to assist when DLA payments were reduced by the Government? (even though this piece of legislation was turned down) 2. Does the extra revenue go into the social care budget? 3. This would increase the average care bill by £24.00 every 4 weeks – do you know what this actually means to the regular user? The difference between seeing a friendly face each day or not. 4. Disability related costs have increased e.g. taxi fares, equipment and necessary personal care products - how does the Council justify this increase? 5. Why was the letter not sent out in a more accessible form? Do you realize this excludes a large proportion of the LD community? 6. The consultation period is far too short for such a drastic reduction in support for vulnerable people. We suggest you extend the period until 30th June allowing all those affected to be able to understand what this means to them and their lives. I look forward to hearing from you and hope you will take an interest in our daughter's plight to remain independent. Sincerely George Peck Mr & Mrs George Peck		
46	27/04/16 4:50PM ID: 36779707	Not affordable - not enough money left to live on.		
47	01/05/16 6:05PM ID: 37072585	As long as they are sensible about what kind of evidence or proof is required for expenditure, I think all expenditure should have to be proved. There is little enough money to go around for vital services as it is, and assuming everyone has £20 a week could make quite a substantial difference if they don't actually have that. For me,I suspect my DRE is well over £20 and I would put in a claim as such. I think if people genuinely have the expenditure they will be willing to provide the proof of that.		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
		However I also think it is important to think carefully about what proof is required for certain things - how would you expect extra laundry costs to be proved? Would it be better to ask for a list of what extras are required, how much they cost and details of why they are required specifically for the individual's disability rather than asking for receipts showing extra spending? Then each item on the list could be assessed as appropriate or inappropriate (including the amount spent - if someone is using luxury washing powder without good reason eg a skin condition when they could be using an own brand version it might be appropriate to lower the amount exempted to what they COULD spend instead).		
48	03/05/16 10:51AM ID: 37182296	: "It seems to me that by making these changes you could well be discouraging carers/helpers from doing as much as they do at the moment if they feel the person they care for will be penalised".		
49	03/05/16 10:53AM ID: 37182457	Did not want to complete a survey but said this: "If it hadn't been for talking to someone on the phone I wouldn't have taken part in this survey"		
50	03/05/16 10:54AM ID: 37182617	Did not want to complete a questionnaire and does not support the proposal: "In principal this seems fair however how many people realised that they get a £26 a week DRE allowance? I didn't. Nobody wants to lose £520 a year and will claim costs they did not know they could claim for such as extra heating and costs with cleaning so it could cost the council more money on top of this the cost of completing the assessments"		
51	03/05/16 10:56AM ID: 37182746	Did not want to complete a questionnaire and does not support the proposal: "The financial impact on people having the £6 withdrawn would be quite significant. £6 may not seem much to somebody who is earning a wage, but for people who are on benefits and who are only just managing marginally on what they get, the loss of £24 a month will be quite serious"		
52	03/05/16 10:58AM ID: 37182876	Supports the assessment proposal but does not want to complete the questionnaire / "I think it's a good idea"		
53	03/05/16 10:59AM ID: 37183079	Did not want to complete a survey but said this: "It is a good idea to introduce an assessment"		
54	03/05/16 11:01AM ID: 37183200	Did not want to complete a survey but said this: "I think this is a good idea. As I am bedbound and housebound and severely disabled I am indoors all the time. I have to use my heating more and also the internet as I can't get out to shop for things such as for personal hygiene. I have carers as I cannot stand for longer than 5 minutes and I have to have bed baths and my commode emptied which is next to me bed. My mother has to travel back and forth to help me which costs a lot petrol wise".		
55	03/05/16 11:02AM ID: 37183303	Did not want to complete a questionnaire and does not support the proposal: "Yet another assessment, we are inflicted with a barrage of assessments that are already not carried out in any kind of prompt effective way. Why yet another layer of bureaucracy to an overloaded system. We have been sent this questionnaire, but what is DRE, I am not aware we have had this assessment, what £6.00 allowance".		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
56	03/05/16 11:03AM ID: 37183460	Did not want to complete a questionnaire and does not support the proposal: "As a severely disabled person I find any extras letters appointments money issues a great worry. I do not cope with change"		
57	03/05/16 11:05AM ID: 37183552	"I feel I am unable to comment as I don't understand the system at the moment. I feel it is chaotic, understaffed and not transparent. I fear 'pushy' Carers are able to get more financial help than others because they know how the system works".		
58	03/05/16 11:06AM ID: 37183656	Did not want to complete a questionnaire and does not support the proposal: "Please do not make true disabled peoples' lives harder than they are. They are discriminated on enough and live on very little endlessly supported by parents. If you have to make savings please reassess travelling expenses and other perks council employees are paid and not target the most vulnerable people who are not capable of objecting".		
59	03/05/16 11:07AM ID: 37183728	Supports the proposal but does not want to complete the questionnaire / "I have no problem with Introduction of Assessment if done in proper manner".		
60	03/05/16 11:09AM ID: 37183860	Did not want to complete a questionnaire and does not support the proposal: "This needs to be dealt with sensibly and with sensitivity. Not all people with a disability are capable of keeping a full set of receipts or, indeed, relevant ones. A 'broad brush approach' is needed by the assessor and adequate time and patience in carrying out the assessment".		
61	03/05/16 11:10AM ID: 37184055	Did not want to complete a questionnaire and does not support the proposal: - "Please remember you are dealing with very vulnerable and disadvantaged people here. Your (the councils) role should be that of care, not causing more stress and misery for the people you are looking after, just for the sake of cutting costs and conforming to tick box culture! Please remember this in every decision or change you make affecting care for the disabled".		
62	03/05/16 11:13AM ID: 37184198	Did not want to complete a questionnaire and does not support the proposal: "I strongly believe, that if you wish elderly people (particularly those suffering with dementia) to remain in their own homes for as long as possible - you must be prepared to support the unpaid carers by providing as much professional help and respite as possible otherwise these carers will become the next group with medical issues requiring assistance".		
63	03/05/16 11:14AM ID: 37184418	Did not want to complete a questionnaire and does not support the proposal: "Service Users may not have the skills to cook or prepare their own food to any depth, and are never likely to. As a result they rely on a supply of ready meals which are kept in freezer, the overall cost of which is significantly more than if they bought the food fresh and prepared it themselves".		
64	03/05/16 11:35AM ID: 37186471	"I think that providing receipts of expenditure should be provided before allowance is processed".		
65	03/05/16 11:50AM ID: 37187955	"I think that providing receipts of expenditure should be provided before allowance is processed".		

To what extent do you agree or disagree that the standard rate of DRE, where people are not required to provide evidence of expenditure related to their disability, should be reduced? (Please note, people could still request an individual assessment for DRE, but would have to provide evidence of expenditure)

			Response Percent	Response Total
66	03/05/16 11:52AM ID: 37188199	"This seems reasonable as the council must ensure claims are genuine. However support should be offered to Service Users in obtaining these receipts as it could deter less able Service Users from claiming".		
67	03/05/16 11:53AM ID: 37188266	"Seems fair"		
68	03/05/16 11:54AM ID: 37188389	"I thought this was already the case! I have to produce receipts for anything not already agreed in my daughters care package - and am afraid of making a mistake so probably don't get the best for her".		
69	03/05/16 11:55AM ID: 37188475	"Quite happy to provide evidence of extra costs incurred as long as council pays back money on time and doesn't change rules to suit".		
70	03/05/16 11:56AM ID: 37188612	"The council has an obligation to account for expenditure, so should users!"		

Please tell us a bit more about you by ticking the appropriate box. This will help us make sure we have considered the views of a wide range of people. If you are completing this as family carer, please provide the details of the person you are caring for. Which of the following options best describes you? Are you replying as:

		Response Percent	Response Total
1	An individual	100.00%	131
2	An organisation	0.00%	0
		answered	131
		skipped	16

Are you...

		Response Percent	Response Total
1	Service user	67.94%	89
2	Local authority	0.00%	0
3	Carer	22.90%	30
4	Care provider	0.00%	0
5	Health and social care professional	2.29%	3
6	Voluntary organisation	0.00%	0
7	Other (please state below)	6.11%	8

Are you...

			Response Percent	Response Total
8			0.76%	1
			answered	131
			skipped	16

Comments: (21)

1	06/04/16 4:58PM ID: 35099008	A care company spends an hour per day showering and dressing me. All the help above that is provided by my husband.
2	06/04/16 8:10PM ID: 35114176	concerned citizen
3	07/04/16 11:29AM ID: 35160329	Daughter
4	07/04/16 12:14PM ID: 35163978	Mother
5	09/04/16 1:16PM ID: 35324053	Family member of an Autistic adult with a form of aggressive Parkinson's. Now almost housebound.
6	11/04/16 11:20AM ID: 35452316	I do not even know in your calculations if this affects me, but I am sick and tired of vulnerable people having benefits cut through government policy when this could be achieved through tax dodgers.
7	12/04/16 2:28PM ID: 35551769	I strongly feel the disabled are being penalised as they are easy targets. I lost my house, job, ability to work, went bankrupt and am dying. Getting a carer at all was insult to injury but I couldn't cope without. Reverse roles when you make decisions, please. We're people, not drains on society or numbers.
8	19/04/16 8:15PM ID: 36142595	I care for my adult daughter who has a severe learning difficulty.
9	20/04/16 1:56PM ID: 36198576	As Above
10	23/04/16 10:04AM ID: 36424158	I am an ex-ILF user whose income has been slashed since its closure.
11	26/04/16 10:39AM ID: 36652437	I am filling the from for him as he has Parkinson's Disease
12	26/04/16 11:19AM ID: 36654469	Parent of service user helping with the questionnaire
13	26/04/16 1:38PM ID: 36668438	Mother of service user
14	26/04/16 2:55PM ID: 36676469	I am the carer for my wife who has Alzheimer. She is 80 years old, I myself have physical disabilities.
15	26/04/16 3:57PM ID: 36682181	Mother
16	28/04/16 8:37AM ID: 36822746	Son of the person receiving care
17	29/04/16 6:34PM ID: 36956346	I care for my adult son
18	03/05/16 11:13AM ID: 37184198	On behalf of mother who suffers from dementia
19	03/05/16 11:14AM ID: 37184418	Mother of person with LD

Are you...

			Response Percent	Response Total
20	03/05/16 11:35AM ID: 37186471	Telephone conversation with service users		
21	03/05/16 1:45PM ID: 37198242	Mother		

Are you...

		Response Percent	Response Total
1	Male	35.11%	46
2	Female	60.31%	79
3	Other	0.00%	0
4	Prefer not to say	4.58%	6
Analysis	Mean: 1.74 Std. Deviation: 0.68 Satisfaction Rate: 24.68 Variance: 0.47 Std. Error: 0.06	answered	131
		skipped	16

Please provide your age:

		Response Percent	Response Total
1	Under 18	0.00%	0
2	18-24	3.05%	4
3	25-34	8.40%	11
4	35-44	6.87%	9
5	45-54	10.69%	14
6	55-64	21.37%	28
7	65-74	16.03%	21
8	75+	23.66%	31
9	Prefer not to say	9.92%	13
		answered	131
		skipped	16

How would you describe your ethnic background?

		Response Percent	Response Total

How would you describe your ethnic background?

		Response Percent	Response Total
1	British	88.55%	116
2	Irish	0.00%	0
3	Gypsy & Traveller	0.00%	0
4	Other	1.53%	2
5	African	0.00%	0
6	Caribbean	0.00%	0
7	Other	0.00%	0
8	White and Black African	0.00%	0
9	White and Black Caribbean	0.00%	0
10	White and Asian	0.76%	1
11	Other	0.00%	0
12	Indian	0.00%	0
13	Pakistani	0.00%	0
14	Bangladeshi	0.00%	0
15	Chinese	0.00%	0
16	Other	0.00%	0
17	Any other Ethnic Group	0.00%	0
18	Prefer not to say	9.16%	12
		answered	131
		skipped	16

Are you..

		Response Percent	Response Total
1	In education (full or part time)	1.53%	2
2	In employment (full or part time)	8.40%	11
3	Self-employed (full or part time)	3.05%	4
4	Retired	26.72%	35
5	Stay at home parent / carer or similar	2.29%	3
6	Prefer not to say	54.20%	71
7	Other (please specify):	3.82%	5
Analysis	Mean: 4.98 Std. Deviation: 1.44 Satisfaction Rate: 66.28 Variance: 2.08 Std. Error: 0.13	answered	131
		skipped	16

Are you..

			Response Percent	Response Total
Other (please specify): (5)				
1	06/04/16 3:07PM ID: 35089424	Part time work, very part time study		
2	11/04/16 10:06AM ID: 35445653	24 year old downs syndrome with speech impediment		
3	12/04/16 2:28PM ID: 35551769	I'll health retired and a neurosurgery guinea pig. I still try to contribute in my own way.		
4	16/04/16 7:33PM ID: 35896816	No paid employment, volunteer work		
5	23/04/16 10:04AM ID: 36424158	Numerically and medically retired		

COMMUNITY IMPACT ASSESSMENT

Directorate / Service Area	**Officer undertaking the assessment**
ADULT SOCIAL CARE OLDER PEOPLE AND MENTAL HEALTH SERVICES	Name: Theodore Mfuni Job Title: Strategy Manager ..... Contact details:01223 729 113 ..... Date completed: 09/05/2016 ..... Date approved:09/05/2016.....
Service / Document / Function being assessed	
PROVISION OF STANDARD RATE OF DISABILITY RELATED EXPENDITURE IN FINANCIAL ASSESSMENT FOR SERVICE USER CONTRIBUTION TO PERSONAL BUDGET	
Business Plan Proposal Number (if relevant) XXX	

Aims and Objectives of Service / Document / Function

The business planning process for 2016/17 included consideration of ways to increase income to offset expenditure required to meet people's assessed and eligible needs for adult social care. A target of £500K increase in income was agreed in February 2016. The main way of raising income for adult social care is through the contributions made by people in receipt of support following a financial assessment, carried out in line with Department of Health guidance. One aspect of the contributions process that has been looked at is Disability Related Expenditure.

People who are allocated a Personal Budget for care and support, funded by Cambridgeshire County Council, also have a financial assessment to see how much they should contribute to the cost of their care and support. The financial assessment is a means tested assessment which means that those who can afford to pay will be asked to make a contribution towards their care at home. The assessment takes into account capital, income and also makes allowances for certain expenditure; housing related costs and Disability Related Expenditure (DRE).

DRE is what the Department of Health defines as any reasonable cost that a customer may incur as a result of their disability. For example, the person might pay for extra laundry costs or extra heating. These costs are taken into account when determining how much income people have left and working out how much they need to contribute to the cost of their care and support. To be eligible for DRE, people must be in receipt of Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment.

DRE may be taken into account by looking at evidence of someone's spending, such as invoices and receipts, or a standard amount may be used. People eligible for DRE have a right to request an assessment of their expenditure if they wish, however it is sometimes difficult to establish precisely so the Council uses a standard rate to avoid this problem.

The proposal that is the subject of this community impact assessment is to change the standard rate of Disability Related Expenditure (DRE) when doing financial assessments for people who live in their own home in the community.

What is changing?
Where relevant, consider including: how the service/document/function will be implemented; what factors could contribute to or detract from this; how many people with protected characteristics are potentially impacted upon; who the main stakeholders are; and, details of any previous or planned consultation/engagement to inform the CIA.

At the moment, the standard rate of DRE is £26 per week. The Council is proposing to retain a standard rate for DRE, but to reduce it to £20 per week. People eligible for DRE would continue to have the choice of using the standard rate of DRE or requesting an individual assessment and providing evidence of relevant expenditure.

This change is being proposed after considering the standard rate of DRE used in a number of other Local Authorities that showed that the rate was higher in Cambridgeshire. This change will assist Cambridgeshire County Council in managing the financial challenges it faces whilst ensuring that there is a fair and equitable way to reflect the additional costs that people with disabilities have to manage.

To qualify for DRE the service user must first be in receipt of one of the following disability related benefits: DLA Care, Attendance Allowance or Constant Attendance Allowance.

In addition they must have a need which incurs additional expense. In the case of non-standard and exceptional DREs these need should be identified by the service user's statement of need, care plan or should be recommended by their GP. In most cases evidence will need to be produced by way of receipts, invoices etc. to show how much these cost.

There approximately 2500 social care users in Cambridgeshire who will be affected by the proposed change at any given time.

Who is involved in this impact assessment?
e.g. Council officers, partners, service users and community representatives.

Council officers

Council Officers have been involved in discussions about the proposed changes and the potential impact on disabled people and how best to mitigate the negative impacts.

Consultation

A public consultation on this proposal has been undertaken with service users. The majority of respondents, who were directly contacted for the purpose of this consultation, agree with the proposal to maintain a standard rate of DRE but disagree with the proposed change to reduce the standard rate of the DRE from £26 per week to £20 per week.

In many cases, they explained how difficult the challenges of living their daily lives were. They also pointed out that losing £6 a week was a large amount. Many of these comments did not include anything specific about the option of providing evidence for an individual assessment to determine DRE. However, some respondents felt that it was fair and reasonable to provide evidence of expenditure for the rate of DRE to be determined.

What will the impact be?

Tick to indicate if the expected impact on each of the following protected characteristics is positive, neutral or negative.

Impact	Positive	Neutral	Negative
Age		X	
Disability			X
Gender reassignment		X	
Marriage and civil partnership		X	
Pregnancy and maternity		X	
Race		X	

Impact	Positive	Neutral	Negative
Religion or belief		X	
Sex		X	
Sexual orientation		X	
The following additional characteristics can be significant in areas of Cambridgeshire.			
Rural isolation		X	
Deprivation		X	

For each of the above characteristics where there is a positive, negative and / or neutral impact, please provide details, including evidence for this view. Consider whether the impact could be disproportionate on any particular protected characteristic. Describe the actions that will be taken to mitigate any negative impacts and how the actions are to be recorded and monitored. Describe any issues that may need to be addressed or opportunities that may arise.

Positive Impact
N/A
Negative Impact
The proposed changes only relate to people who have been assessed as having needs that meet the eligibility criteria for care and support and are in receipt on specific disability related benefits i.e. Attendance Allowance or the care components of Disability Living Allowance or Personal Independence Payment. The proposal to reduce the standard rate of DRE has the potential to impact on disabled people, leaving them with less money each week. However, the option of providing evidence of disability related expenditure will be available to inform an assessment to determine the amount of DRE applicable for the individual.
Neutral Impact
This proposal will have neutral impact on all other groups.
Issues or Opportunities that may need to be addressed

The main issue to be addressed is the potential impact on people whose expenditure related to their disability is higher than the proposed new standard rate for DRE of £20 per week. It will be essential that people who are eligible for DRE understand the options available to them i.e. accept the standard rate or provide evidence for an individual assessment of the level of DRE to be used for them.

It will also be important for Officers to make it as easy as possible for people to provide evidence. To support this, Officers will ensure that there is clear guidance on the evidence that would be required for an individual assessment of DRE and consider how people can be supported to gather this evidence, if necessary.

The implementation plan for the proposed change is designed to ensure that people and their families understand the options and what is required if they require an individual assessment for DRE. It is proposed that implementation would happen as follows:

- Existing service users: implementation of the new standard rate of DRE (£20 per week) would happen from the date of the next financial assessment, which would allow for full discussion on DRE and the options of the standard rate and individual assessment.
- New service users: implementation of the new standard rate of DRE (£20 per week) would happen from the date of the start of services, in line with the start of the financial contribution. The initial financial assessment would allow for full discussion on DRE and the options of the standard rate and individual assessment.

Community Cohesion

If it is relevant to your area you should also consider the impact on community cohesion.

N/A

Version Control

Version no.	Date	Updates / amendments	Author(s)
V1.0	09-05-16	Amendments	Claire Bruin

Agenda Item No: 10

FINANCE AND PERFORMANCE REPORT – MARCH 2016

To:	**Adults Committee**
Meeting Date:	**17 May 2016**
From:	**Executive Director: Children, Families and Adults Services** **Chief Finance Officer**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the March 2016 Finance and Performance report for 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 March 2016.**
Recommendation:	**The Committee should review and comment on the finance and performance report and:** **a) Note the finance and performance position as at the end of March 2016** **b) Note the implications for 2016-17 budget setting** **c) Endorse the proposed service reserves for 2016-17 (listed in Annex A) and refer them to the General Purposes Committee for their approval**

	Officer contact:
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1.0 BACKGROUND

1.1 A Finance & Performance Report for the 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 CFA Service, and 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 for which this Committee is responsible, which are detailed in Annex C.

1.4 A guide to Finance & Performance Report, explaining the columns of the finance table, is attached at Annex B ("A Guide to the F&PR Finance Tables").

2.0 MAIN ISSUES IN THE MARCH CFA FINANCE & PERFORMANCE REPORT

2.1 The March 2016 Finance and Performance report is attached at Annex D. This is not the final report for 2015-16; this will be available at the next Committee meeting after the completion of the year-end 'closedown period'.

The Committee did not meet in April to receive the February report (but see paragraph 2.3 below), which was published on the Council's website. In February, a year-end underspend of £1,924k was forecast across CFA. At the end of March the forecast underspend was slightly improved at £1,940k.

2.2 Between February and March, the main revenue changes were as follows:

- Additional underspends totalling £186k were reported in Older People's services on housing related support and deferred payments income
- Additional underspends totalling £150k were reported in Assistive Technology and Reablement, reflecting lower levels of equipment purchasing and below expectation staffing expenditure over the winter
- The client contributions forecast has decreased, across Older People's localities, by £298k (see paragraph 2.3)

Further explanation of the movements is provided in the annexed report.

2.3 Previously, between January and February, the CFA position had improved considerably from a forecast underspend of £1,073k to an underspend of £1,924k.

The net change in the budgets overseen by this Committee at that time was an improvement of £488k. The most significant changes at that stage were:

- an adverse change due to charging more equipment spend to the revenue budget, after ongoing capital funding was discontinued by the government
- a significant favourable change in the expected level of client contributions in Older People's Services after analysis suggested this had been "under-forecast" due to amounts omitted from the automated commitment record

Further reconciliation completed during March and the financial closedown period at year-end has confirmed that the under forecasting of income in Older People's services is less severe than first thought. Of a total income forecasting shortfall at the end of

February of up to £945k, £428k has subsequently been identified as within earlier forecasts. The technical issue identified with the automated commitment record has been addressed and additional checks (based on actual income collected each period) are now possible and will be used to cross-check forecasts and improve accuracy and certainty about estimates in future.

Last month, members of the Committee were informed that work was being undertaken to improve the accuracy of commitment recording in the Learning Disability Partnership (LDP), where automated records continue to be implemented. Between January and February there was a £226k improvement in forecast for the LDP, returning the overspend to the level reported throughout the majority of 2015-16. The year-end process suggests that this overall LDP forecast was largely accurate.

2.4 **Performance**

This month there are eighteen CFA service performance indicators reported. Seven are shown as green, four as amber and seven are red.

Of the seven Adults Performance Indicators, three are currently red. These remain: average number of all bed-day delays, the average number of Adult Social Care attributable bed-day delays and the proportion of adults with learning disability in paid employment.

2.5 Last month, the Committee queried whether the most up-to-date delayed transfer of care performance was included in the Finance & Performance report. The F&PR includes the most recently available consolidated and validated figures supplied by NHS England. Often there is more recent information available directly from specific hospitals and this is circulated to Members where appropriate, but not externally published. As the F&PR has to be published (to a set monthly timetable) the intention remains to continue including the NHS England approved information.

2.6 **CFA Portfolio**

The major change programmes and projects underway across CFA are detailed in Appendix 8 of the report – none of these is currently assessed as red. The Learning Disability Spend project remains at Amber.

3.0 CARRYFORWARD PROPOSALS: CFA EARMARKED RESERVES IN 2016-17

3.1 The Scheme of Financial Management permits Service Management Teams to propose "carry-forwards" from year-end underspends, which can be held in reserve to provide one-off funding for specific earmarked purposes. These amounts can be used to provide investment funding for projects or to support savings, to enable pilot schemes or to respond to short term pressures.

3.2 Plans for the use of such reserves are reviewed by Service Committees at the beginning of the year, and additionally in 2016, GPC will also confirm use of service reserves.

Once approved, the earmarked reserves are reported on each month in Appendix 5 of the Finance & Performance report.

3.3 The **table in Annex A** sets out the range of proposals for either new or continuing funding from earmarked reserves within the purview of this Committee. Several of the current earmarked reserves shown in Appendix 5 of the F&PR do not need to continue and will be re-allocated to the list in Annex A as part of this process. The table

describes the amount intended for investment and the anticipated benefit in terms of savings or improved outcomes.

3.4 Service earmarked reserves are separate from the larger strategic transformation fund which has been discussed through Members seminars. Officers are working on the basis that the use of in-directorate reserves should support smaller scale and more 'tactical' investments, including those needed to secure the savings planned for this financial year (2016-17) whereas the transformation fund is intended for larger scale and longer term change which will support savings for the later years of the business plan (2017-18 and beyond).

3.5 Proposals totalling £907k for additional social work capacity focused on the major re-assessment and review programme in Learning Disability, Physical Disability and Older People's Services are being made to the transformation fund. These have been supported by Senior Management Team already and will progress through Member consideration at the May General Purposes Committee.

4.0 UPDATE ON 2016-17 BUDGETING AND SAVINGS PROGRAMME

4.1 2015-16 outturn implications for budgeting and proposed virements

The majority of the 2015-16 underspend in CFA is non-recurrent. This is described where applicable in Appendix 2 of the F&PR and is largely attributable to funding/grants which will not continue in the same form after 2015-16, to temporary underspends on staffing due to vacancies or has already been reduced through the application of savings in 2016-17.

However there are some areas where we can identify a recurrent or structural underspend which has been confirmed since the Business Plan was developed. Consideration has been given to transferring this budget away from the underspent service area to alleviate pressures arising in other areas. In this way we can ensure we move resources to where they are needed and avoid the existence of any significant pressures at the outset of the financial year.

4.2 This review of year-end variances forms part of the "finance and budget" theme within the Corporate Transformation Programme. At this stage, close to the conclusion of 2015-16 year-end process, the following budget transfers within the CFA service block, and above the Executive Director's delegated approval limits, appear advisable and will be proposed to the General Purposes Committee meeting in July, which can authorise the virements required:

Area	Budget increase	Budget decrease	Brief Reasoning
Older People's Services		-£950k	Care spending and client contribution levels are significantly ahead of the target as at April 2016, due to forecast improvements in the final quarter of 2015/16
Looked After Children Placements	£950k		Starting position in April 2016 reflects higher demand than anticipated when the budget was set
ASC Practice & Safeguarding: Mental Capacity Act – Deprivation of Liberty		-£200k	Commitments following budget build suggest there is surplus budget in 2016-17, ahead of planned timing of reduction.

Safeguards			
Learning Disability Partnership	£200k		Anticipated pressure against delivery of care plan savings level, which cannot be met through alternative measures within the LDP
Home to School Transport Mainstream		-£310k	Starting position in April 2016 reflects lower demand than anticipated when the budget was set
Children's Social Care, SENDIAS and Youth Offending	£310k		New services pressures confirmed after the Business Plan was set.
Subtotal	**£1460k**	**-£1460k**	

4.3 **Ensuring delivery of planned savings level: developing a savings 'funnel'**

In autumn 2015 the ASC and OP&MH Directorates had developed business planning proposals equal to the value of the savings target (£14.9m) required by the business plan cash limits for those directorates. However, given the considerable pressure on these budgets, their demand-led nature and the number of uncontrollable variables which can impact on demand it was recognised that anticipating that all savings would be delivered in full entailed a high degree of risk which needed to be mitigated.

4.4 It was therefore agreed that further work would be undertaken to both refine the business cases and delivery plans for the existing proposals and to try to develop new proposals which would total more than the overall business planning target, giving some flexibility if some of the existing schemes did not deliver in full.

4.5 The intention is not to over-deliver savings or go beyond the reductions in spending set out by Committees. Instead these additional savings lines in-effect give flexibility and alternate options if any of the savings in the business plan cannot be achieved in full or to the planned timescale. They are sometimes referred to as 'the funnel' – the concept being to establish a wider base of savings which will funnel down into the required amount at year end. The current status of these 'funnel proposals' is as follows:

Title	Description	Anticipated potential
Older People Client Contributions	Additional income through robust application of Financial Assessment framework and anticipated changes. This is a stretch target over and above the existing £500k target in Older People and Mental Health Services.	-£350k (extends existing target from -£500k to -£850k)
Regulating price increases	Focusing on the care packages with the highest unit cost, we will negotiate with providers to ensure new pressures are absorbed and reductions achieved so that more is delivered within the existing unit cost. This reflects analysis of providers' latest assessment of the cost of the national living wage. There is the best potential for this in the Learning Disability Service	-£1300k
Older People Cost of Care	This is an additional savings aspiration for the care budgets in older people's services - estimated, because the trajectory of spend suggests we may end 2016/17 with spending below the agreed allocation, even after a budget transfer.	-£1000k (beyond existing targets which are -£2065k and -£918k)

	The total savings estimated are based on modelling of diversion through the new Early Help Service, greater effectiveness in the Reablement Service, reducing the average cost of care packages through the Transforming Lives model of social work and a range of other change programmes. The modelling shows a range of different scales of impact of this work – and the more optimistic assumptions would deliver a saving which exceeds the agreed target. This target is considered very challenging	
Adult Mental Health – Residential Supported Accommodation	Extension of the existing Adult Mental Health savings target – to be delivered by changing the model of care – in particular away from the use of residential and nursing care	-£100k (extends the existing target of -£841k)
Further Efficiencies in Reablement	Additional scope for efficiencies in the Reablement budget – from overhead costs which were previously part of the NHS contract and from projections on staffing spend – actual staffing numbers will not reduce from current levels	-£180k

5.0 ALIGNMENT WITH CORPORATE PRIORITIES

5.1 Developing the local economy for the benefit of all

5.1.1 There are no significant implications for this priority.

5.2 Helping people live healthy and independent lives

5.2.1 There are no significant implications for this priority

5.3 Supporting and protecting vulnerable people

5.3.1 The budgets overseen by this Committee support and protect vulnerable people. The contents of this report remain in line with the community impact assessments published as part of budget setting.

6.0 SIGNIFICANT IMPLICATIONS

6.1 Resource Implications

6.1.1 This report sets out details of the overall financial position of the CFA Service.

6.2 Statutory, Risk and Legal Implications

6.2.1 The County Council, as required by Statute, has set a balanced budget for 2016-17. This report sets out where the opportunity could be taken, with the further information now available, to refine financial plans and improve budget estimates.

6.3 Equality and Diversity Implications

6.3.1 There are no significant implications within this category.

6.4 Engagement and Consultation Implications

6.4.1 There are no significant implications within this category.

6.5 Localism and Local Member Involvement

6.5.1 There are no significant implications within this category.

6.6 Public Health Implications

6.6.1 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.	http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports

Annex A: CFA Earmarked Reserves

Final CFA reserves to be reported at the June Committee meeting as part of closedown Finance & Performance Report.

Proposed allocation to continuing CFA earmarked schemes	£3,484k	- Adults schemes detailed below in List 1
Proposed allocation to new CFA earmarked schemes	£1,496k	- Adults schemes detailed below in List 2
Total proposed CFA earmarked reserves in 2016-17	**£4,980k**	

List 1

Proposal Title	Investment Amount £'000	Description
Continuing CFA Reserves		**Multi-year plans previously approved by the Adults Committee**
Capacity in ASC procurement & contracts	£225	Funding for staff employed in the Procurement and Contracts Team to be used for contract rationalisation and review. Amount required going forward as staff in role. Multi-year and continuing
Continuing Healthcare	£118	Funding for staff employed to carry out CHC assessments - ensuring they are completed in a transparent way with a view to ensuring that those who are eligible for CHC receive it. Retention of full reserve allows staff to be continued across multi-year plan.
Social Work Recruitment (Recruitment support officers)	£103	Two staff (Scale 6) recently recruited into fixed term roles, continuing into 2017
Homecare Development	£62	Roleholder in post taking forward proposals that emerged from the home care summit
Falls prevention	£44	Contract with provider continues into 2016/17
Dementia Co-ordinator	£35	Dementia Co-ordinator role to be filled and funding required in 2016/17
Shared Lives (Older People)	£49	Continuing the trial of the Adult Placement Scheme with OP&MH. preliminary work undertaken in 2015/16

Mindful / Resilient Together	£321	Programme of community mental health resilience work (spend has begun and is continuing over 3 years) through a contract.
Subtotal	**£957k**	**Continuing earmarked reserves**

List 2

Proposal Title	Investment Amount £'000	Description	Associated Saving / Benefits
		New proposed schemes funded from earmarked CFA reserves	
Increasing client contributions and the frequency of Financial Re-assessments	£120	Funding for equivalent of 4 FTE Financial Assessment Officers to progress a major programme of financial reassessment. Significant level of aged financial assessments (70% not updated for a year or more)	Modelling suggests that assessing more frequently would achieve an estimated additional total income of £756,000 accrued as £283,500 in 2016/17 and £472,500 in 2017/18. This forms part of the delivery plan for saving proposal A/R.6.214 (targets of £500k in 2016/17 and a further £500k in 2017/18). Additional assessor capacity would also support the wider programme of service user care package reviews required for the delivery of demand management savings from care budgets in ASC and OP&MH.
Specialist Assistive technology input to the LDP	£186	Extending external support on provision of assistive technology which is delivering savings in LDP (£938k in previous 2 years) and will need to go further as part of savings plans.	Significant savings delivery through this methodology in recent years. A key part of LD savings plans for 2016/17 – with £250k modelled as a saving from using technology to avoid the need to provide sleep in support for people overnight – which has very high cost. If the pilot is successful there may be greater savings in later years.
Autism & Adult Support Workers (trial)	£60	2 x Support Workers for 1 year. Support workers working alongside vulnerable people in a model similar to community navigators. Thought is to quickly employ staff for one year and develop a specification for this service through this trial, then for tender.	Dedicated capacity will enable us to more effectively meet the needs of adults with autism, linking them in to community and peer support.
Recruitment and Retention Capacity (Social Work)	£45	Management of staff in item D (above) via LGSS People. Fixed Term and linked to our strategy to reduce agency spend in social work	This proposals supports the delivery of business planning savings associated with reducing the cost of agency staffing. (existing £502k savings target in 2016/17 A/R 6.706) We are modelling a net reduction of 20 agency social workers during 2016/17

Brokerage function - extending to domiciliary care	£50	Brokerage has been successful at co-ordinating purchasing of care and exercising some market influence for care home beds suppressing the full effect of market increases. Additional resource will enable investigation of extension to domiciliary care, with potential staffing efficiencies in future	Will support the efficient use of very scarce homecare capacity. Getting best use of the available homecare will avoid the need for higher cost care to be put in place whilst homecare is identified, will reduce waiting lists, will avert unmet need leading to crises and higher cost interventions at a later date. The benefits form part of the savings from the costs of care in OP&MH directorate
Specialist Capacity: home care transformation / and extending affordable care home capacity	£70	Purchasing affordable care in the right places is crucial to delivery of savings and the CFA strategy. Dedicated and specialist expertise (from outside) is needed to push forward transformation in the homecare sector and further development of Council supported/influence affordable care home beds	Will support the expansion of the availability of homecare. Having more homecare available will avoid the need for higher cost care to be put in place whilst homecare is identified, will reduce waiting lists, will avert unmet need leading to crises and higher cost interventions at a later date. The capacity to extend affordable residential care home capacity will support the delivery of the savings associated with managing inflation and NLW uplifts to providers.
Direct Payments - Centralised support (trial)	£174	Aimed at making the direct payments easier from all perspectives. 18 months capacity providing support to setup and early months of client direct payments. Improving user experience and a view to future potential efficiencies. 3.2 FTE additional capacity. Looking to increase personal assistants register through working with our direct payments partner.	The evidence suggests that direct payments are a financially efficient model of care and support people to retain their independence for longer – thereby mitigating the need for full time residential care. There is not a separate savings target for increasing the use of direct payments but it is part of the business cases for the care budget saving in ASC and OP&MH
Subtotal	**£705**	New proposed schemes funded from earmarked CFA reserves	

Annex B

A Guide to the FPR Finance Tables

This column shows the previous month's Forecast Variance Outturn. If you compare this column with Column 8 (which is the latest month's forecast variance outturn) –you can see how the forecast position has changed during the last month.

Budgets are grouped together into "Policy Lines", which is the level of detail at which budgets are reported within each CFA Directorate.

The "Current Budget" is the budget as agreed within the Business Plan with any virements (changes to budget). Virements to / from CFA as a whole are detailed in Appendix 4.

When a budget is uploaded to the financial system a "profile" is allocated, and this profile reflects the assumptions on the likely timing of expenditure / income. If it is a salary budget it will assume that one-twelfth of the budget will be required each month. This column shows what level of expenditure or income one would expect to have occurred by this time in the financial year. It is a helpful prompt but in many cases actual expenditure and income does not occur as profiles would suggest.

APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Apr) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (May) £'000	Forecast Variance Outturn (May) %
		Adult Social Care Directorate							
0	1	Strategic Management – ASC	4,742	731	294	-437	-60%	-1,200	-25%
0		Procurement	577	103	298	195	189%	0	0%
0		ASC Strategy & Transformation	1,710	367	352	-15	-4%	0	0%
0		ASC Practice & Safeguarding	2,158	158	21	-138	-87%	0	0%
0		Local Assistance Scheme	386	67	79	13	19%	0	0%
		Learning Disability Services							
0	2	LD Head of Services	250	22	860	838	3849%	11	4%
0	2	LD Young Adults	660	231	40	-191	-83%	29	4%
0	2	City, South and East Localities	30,991	5,806	5,381	-425	-7%	1,378	4%
0	2	Hunts & Fenland Localities	21,640	4,001	5,037	1,036	26%	962	4%

This is the most important column of the table – it shows what the budget holder is forecasting as an over- or – underspend at year-end (the variance compared to budget). The budget holder may have detailed commitment records or local knowledge which suggests that the year-end position is similar or different to the current variance (Column 6). This column shows the Budget Holder's best estimate of what the overspend (+) or underspend (-) or balanced position (0) will be at year-end.

It is expressed in both hundreds of thousands and as a percentage of total budget.

This refers to the commentary in Appendix 2.

This column shows actual expenditure and income to date.

This column is the difference between Column 4 and Column 5 (col 5 less col 4) – and highlights where expenditure is higher or lower than is planned / profiled.

It is expressed in hundreds of thousands and as a percentage difference.

Annex C

Adults Committee Revenue Budgets

Director of Adult's Social Care
Strategic Management - ASC
Procurement
ASC Strategy and Transformation
ASC Practice & Safeguarding
Local Assistance Scheme

Learning Disability Services
LD Head of Services
LD Young Adults
City, South and East Localities
Hunts and Fenland Localities
In House Provider Services

Disability Services
PD Head of Services
Physical Disabilities
Autism and Adult Support
Sensory Services
Carers Services

Director of Older People and Mental Health Services
Director of Older People and Mental Health
City & South Locality
East Cambs Locality
Fenland Locality
Hunts Locality
Addenbrooke's Discharge Planning Team
Hinchingbrooke Discharge Planning Team
Reablement, Occupational Therapy & Assistive Technology
Integrated Community Equipment Service

Mental Health
Head of Services
Adult Mental Health
Older People Mental Health

Director of Children's Enhanced and Preventative Services
Safer Communities Partnership

From: Tom Kelly and Martin Wade
Tel.: 01223 703599, 01223 699733
Date: 13 April 2016

Children, Families & Adults Service

Finance and Performance Report – March 2016

1. SUMMARY

1.1 Finance

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

1.2. Performance and Portfolio Indicators – Feb 2016 Data (see sections 4&5)

Monthly Indicators	Red	Amber	Green	Total
Feb Performance (No. of indicators)	7	4	7	18
Feb Portfolio (No. of indicators)	0	2	6	8

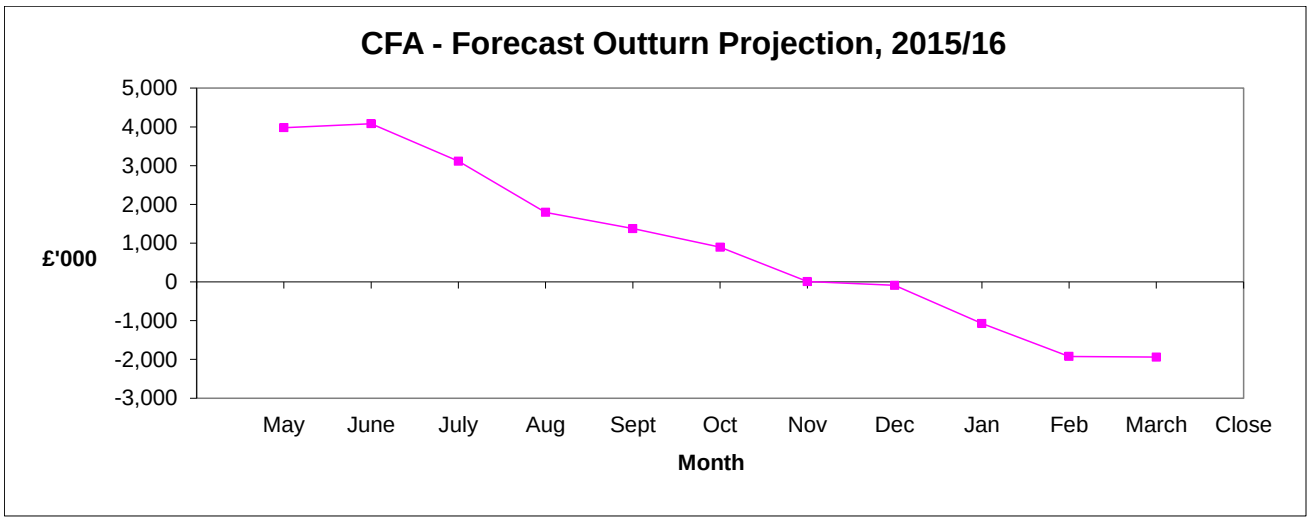
2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance - Outturn (Feb) £000	Directorate	Current Budget for 2015/16 £000	Current Variance £000	Current Variance %	Forecast Variance - Outturn (Mar) £000	Forecast Variance - Outturn (Mar) %
-2,628	Adult Social Care	84,685	-1,882	-2.2%	-2,608	-3.1%
-3,929	Older People & Adult Mental Health	85,221	-3,886	-4.6%	-4,063	-4.8%
1,840	Children's Social Care	35,054	2,236	6.3%	2,093	6.0%
3,061	Strategy & Commissioning	42,660	2,996	7.5%	2,936	6.9%
-400	Children's Enhanced and Preventative	31,899	-495	-1.7%	-493	-1.5%
447	Learning	20,450	915	4.8%	499	2.4%
-1,608	**Total Expenditure**	**299,970**	**-117**	**0.0%**	**-1,635**	**-0.5%**
-316	Grant Funding	-54,371	0	0.0%	-305	0.6%
-1,924	**Total**	**245,600**	**-117**	**0.0%**	**-1,940**	**-0.8%**

The service level finance & performance report for March 2016 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 March 2016, CFA is forecasting a year end underspend of £1,940k. Significant issues are detailed below:

i) In Older People & Mental Health, new underspends of £186k are reported in countywide budgets, the result principally of a newly reported underspend on housing related support, and an increased expectation around deferred payment income

ii) In Older People & Mental Health, across locality teams the client contributions forecast has decreased by £298k, of which £102k is in City & South, partly reversing an adjustment made last month as further income has been reconciled between the ledger and commitment records.

iii) In Older People & Mental Health, the forecast position for Fenland locality has worsened by £177k. Apart from the locality's share of the client contributions adjustment mentioned above, this is mainly due to incorrect omission of transferring clients from commitment records

iv) In Older People & Mental Health, the forecast underspend for Reablement, Occupational Therapy & Assistive Technology has increased by £150k, reflecting lower levels of assistive technology equipment purchases and lower than expected staffing expenditure over the winter period.

v) In Children's Social Care, the forecast position for Children Looked After has moved by £165k from an £80k underspend to an £85k overspend, reflecting pressure from increased numbers of Unaccompanied Asylum Seeking Children and the expected shortfall in Home Office grant.

vi) In Strategy and Commissioning, an increased underspend of £113k on Strategic Management reflecting an over recovery of vacancy saving and a saving on the legal budget.

vii) In Learning, an increased overspend of £239k in Children's Innovation & Development Service is being reported due to the underachievement of income targets.

viii) In Learning, a new underspend of £115k is reported against the Teachers' Pension and redundancies budget, reflecting the reduced cost of the scheme due to a greater membership turnover than originally predicted.

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 March for **Looked After Children** (LAC) is shown below:

	BUDGET				ACTUAL (March)				VARIANCE		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements Mar 16*	*Yearly Average*	*Projected Spend*	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost*
Residential - disability	2	£381k	52	3,663.30	1	2.54	£231k	2,223.00	0.54	-£150k	-1,440.30
Residential - secure accommodation	0	£k	52	0.00	0	0.28	£72k	5,110.00	0.28	£72k	5,110.00
Residential schools	8	£828k	52	1,990.93	10	10.83	£995k	1,709.74	2.83	£167k	-281.19
Residential homes	16	£2,342k	52	2,814.92	26	27.73	£4,180k	3,044.18	11.73	£1,838k	229.26
Independent Fostering	261	£9,813k	52	723.03	225	238.16	£9,623k	792.26	-22.84	-£190k	69.23
Supported Accommodation	15	£1,170k	52	1,500.00	27	23.14	£1,282k	1,146.67	8.14	£112k	-353.33
16+	9	£203k	52	433.58	11	10.29	£202k	357.29	1.29	-£1k	-76.29
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£136k	-	-	-£136k	-
TOTAL	311	£14,737k			300	312.97	£16,449k		1.97	£1,712K	
In-house fostering	140	£3,472k	55	185.55	147	143.93	£3,379k	176.19	3.93	-£93k	-9.37
Kinship	26	£733k	55	185.55	50	33.82	£790k	187.29	7.82	£57k	1.74
In-house residential	16	£1,588k	52	1,908.52	15	11.42	£1,588k	2,673.93	-4.58	£k	765.41
Concurrent Adoption	3	£50k	52	350.00	5	9.24	£181k	350.00	6.24	£131k	0.00
Pressure funded within directorate	-	£k	-	-	-	-	-£95k	-	-	-£95k	-
TOTAL	185	£5,843k			205	198.41	£5,843k		13.41	£k	
Adoption	289	£2,550k	52	162.50	355	339.65	£3,121k	168.41	50.65	£571k	5.91
TOTAL	289	£2,550k			355	339.65	£3,121k		50.65	£571k	
OVERALL TOTAL	785	£23,130k			860	851.03	£25,413k		66.03	£2,283k	

Note: Adoption includes Special Guardianship and Residency Orders. Any unutilised growth/replacement in-house will be used to support growth externally.

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

	BUDGET			ACTUAL (March)				VARIANCE			
Ofsted Code	*No. of Placements Budgeted*	*Total Cost to SEN Placements Budget*	*Average annual cost*	*No. of Placements Mar 16*	*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)	92	£5,753k	£62,536	102	100.44	£6,320k	£62,924	10	8.44	£567k	£388
Behaviour, Emotional and Social Difficulty (BESD)	35	£1,438k	£41,089	38	36.27	£1,486k	£40,960	3	1.27	£47k	-£130
Hearing Impairment (HI)	4	£135k	£33,690	3	2.85	£78k	£27,510	-1	-1.15	-£56k	-£6,179
Moderate Learning Difficulty (MLD)	3	£99k	£33,048	3	2.21	£81k	£36,835	0	-0.79	-£18k	£3,787
Multi-Sensory Impairment (MSI)	1	£75k	£75,017	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£16k	£16,172	1	1.34	£23k	£16,864	0	0.34	£6k	£692
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41,399	0	0.31	£13k	£41,344	-1	-0.69	-£29k	-£55
Speech, Language and Communication Needs (SLCN)	3	£141k	£47,128	3	3.01	£171k	£56,684	0	0.01	£29k	£9,556
Severe Learning Difficulty (SLD)	2	£174k	£87,129	1	1.72	£140k	£81,532	-1	-0.28	-£34k	-£5,596
Specific Learning Difficulty (SPLD)	10	£170k	£16,985	7	7.52	£134k	£17,863	-3	-2.48	-£36k	£877
Visual Impairment (VI)	2	£55k	£27,427	2	2.00	£55k	£27,477	0	0.00	£0k	£49
Recoupment	0	£0k	£0	-	-	-£17k	-	-	-	-£17k	-
TOTAL	154	£8,099k	£52,590	160	157.67	£8,484k	£53,917	6	3.67	£385k	£1,327

In the following key activity data for Adults and Older People's Services, 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

2.5.3 Key activity data to the end of March for **Adult Social Care** Services is shown below:

		BUDGET			ACTUAL (March)			VARIANCE
Service Type		*Budgeted No. of Clients 2015/16*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Snapshot of No. of Clients at End of Mar16*	*Current Average Unit Cost (per week)*	*Projected Spend*	*Net Variance to Budget*
Physical Disability Services	Residential	40	£969	£2,015k	40	£1,079	£2,352	£337k
	Nursing	23	£926	£1,107k	23	£828	£1,117	£10k
	Community	620	£334	£10,758k	650	£336	£10,674	-£84k
Physical Disability Services Total		**683**		**£13,880k**	**713**		**£14,143**	**£263k**
Income variance								**-£462k**
Further savings assumed within forecast								**£0k**
Learning Disability Services	Residential	294	£1,253	£19,161k	309	£1,315	£21,181k	£2,020k
	Nursing	17	£1,437	£1,270k	19	£1,413	£1,400k	£130k
	Community	1,272	£543	£35,907k	1,209	£598	£37,716k	£1,809k
Learning Disability Service Total		**1,583**		**£56,338k**	**1,537**		**£60,297k**	**£3,959k**
Further savings assumed within forecast								**0**

The Learning Disability Partnership is in the process of loading care packages for automatic payment and commitment recording through the Council's AFM system.
Until this has been fully completed, activity analysis is based on more restricted details about package volume (hours/nights) and length, than is available through AFM. In the table above, the assumption has been made that packages that are currently open last 365 days, as a proxy for full year activity, rather than full reflection of closed and part-year packages

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

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

		BUDGET			ACTUAL (March)			VARIANCE
Service Type		*Budgeted No. of Clients 2015/16*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Snapshot of No. of Clients at End of Mar 16*	*Current Average Unit Cost (per week)*	*Projected Spend*	*Variance*
Adult Mental Health	Community based support	67	£76	£265k	116	£93	£534	£269k
	Home & Community support	196	£87	£886k	216	£81	£773	-£113k
	Nursing Placement	13	£682	£461k	19	£659	£537	£76k
	Residential Placement	71	£732	£2,704k	73	£754	£2,468	-£236k
	Supported Accomodation	137	£81	£579k	152	£88	£629	£50k
Adult Mental Health Total		**484**		**£4,894k**	**576**		**£4,941k**	**£46k**
Further savings assumed within forecast								**-£150k**

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

OP Total	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	***Expected No. of clients 2015/16***	***Budgeted Average Cost (per week)***	***Gross Annual Budget***	***Service Users***	***Current Average Cost (per week)***	***Gross Projected spend***	***Gross Projected spend***
Residential	531	£455	£12,593k	540	£434	£13,128k	£535k
Residential Dementia	319	£520	£8,675k	356	£501	£9,044k	£369k
Nursing	319	£613	£10,189k	314	£591	£10,043k	-£146k
Respite	289	£497	£861k	109	£501	£1,057k	£196k
Community based							
~ Direct payments	356	£176	£3,276k	274	£257	£3,535k	£259k
~ Day Care	326	£104	£1,773k	431	£131	£1,795k	£22k
~ Other Care			£5,434k			£5,567k	£134k
~ Homecare arranged	1,807	*per hour* £16.48	£18,572k	1,713	*per hour* £16.83	£17,991k	-£581k
Total	3,947		£61,372k	3,737		£62,160k	£788k
Income Variance							-£2,143k
Further Savings Assumed Within Forecast							£0k

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

OP Mental Health	BUDGET			Projected to the end of the year			Variance From Budget
Service Type	***Budgeted No. of clients 2015/16***	***Budgeted Average Cost (per week)***	***Gross Annual Budget***	***Service Users***	***Current Average Cost (per week)***	***Gross Projected spend***	***Gross Projected spend***
Residential	14	£455	£332k	51	£617	£403k	£71k
Residential Dementia	38	£529	£1,097k	28	£487	£1,331k	£234k
Nursing	36	£625	£1,172k	40	£717	£1,173k	£1k
Nursing Dementia	156	£680	£5,534k	154	£667	£5,537k	£3k
Respite	16	£400	£38k	6	£442	£45k	£7k
Community based:							
~ Direct payments	16	£271	£226k	18	£204	£218k	-£8k
~ Other Care			£62k			£48k	-£14k
		per hour			*per hour*		
~ Homecare arranged	92	£16.08	£615k	76	£15.27	£543k	-£72k
Total	368		£9,076k	373		£9,298k	£222k
Income Variance							-£307k
Further Savings Assumed Within Forecast							£0k

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

We are continuing to develop the methodology for providing this data; this complicates comparisons with previous months.

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

2015/16 In Year Pressures/Slippage

As at the end of March the capital programme forecast underspend is expected to be £12,773k, £1,052k less than last month. The significant changes in the following schemes have been the major contributory factors to this;

- Isle Primary, Ely; -£300k slippage expected cost of IT equipment and furniture and fittings have slipped into 2016/17.
- Westwood Primary, March; £270k accelerated spend due to good weather allowing works to progress quicker than anticipated
- Burwell Additional Places; -£70k slippage construction contract sum has not be concluded as originally forecast
- Trumpington Community College; £300k accelerated spend due to delays being resolved and the rectification of defects being completed.
- Cambridge City additional Capacity; £53k accelerated spend due to additional design work carried out in 2015/16.
- Littleport Secondary & Special; -£600k. Contractor still carrying out ground works, infrastructure and site set up. Work has not commenced on building as yet. Therefore spend lower than originally forecast
- Hampton Garden Secondary; £1,490k accelerated spend. Agreement reached that CCC will pay Peterborough City Council towards the land on which the school is sited.
- Building Schools for Future; £153k slippage as costs anticipated in 2015/16 to transfer ICT arrangements from Dell in September 2016 have slipped into 2016/17.

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.

A new development for this year is inclusion of deprivation indicators. Information on all the indicators is now included in the performance table in appendix 7: % Y12 in Learning, % 16-19 NEET, Take up of Free 2 places, % young people with SEND who are EET, % Adults with a Learning Disability (aged 18-64) in employment and Adult Mental Health Service users in employment, KS2 FSM/non-FSM gap and the GCSE FSM attainment gap.

Seven indicators are currently showing as RED:

- **The proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by OFSTED**

The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 49.4% of pupils against the target of 75%.

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

The number of Looked After Children increased to 599 during February 2016. 50 of these (8.3%) are UASC. There are work streams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These work streams cannot impact current commitment but aim to prevent it increasing:

• Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population.
• In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.

- **Delayed transfers of Care: BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+)**

In spite of excellent progress earlier in the year we have seen some deterioration in the last few months. The Cambridgeshire health and social care system is experiencing a monthly average of 2,409 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In December there were 2,868 bed-day delays, up 831 compared to the previous month.

We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community

Between February '15 and January '16 there were 29,183 bed-day delays across the whole of the Cambridgeshire system - representing a 10% decrease on the preceding 12 months.

Across this period NHS bed-day delays have decreased by 7% from 21,986 (Feb 14 - Jan 15) to 20,487 (Feb 15 - Jan 16), while bed-day delays attributed to Adult Social Care have decreased from 8,326 (Feb 14 - Jan 15) to 7,388 (Feb 15 - Jan 16) an improvement of 11%.

- **Delayed transfers of Care: Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+)**

Between April '15 and January '16 there were 6,335 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 123 delays per 100,000 of 18+ population. For the same period the national rate was 106 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. We have seen a slight increase in the number of delays attributable to social care which has been due to a number of factors i.e. .A seasonal spike in demand, Provider Failures, staff sickness and recruitment challenges. Added to this we have seen a shortage of

provision in the residential and nursing market which has resulted careful (but time consuming) negotiation with providers to get value for money

Nationally there is a shortage of care staff which has a direct impact on the domiciliary care market and we have seen particular challenges in the east of the county in this regard.

Please note that we receive the official data for DTOC measures from NHS England 6 weeks after the end of the month so reporting is always a month behind. However, we receive more up-to-date data on Social Care delays from the Acute hospitals. At 18/03/2016 there were 2 social care delays at Hinchingbrooke, contributing 28 bed-day delays. At Addenbrookes, 7 social care delays were contributing 52 bed-day delays.

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

Performance has increased during February though still well below target. 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.

- **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**

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. 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.

5. CFA PORTFOLIO

The CFA Portfolio performance data can be found in appendix 8 along with comments about current issues.

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a bi-monthly basis by the CFA Management Team at the CFA Performance Board. The programmes and projects highlighted in appendix 8 are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.

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

APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Feb) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Mar £'000	Actual to end of Mar £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Mar) £'000	Forecast Variance Outturn (Mar) %
		Adult Social Care Directorate							
-2,529	1	Strategic Management – ASC	4,232	4,232	1,332	-2,900	-69%	-2,529	-60%
-16		Procurement	563	563	593	31	5%	-10	-2%
-37		ASC Strategy & Transformation	2,184	2,184	2,196	12	1%	-37	-2%
-1,185	2	ASC Practice & Safeguarding	2,109	2,109	761	-1,348	-64%	-1,197	-57%
-61	3	Local Assistance Scheme	386	386	387	1	0%	-76	-20%
		Learning Disability Services							
-713	4	LD Head of Services	250	250	-605	-856	-342%	-667	-267%
910	4	LD Young Adults	626	626	1,460	834	133%	979	156%
1,200	4	City, South and East Localities	31,287	31,287	33,260	1,973	6%	1,282	4%
555	4	Hunts & Fenland Localities	21,744	21,744	22,802	1,058	5%	382	2%
83	4	In House Provider Services	4,543	4,539	4,405	-134	-3%	58	1%
		Physical Disability Services							
-107	5	PD Head of Services	943	947	843	-104	-11%	-167	-18%
-172	5	Physical Disabilities	12,585	12,585	12,738	154	1%	-140	-1%
12		Autism and Adult Support	607	607	582	-25	-4%	-4	-1%
-18		Sensory Services	504	504	457	-47	-9%	-20	-4%
-549	6	Carers Services	2,121	2,121	1,591	-530	-25%	-462	-22%
-2,628		**Director of Adult Social Care Directorate Total**	**84,685**	**84,685**	**82,803**	**-1,882**	**-2%**	**-2,608**	**-3%**
		Older People & Adult Mental Health Directorate							
-1,632	7	Director of Older People & Adult Mental Health Services	8,907	8,907	7,544	-1,363	-15%	-1,818	-20%
-1,112	8	City & South Locality	18,600	18,600	19,222	622	3%	-893	-5%
-323	9	East Cambs Locality	7,269	7,269	6,788	-481	-7%	-409	-6%
8	10	Fenland Locality	8,266	8,262	8,857	596	7%	185	2%
-256	11	Hunts Locality	12,443	12,443	12,877	434	3%	-282	-2%
0		Addenbrooke Discharge Planning Team	1,051	1,051	996	-55	-5%	-33	-3%
0		Hinchingbrooke Discharge Planning Team	634	634	631	-2	0%	0	0%
-455	12	Reablement, Occupational Therapy & Assistive Technology	7,718	7,718	6,451	-1,267	-16%	-605	-8%
0		Integrated Community Equipment Service	802	802	78	-724	-90%	8	1%
		Mental Health							
65		Head of Services	4,231	4,231	4,124	-107	-3%	-2	0%
-100	13	Adult Mental Health	7,132	7,132	6,077	-1,055	-15%	-104	-1%
-123	14	Older People Mental Health	8,169	8,169	7,685	-484	-6%	-111	-1%
-3,929		**Older People & Adult Mental Health Directorate Total**	**85,221**	**85,217**	**81,332**	**-3,886**	**-5%**	**-4,063**	**-5%**

Forecast Variance Outturn (Feb) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Mar £'000	Actual to end of Mar £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Mar) £'000	Forecast Variance Outturn (Mar) %
		Children's Social Care Directorate							
400	15	Strategic Management – Children's Social Care	3,138	3,118	3,522	404	13%	400	13%
370	16	Head of Social Work	4,249	4,203	4,614	411	10%	411	10%
125	17	Legal Proceedings	1,530	1,358	1,514	156	11%	150	10%
135	18	Safeguarding & Standards	1,177	1,123	1,280	157	14%	157	13%
420	19	Children's Social Care Access	4,448	4,379	4,802	422	10%	420	9%
-80	20	Children Looked After	10,860	11,528	11,774	246	2%	85	1%
470	21	Children in Need	3,933	3,888	4,344	456	12%	470	12%
0		Disabled Services	5,720	5,975	5,960	-15	0%	0	0%
1,840		**Children's Social Care Directorate Total**	**35,054**	**35,573**	**37,809**	**2,236**	**6%**	**2,093**	**6%**
		Strategy & Commissioning Directorate							
-252	22	Strategic Management – Strategy & Commissioning	417	363	-19	-382	-105%	-365	-87%
-65		Information Management & Information Technology	1,859	1,842	1,765	-77	-4%	-77	-4%
-52		Strategy, Performance & Partnerships	1,521	762	703	-59	-8%	-52	-3%
		Commissioning Enhanced Services							
1,712	23	Looked After Children Placements	16,490	15,955	17,705	1,750	11%	1,712	10%
385	24	Special Educational Needs Placements	8,469	8,498	8,919	421	5%	385	5%
0		Commissioning Services	3,665	3,443	3,747	305	9%	0	0%
0		Early Years Specialist Support	1,323	1,094	1,092	-2	0%	0	0%
625	25	Home to School Transport – Special	7,085	6,309	6,977	668	11%	625	9%
575	26	LAC Transport	671	656	1,204	548	84%	575	86%
		Executive Director							
0		Executive Director	440	429	426	-3	-1%	0	0%
133	27	Central Financing	719	394	221	-173	-44%	133	18%
3,061		**Strategy & Commissioning Directorate Total**	**42,660**	**39,745**	**42,741**	**2,996**	**8%**	**2,936**	**7%**
		Children's Enhanced & Preventative Directorate							
-29		Strategic Management – Enhanced & Preventative	1,771	1,724	1,624	-100	-6%	-89	-5%
-60		Children's Centre Strategy	707	579	520	-60	-10%	-60	-8%
0		Support to Parents	3,532	2,727	2,711	-16	-1%	0	0%
-15		SEND Specialist Services	5,371	5,365	5,360	-6	0%	-15	0%
0		Safer Communities Partnership	7,168	6,927	6,903	-24	0%	-24	0%
		Youth Support Services							
-4		Youth Offending Service	2,364	1,639	1,630	-9	-1%	-4	0%
-130	28	Central Integrated Youth Support Services	1,112	869	690	-179	-21%	-146	-13%
		Locality Teams							
-93		East Cambs & Fenland Localities	3,427	3,384	3,312	-72	-2%	-86	-3%
-41		South Cambs & City Localities	3,915	3,852	3,827	-25	-1%	-41	-1%
-28		Huntingdonshire Localities	2,531	2,449	2,445	-5	0%	-28	-1%
-400		**Children's Enhanced & Preventative Directorate Total**	**31,899**	**29,518**	**29,022**	**-495**	**-2%**	**-493**	**-2%**

Forecast Variance Outturn (Feb) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of Mar £'000	Actual to end of Mar £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Mar) £'000	Forecast Variance Outturn (Mar) %
		Learning Directorate							
223	29	Strategic Management - Learning	67	67	219	151	225%	151	224%
-55		Early Years Service	1,813	1,780	1,721	-59	-3%	-55	-3%
-40		Schools Intervention Service	1,710	1,690	1,650	-40	-2%	-40	-2%
-157	30	Schools Partnership Service	1,324	1,466	1,265	-201	-14%	-157	-12%
52	31	Children's' Innovation & Development Service	163	545	902	357	65%	291	178%
-25		Integrated Workforce Development Service	1,486	1,234	1,186	-48	-4%	-25	-2%
-21		Catering & Cleaning Services	-350	-390	-570	-180	46%	-26	-7%
0	32	Teachers' Pensions & Redundancy	3,000	3,000	3,352	352	12%	-116	-4%
		Infrastructure							
-35		0-19 Organisation & Planning	1,769	1,598	1,446	-152	-10%	-48	-3%
0		Early Years Policy, Funding & Operations	149	149	41	-108	-73%	0	0%
-15		Education Capital	176	176	515	339	193%	4	2%
520	33	Home to School/College Transport – Mainstream	9,143	7,808	8,311	503	6%	520	6%
447		**Learning Directorate Total**	**20,450**	**19,124**	**20,038**	**915**	**5%**	**499**	**2%**
-1,608		**Total**	**299,970**	**293,862**	**293,745**	**-117**	**0%**	**-1,635**	**-1%**
		Grant Funding							
-316	34	Financing DSG	-23,212	-23,212	-23,212	0	0%	-305	-1%
0		Non Baselined Grants	-31,159	-30,864	-30,864	0	0%	0	0%
-316		**Grant Funding Total**	**-54,371**	**-54,076**	**-54,076**	**0**	**0%**	**-305**	**1%**
-1,924		**Net Total**	**245,600**	**239,785**	**239,669**	**-117**	**0%**	**-1,940**	**-1%**

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 for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
1) Strategic Management – ASC	**4,232**	**-2,900**	**-69%**	**-2,529**	**-60%**
In July, the government announced a 4-year delay in implementing the Care Act funding reforms. This means that the assessment of people funding their own care (self-funders), who would have begun to accrue spending against the care cap from April, did not begin this financial year and technical preparations for care accounts can take place over a longer timeframe. The Council had taken a cautious approach to making spending commitments and confirmation was received in October that none of the additional funding received in 2015/16 for Care Act duties will be clawed back. This, combined with ongoing monitoring of current work streams, leads to a forecast underspend in this area of £2,604k. There has been national recognition that the social care system is under significant strain and the funding will instead be used to offset significant demand pressures for existing social care services, particularly in the Learning Disability Partnership (see note 4). Care Act funding will be within general funding from government next year, rather than standalone grants, with a smaller separate contribution continuing through the Better Care Fund. This has been reflected in Business Planning. This underspend is partially offset by a pressure on the vacancy savings budget.					
2) ASC Practice & Safeguarding	**2,109**	**-1,348**	**-64%**	**-1,197**	**-57%**
An underspend of £1,197k is anticipated on the Mental Capacity Act/Deprivation of Liberty Safeguarding budget due to shortage of available assessors and the resulting level of activity to date. There has been a delay in being able to secure appropriate staff to manage the increased demand for processing MCA/DOLS cases, as all local authorities seek to respond to changes in case law and recruit from a limited pool of best interest assessors and other suitable practitioners. Although there has been moderate recent success in recruiting to posts in the latest round of interviews, lead-in times for staff joining have meant that the forecast underspend in this area remains £1,197k.					
3) Local Assistance Scheme	**386**	**1**	**0%**	**-76**	**-20%**
The Cambridgeshire Local Assistance Scheme is now forecasting an overall underspend of £76k against budget, equating to the saving taken in Business Planning. This is predominantly due to an underspend of £55k on the investments element of the budget as a result of a lack of suitable investment opportunities. The expected spend on the direct grant provision and administration of the scheme is forecast to be £259k at year-end based on current demand levels.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
4) Learning Disability Services	**58,451**	**2,876**	**5%**	**2,034**	**3%**

Across the Learning Disability Partnership (LDP) at the end of March 2016 of £2,553k. Of this, £2,034k relates to the County Council after the pooled budget risk share with the NHS is taken into account. Although still of concern, this is a significant improvement on the £4,800k forecast outturn reported at the start of this financial year.

This overall reported forecast is unchanged this month. The principal changes this month are the result of:

- Commitments decreasing as needs change and services end: -£82k (South
- -£46k, North -£29k and -£7k in Young Adults).
- Additional costs from changed needs, placement and carer breakdown: £297k (South £172k, North £29k, and £96k in Young Adults).
- An increase in the forecast for direct payments clawbacks -£31k.
- Recharge with OP Service for clients over 65 occupying a Provider block bed in accommodation services -£130k
- A reduction in the Provider Services forecast, due to additional support recharges -£24k.

The provision for further improvements on cost of care expenditure has increased by £31k. This now allows for £206k of favourable changes arising from year end spending analysis.

<u>Actions being taken to manage the ongoing pressure</u>

The additional project management capacity and scrutiny around numbers / pace of re-assessments will continue into the new financial year. There will continue to be a focus on the financial outcome of reassessments ensuring that the financial recording is timely and accurate. This will give increased assurance around the accuracy of the forecast out turn going forward.

Work within the teams on reviewing areas of funding in packages of care will continue with work plans being drawn up and starting to be implemented for the next financial year. All workers have a full understanding of the budget pressures and the need to provide cost effective services is included in each individual worker's personal development plans.

Increased use of in-house day services and respite services - this is being picked up in case and panel discussions, set alongside the principles of choice and control, with self-directed support in mind.

- Continuing to work closely with Children's colleagues to set realistic expectations and prepare young people for greater independence in adulthood. This work is part of the preparing for adulthood model and also the ongoing consideration around 'all age' services.
- Robust negotiations with providers where new or increased packages are required. This involves embedding the transforming lives principles, and aligning hours of care being delivered by providers around provisions rather than individuals with the aim of giving increased flexibility and capacity of provision.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
Learning Disability Services continued From April 2016 the North and East Teams will use AFM commitment records and work is continuing to move the City and South Teams to the commitment records for a fully automated process that will provide greater accuracy and provide managers with better management information to support their oversight of changes from month to month. Further attention continues to be given to this area to ensure that progress is made. Work has already been started to reduce the expenditure on staffing in in-house provider services. Vacant posts and relief posts are being recruited to reducing the need to use agency staffing. A number of protocols are being produced to limit the rate overtime hours are paid at as well as the need for senior management authorisation for the use of agency staffing, with use being monitored and reported across the services. Budget surgeries have taken place with budget holders in these services to ensure they are aware of the emerging pressures in their budgets and have plans in place to manage these. These budget surgeries have brought about better understanding of all of the budget areas enabling more accurate forecasting. Many of the cost pressures identified within the in house services have now been offset by doing this. We are further developing the process for tracking costs for young people with a learning disability as they prepare for adulthood.					
5) Physical Disabilities incl. Head of Services	**13,528**	**50**	**0%**	**-307**	**-2%**
The underspend in Disability Services (Physical Disability, Sensory Loss, HIV and Vulnerable Adult and Autism Services) has reduced by £32k. In the main the continuing underspends is due to contract funding no longer required under the Head of Service budget, expected clawback on direct payments paid to people with a Physical Disability and management of demand. The principal changes this month are due to the continued management of demand through the use of short term intervention, increasing people's independence and use of community resources, the recalculation of the cost of people over the age of 65 remaining with the service, and a revised forecast of NHS contributions.					
6) Carers Service	**2,121**	**-530**	**-25%**	**-462**	**-22%**
Allocations to individual carers have been below expected levels, and as such, the anticipated underspend is currently forecast to be £462k. Revised arrangements for carers support were implemented this year, following the Care Act, and it is taking longer than expected for the additional anticipated demand to reach budgeted levels. However, activity has increased this month, which has led to the underspend decreasing by £87k					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
7) Director of Older People and Mental Health Services	**8,907**	**-1,363**	**-15%**	**-1,818**	**-20%**

Following the significant revision to the income forecast last month we have further refined the calculations which has accounted for a further £298k which had been correctly forecast earlier in the year. This impact is shown across OP localities.

Within the director's policy line, changes to this month's forecast outturn include:

- An underspend of £90k is newly reported on housing related support, reflecting the early delivery of savings planned for 2016/17.
- The expected income collected from deferred payments has increased by £43k
- An underspend of £15k is expected on the Addenbrookes' discharge to assess budget used to reduce hospital delays.
- A £10k underspend on the Brokerage team budget which represents a vacant post that has been permanently deleted in business planning
- Expenditure of £50k is now expected on delayed transfers of care reimbursement with a view to all reimbursement ending in 2016/17 in line with a planned saving.

Previously reported underspends under this heading are principally the result of:

- Services to respond to new responsibilities for social care needs for prisoners are still being established with the likely underspend this year being £289k.
- Release of an accrual made in last year's accounts for a £290k potential dispute on costs of nursing care. We now believe this will be resolved without making use of this provision.
- Reductions realised on housing related support totalling £390k; this has been shown as a permanent saving in Business Planning
- The total over-recovery on deferred payments is expected to be £162k this year.
- A one-off underspend of £182k on a centrally held seasonal cost of care budget which is now not expected to be utilised, reflecting the favourable overall Older People's cost of care forecast, managed through the locality teams
- £349k underspend on vacancy savings, reflecting difficulties experienced in recruiting to posts across the directorate (and the first year in which Reablement staff have been employed directly).
- An under-recovery on funded Nursing Care of £150k expected for 2015/16

8) City & South Locality	**18,600**	**622**	**3%**	**-893**	**-5%**

There has been an adverse change in the City and South Locality of £219k.

The expected client contributions for city and south have reduced by £143k. Around £102k of this is due to further analysis of the general ledger which has allowed more income received to be reconciled with the commitment records, reducing ambiguity in this area.

£41k is from a reduction on individual packages including £26k reduction identified on extracare income and the rest across community and care home income.

There is a £86k increase in cost of care of which £59k comes from inaccurate recording of adult social care recharges, work is being undertaken to move Physical Disability and Learning Disabilities clients onto AFM which should reduce the risk of these changes late in the year.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
City & South Locality continued. There has been a £54k adverse change on committed cost of care and a reduction of committed income. A large proportion, around £45k, has been due to three high cost threshold packages backdated to much earlier in the year. Threshold packages (where self-funding clients approach the thresholds for financial support from the Council) are often a risk to the forecast as they can take a long time to be committed; all teams are working on a process to include these likely risks in future forecasts. Minor increases were also present in other types of care. There have been other decreases totalling £27k predominantly due to more accurate recording of continuing health care, this will be continued going forwards. A focus on keeping office costs including staff travel low has meant that there has been a £10k reduction on staffing and office costs. Staffing vacancies persist despite several attempts to recruit to all levels in this team, capacity has been supported with Agency workers however the time taken to induct them has impacted on performance and spending patterns. There is currently a waiting list of 140 people, some of whom will be waiting for long term placements and care packages and some of whom will need court of protection applications submitting. This means that the current underspend does not reflect the true position of eligible needs that currently need supporting in the city and south locality.					
9) East Cambs Locality	**7,269**	**-481**	**-7%**	**-409**	**-6%**
There has been a £86k favourable change in East Cambs. Work continues to review packages and identify potential savings and there has been a decrease in cost of care on AFM packages of £43k this month. This has been matched by an increase in income of £43k predominantly on manually committed income.					
10) Fenland Locality	**8,266**	**596**	**7%**	**185**	**2%**
The outturn position has increased by £177k to £185k overspent as a result of the following: • £103k increase due to changes in the manual recording of recharges for Adult Social Care clients not yet loaded commitment records, this is expected to improve as LDP move onto AFM. • £44k decrease in expected client contributions • £26k – Staffing overspend due to extended agency worker arrangements. Agency workers are being used to increase the review capacity of the team in order to achieve savings targets after incurring large unforeseen pressures. Savings continue to be difficult to make on individual packages of care, and the following underlying pressures still apply: • £140k under budgeting for clients with a learning disability who transferred service at 65, prior to the change in procedure. • £80k pressure due to unforeseen service users being made ordinarily resident in Cambridgeshire from Norfolk. Work continues with providers and the introduction of a new worker to develop domiciliary care capacity in the Fenland area to provide better and more affordable domiciliary support.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
11) Hunts Locality	**12,443**	**434**	**3%**	**-282**	**-2%**
An underspend of £282k against budget is now being reported, which is an increase of £26k compared to the figure reported last month. This is due to an underspend on staffing. Previously reported underspends achieved through reductions of cost of care following reviews and increases in Continuing Healthcare funding awarded still apply.					
12) Reablement, Occupational Therapy &	**7,718**	**-1,267**	**-16%**	**-605**	**-8%**
An underspend of £605k is reported for Reablement, Occupational Therapy and Assistive Technology, an increase of £150k from the figure reported last month. This reflects an underspend of £55k identified across the Reablement Teams due to enhancements and extra hours payments being lower than expected for the winter period, and a £95k underspend on Assistive Technology and Environmental Controls split across both staffing and equipment. The following underspends continue in this policy area: • release of a £118k accrual made in last year's accounts for potential accommodation and administrative costs. Negotiations have progressed and we now judge that this provision is unlikely to be required. • a one-off delay in salary costs of £72k. Some salary costs such as enhancements and extra hours are paid a month in arrears. Payments for these in April were made by the NHS as they related to March 15 and were therefore prior to the Reablement service being transferred to County Council management. Only 11 months of costs will be incurred by CCC this year. • £220k reduced support (non-staff) costs of the Reablement Service following its move into the Council of which £174k are expected to be ongoing and have been built into the Business Planning process And the following, anticipated on an ongoing basis, through the Business Plan • reduction in the overheads related to Occupational Therapy, as this service moved to a new NHS provider this year (£45k).					
13) Adult Mental Health	**7,132**	**-1,055**	**-15%**	**-104**	**-1%**
The underlying Adult Mental Health cost of care forecast has decreased by £85k since last month. This, along with an expected underspend of £64k against the Section 75 agreement, has resulted in the reported underspend of £104k.					
14) Older People Mental Health	**8,169**	**-484**	**-6%**	**-111**	**-1%**
Older People Mental Health is forecasting an underspend of £111k, with £12k additional cost being reported this month. Spending on care has reduced during the course of the year and is now progressing roughly in line with budget; client contributions have been higher than budgeted for throughout the year and are generating the reported underspend.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
15) Strategic Management - Children's Social Care	**3,138**	**404**	**13%**	**400**	**13%**

The Children's Social Care (CSC) Director budget is forecasting an over spend of £400k.

CSC Strategic Management had a vacancy savings target of £656k and although the directorate actively managed the staff budgets and use of agency staff, savings were not expected to be achieved to meet the target in full. This is because, due to service need, posts are required to be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post.

The use of agency staff is very difficult to predict due to changing circumstances. Agency cover is only used where circumstances dictate and no other options are available.

We continue to make concerted efforts to minimise the dependency on agency and continue to look at other ways to manage work within the Units despite high levels of demand.

The recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. The additional staffing costs as a result will be funded from reserves for 2015/16 so there is no increase in forecast overspend as a result.

Recruitment in Wisbech and East Cambs remains problematic which may be due in part to that area bordering a number of other Local Authorities. This area holds the highest amount of vacancies and is therefore more reliant on agency social workers to cover vacancies.

Actions being taken:

Workforce management continues to be reviewed weekly/fortnightly at CSC Heads of Service and CSC Management Teams respectively. We have monitoring procedures in place to manage the use of agency staff going forward and are focusing on the recruitment of Consultant Social Workers and Social Workers, but good quality agency staff continue to be needed in order to manage the work in the interim. The approval of the approach to recruitment and retention recently agreed by relevant Committees will support the work to reduce the use of agency staff.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
16) Head of Social Work	**4,249**	**411**	**10%**	411	**10%**
The Head of Social Work budget is forecasting an over spend of £411k. The adoption allowances budget is forecasting an overspend of £575k due to an increase in the number of adoption/special guardianship orders. The increase in Adoption / Special Guardianship / Child Arrangement orders are however a reflection of the good practice in making permanency plans for children outside of the looked after system. The over spend is mostly attributable to demographic pressures and previously no demography has been allocated to reflect the rise in numbers. The overspend has been mitigated by an underspend of £164k in the Clinicians budget which has arisen due to recruitment difficulties. Initially there were three unsuccessful recruitment campaigns that resulted in continuing vacancies as there were no applicants, or applicants that we were not able to appoint. Between September 2015 and the end of January 2016 we have been further delayed in the recruitment process by CPFT human resources delays and on CPFT's part in relation to the partnership agreement between CPFT and CCC. These issues have now been resolved and recruitment is underway. <u>Actions being taken:</u> The adoption pressure is now being managed as part of the 2016/17 Business Planning process. We are implementing a review of all adoption allowances and updating our policy in order to better manage our costs.					
17) Legal Proceedings	**1,530**	**156**	**11%**	**150**	**10%**
The legal budget is forecasting an over spend of £150k. This is an increase of £25k This is because of a recent Judicial Review case where costs are estimated to be c£80k, and three other court cases from other LAs costing c£60k. Aside from these exceptional cases the budget is close to balance.					
18) Safeguarding & Standards	**1,177**	157	**14%**	**157**	**13%**
The Safeguarding and Standards budget is forecasting an over spend of £157k. In Head of Safeguarding and Standards there is a £87k pressure due to the use of seconded and agency staff to cover the increased number of initial and review child protection conferences and initial and review Looked After Children Reviews. The numbers of looked after children and children with a child protection plan is significantly higher than the last five years. There is a further pressure of £62k in Complaints through an increase in Stage 2 and Stage 3 complaints and the associated costs in dealing with these cases. <u>Actions being taken</u>: We are looking to manage the Complaints pressure from within CSC going forward into 2016/17.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
19) Children's Social Care Access	**4,448**	**422**	**10%**	**420**	**9%**
The Access budget is forecasting an over spend of £420k due to the use of agency staffing in both Children's Social Care Access and First Response services. Please see Strategic Management Children's Social Care (note 15) above.					
20) Children Looked After	**10,860**	**246**	**2%**	**85**	**1%**
The Children Looked After budget is forecasting a £85k overspend due to unaccompanied asylum seeking children (UASC). Historically the Home Office grant allowance for unaccompanied asylum seeking children (UASC) does not cover expenditure and a small, now reducing, reserve has been utilised to manage any deficit. In previous years the cohort of UASC that CCC have been supporting has been relatively small but in 2015/16 we have seen an extra 55 UASC cases up to February 2016 which has seen expenditure exceed the grant beyond the limit of the reserve. The forecast is based on expectation of grant to be approved in 2015/16 but final confirmation will not be received until June 2016 and is dependent on necessary documentation being provided. In the meantime CCC continue to support these UASC and are incurring costs relating to accommodation, a weekly allowance for the UASC as well as expenditure on age assessments, interpreters, clothing allowances and articles to support the religious beliefs of the individual. Controls are being put in place to proactively manage expenditure in this area in 2016/17 with accommodation costs being the main focus.					
21) Children In Need	**3,933**	456	**12%**	**470**	**12%**
The Children in Need budget is forecasting an over spend of £470k due to the use of agency staffing in the Children in Need Service. Please see Strategic Management Children's Social Care (note 15) above.					
22) Strategic Management – S&C	**417**	**-382**	**-105%**	**-365**	**-87%**
The overall reported underspend is £365K. Within the additional savings identified at the September GPC meeting there was an expectation for the following; • reduction of £227k in earmarked Building Schools of the Future reserve to reflect anticipated demand levels • saving on SEND delivery grant funding of £25k The remaining £113k is the result of £25k underspend on S&C central legal budgets and £88k over-recovery of vacancy savings.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
23) Looked After Children Placements	**16,490**	**1,750**	**11%**	**1,712**	**10%**

Overall Looked After Children (LAC) numbers at the end of March 2016, including placements with in-house foster carers, residential homes and kinship, are 610, 75 more than 1 April 2015 and 11 more than the end of February 2016. This includes 61 unaccompanied asylum seeking children (UASC).

External placement numbers (including 16+ and supported accommodation) at the end of March are 300, 1 fewer than in February.

External Placements Client Group	Budgeted Packages	29 Feb 2016 Packages	31 Mar 2016 Packages	Variance from Budget
Residential Disability – Children	2	1	1	-1
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	10	10	+2
Child Homes – General	16	27	26	+10
Supported Accommodation	15	26	27	+12
Supported living 16+	9	11	11	+2
Fostering & Adoption	261	226	225	-36
TOTAL	**311**	**301**	**300**	**-11**

The LAC Placements commitment record (including 16+ and supported accommodation) is now forecasting an overspend of £1,848k. As can be seen in the Key Activity Data and the figures above, the budgeted external placements included a target composition change from residential placements to fostering. Although the total number of external placements is not too dissimilar to the budgeted number, there are 15.38 more residential placements and 22.84 fewer fostering placements than budgeted. As residential placements are on average three times more expensive per week, this unfavourable composition is the driver of the forecast overspend. An overspend of £1.712m is reported as a result of a staffing underspends within in-house fostering (£57K) and Alternatives to Care (£69K), and use of CFA reserves allocated for Alternatives to Care (£44K).

The overspend is partially explained by a £1.8m pressure carried forward from 2014/15, as the LAC population grew at an unprecedented rate towards the end of the financial year; £1.8m is the full year impact of this growth.

Actions taken to manage the rising LAC numbers and the resulting financial pressure, all of which will continue throughout 2016/17, include:

- 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 Strategic Director of CFA has been established which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

Looked after Children Placements, continued:

- A monthly LAC Commissioning Board reviews the financial pressures and achievement of savings. This Board also reviews the top 50 cost placements, linking with the Section 20 panel and finding innovative, cost-effective solutions. The Board is responsible for monitoring against activity targets and identifying solutions if targets are missed.
- A cross council LAC Strategy has been developed and was agreed by CYP Committee in January. Alongside this is an action plan with savings allocated to activities to ensure that future savings will be achieved.

The savings target for LAC Placements in 2015/16 was £2m. Within the LAC Strategy there are a number of work streams which have achieved savings in 2015/16, including:

- Review of high cost residential placements - developing in county provision including long breaks and challenging new residential placements.
- Commissioning savings - seeking discounts and savings through tendering.
- Creative care - using resources more creatively to identify better solutions for young people. One case has been completed, and savings achieved are currently being reviewed.

There are also work streams which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These work streams cannot impact current commitment but aim to prevent it increasing:

- Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC (non-UASC) population.
- In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.

24) SEN Placements	**8,469**	**421**	**5%**	**385**	**5%**

OFSTED Category	1 Apr 2015	29 Feb 2016	31 Mar 2016	Variance from 1 Apr 2015
Autistic Spectrum Disorder (ASD)	98	102	102	+4
Behaviour, Emotional and Social Difficulty (BESD)	38	37	38	-
Hearing Impairment (HI)	3	3	3	-
Moderate Learning Difficulty (MLD)	1	2	3	+2
Multi-Sensory Impairment (MSI)	0	0	0	-
Physical Disability (PD)	1	1	1	-
Profound and Multiple Learning Difficulty (PMLD)	2	0	0	-2
Speech, Language and Communication Needs (SLCN)	3	3	3	-
Severe Learning Difficulty (SLD)	3	1	1	-2
Specific Learning Difficulty (SPLD)	9	7	7	-2
Visual Impairment (VI)	2	2	2	-
Total	**160**	**158**	**160**	-

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%

SEN Placements, continued:

The Special Educational Needs (SEN) Placements budget is forecast to come in £385k over budget, including secured additional income from Health, following development of a tool to assess the percentage level of contributions to placement costs.
This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant. Included in the above numbers are 20 children educated under a block contract.

The budget continues to be under significant pressure due to numbers: whilst maintained Statement numbers are decreasing the level of need escalated in early years with this age group requiring additional capacity in all of our Special Schools in 2015/16. This additional need in early years meant schools are at capacity, placing greater pressure to look outside of Cambridgeshire.

Going forward into 2016/17 we will continue to:-

- Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs.
- Offer a shared care service enabling parents to continue to keep children at home has recently come on line.
- Additional classes (and places) commissioned and funded at all of our area special schools to meet the rise in demand for early years. Funded from the HNB.
- Previous discussions for 3 new special schools to accommodate the rising demand over the next 10 years needs to be revisited as there is a pressure on capital funding. One school is underway and alternatives to building more special schools are being investigated, such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 courses.
- Establish ASC specialist cabin provision for the primary sector.
- Review SEBD provision and look to commission additional specialist provision.
- Business case presented to health commissioners to improve the input of school nursing in area special schools to support increasingly complex medical/health needs. Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education.
- Reviewing the opportunity for developing residential provision attached to an existing special school in-county. The remit will be extended to include New Communities and newly built special schools.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
25) Home to School Transport – Special	**7,085**	**668**	**11%**	**625**	**9%**

The forecast for Home to School Transport – Special is an overspend of £625k.

This excludes a pressure on LAC Transport which is detailed below. There was a residual pressure of £1.2m from 14/15 but this has in part been mitigated by delivered savings:

- A reduction in the amount paid to parents approved to use their own transport to get their children to school to from 45p to 40p per mile effective from 1 September 2015
- Reviews to reduce the number of single occupancy journeys undertaken and routes rationalised.
- Changes to the SEN post-16 transport policy, introducing contributions from parents / carers to transport costs.
- Worked with Health professionals to agree an alternative to using ambulances for Home to School Transport.

To manage the pressure going forward into 2016/17, the following options are being worked on:

- Cost-benefit analysis on path improvement at Meadowgate school has begun which, if beneficial, will enable the removal of transport. This will be implemented in 2016/17.
- Retendering of 500 routes. The tender process is due to begin in the summer 2016 and contracts awarded for the start January 2017.
- Introducing termly reviews of transport with Casework Officers and schools. This is ongoing to ensure current transport arrangements are appropriate and to review all single occupancy routes.
- Including transport reviews at both the first and second statutory reviews. This is ongoing, reviewing the permanence of social care placements and therefore the appropriateness of a young person's educational centre.
- Introducing the use of Personal Travel Budgets.

26) LAC Transport	**671**	**548**	**84%**	**575**	**86%**

The forecast for LAC Transport is an overspend of £575k.

The pressure is a result of an increasing LAC population and a policy to, where possible, keep a young person in the same educational setting when they are taken into care or their care placement moves, providing stability.

To manage the pressure going forward into 2016/17, the following activity is taking place:

- Conducting a recruitment campaign to increase the number of volunteer drivers within Cambridgeshire and therefore reduce the average cost per mile for LAC Transport.
- Reviewing all LAC routes for possibility to combine with existing Mainstream and SEN transport routes.
- Improved procurement and a target reduction in the number of short notice journeys.
- Additional challenge provided by the Statutory Assessment & Resources Team (StART) for all transport requests.

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
27) Central Financing	**719**	**-173**	**-44%**	**133**	**18%**
There is a new commitment of £133k following Children and Young People Committee's resolution that the Local Authority should financially support Bottisham Multi-Academy Trust's sponsorship of the Netherhall School.					
28) Central Integrated Youth Support Services	**1,112**	**-179**	**-21%**	**-146**	**-13%**
An under spend of £146k is forecast. A one-off under spend of £100k is anticipated against the Young Carers budget. New expectations around the level of support provided to young people who take on caring roles for adults has led to a review and enhancement of the service in line with the expectations of the Care Act. A new contract is currently being tendered. Due to a period of transition between the current service contract and the transfer to a new enhanced offer, not all of the additional 'pressures' funding awarded in the Business Plan for this work will be required in 2015/16. This is a non-recurrent position and the additional funding will be applied in full from 2016/17 through the revised contract. A £20k under spend has arisen by allocating costs to an external grant received for an innovation project. A £10k under spend is expected due to a reduction in the number of small grant payments to the voluntary and community sector. A £2K under spend is expected against the legal budget and £14K of additional income has been generated by the Attendance and Behaviour Service.					
29) Strategic Management – Learning	**67**	**151**	**225%**	**151**	**224%**
There is a pressure of £151k on Strategic Management – Learning. A pressure of £106k exists on the Directorate's vacancy savings target. The directorate was significantly restructured in 14/15, leading to a reduced headcount and a greater traded income target. This has meant there are fewer posts from which to take savings. Furthermore when an income-generating post falls vacant, the salary saving is used in part to offset the reduced income. The vacancy savings target was not reduced to reflect this new position and consequently a pressure has emerged. However this pressure has reduced from £200k to £106k since the last quarter as a result of increased income in the Directorate meaning that the vacancy saving held to cover the income could be released. There is an underspend of £8k reported against funding earmarked for the independent chair of the School-led School Improvement board. This is due to the delay in appointment, which will now not be until the Spring term. There is further underspend of £8k against lines in the Director budget. There is an over-recovery of income of £5k as a result of increased buy-back of the FFT and NCER systems by schools. There is a pressure of £66k on Business Support as a result of savings budgeted for not being realised. This will be addressed in full in 2016/17 through a business support restructure. It was hoped in-year vacancies would realise this saving but that has not been the case.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
30) Schools Partnership Service	**1,324**	**-201**	**-14%**	**-157**	**-12%**
The Education Support for Looked After Children Team (ESLAC) is reporting an underspend on its Local Authority budget of £157k. This is mainly because it has had to allocate less of this budget to individual tuition than it had anticipated.					
31) Children's Innovation & Development Service	**163**	**357**	**65%**	**291**	**178%**
The overall pressure on CID is £291,000. There is a pressure of £282k reported on the Head of Service's income target of £314k from sponsorship from external organisations. Whilst significant sums have been / are being secured from sponsors that will fund a wide range of activities for children and young people, the income to the LA, e.g. for administration has been less than had been modelled. This target should be secured in 2016/17 but will need reviewing for 17/18 onwards as the external environment has changed significantly since the original target was set. The Service Development team is reporting an underspend of £50,000. This is a combination of a vacant post and a staff member of maternity leave, plus a small underspend on the expenditure of the Adventure Playground in Wisbech. This team has been reviewed and the saving made permanent for 2016/17. The Education Wellbeing Team are reporting a combined overspend of £23,000. This is due to staffing changes and missed income targets. The team has significantly reviewed its operations for 2016/17 in order to meet its future targets. The Outdoor Centres - Stibbington and Burwell House - are reporting under-recoveries of income of £28,000 and £8,000 respectively. Both centres have reviewed their operations. The former has consulted on staffing reductions and the latter has had some capital investment in its domestic facilities that should result in an increase in income.					
32) Redundancy & Teachers Pensions	**3,000**	**352**	**12%**	**-116**	**-4%**
The Teachers' Pension and Redundancy budget is underspent by £116k. This budget is used to fund historic pension commitments, and redundancies of staff in maintained schools where staffing changes have had to be made due to reasons beyond the school's control. £16k of this relates to an in-year renegotiation of the EPM contract by the Director of Learning. This year the pension fund has seen a greater membership turnover than expected and so the required charges have been lower than in previous years. This has resulted in an underspend of £100k.					

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
33) Home to School / College Transport – Mainstream	**9,143**	**503**	**6%**	**520**	**6%**

The forecast outturn for Home to School/College Transport – Mainstream is +£520k.

This forecast includes £150k cross CFA transport saving which had been expected to be achieved this financial year by further aligning activity and exploring opportunities for greater joint working across Home to School Mainstream, SEND and Adult Learning Disabilities (ALD) transport. Work is taking place to review the procurement of school and day care routes together, which is expected to deliver savings in 2016/17 conditional on changes to ALD and Older People's transport.

The provisional forecast for Home to School Mainstream transport is an overspend of £370k, this includes in-year savings achieved as a result of the implementation of a reduction in the amount paid to parents approved to use their own transport to get their children to school from 45p to 40p per mile and the withdrawal of free transport between Horningsea and Fen Ditton Primary School and between Stapleford/Great & Little Shelford and Sawston Village College for those children living within the statutory walking distances following decisions by the Service Appeal Committee that these routes are available for a child to use to walk to school accompanied by an adult as necessary.

The forecast variance outturn also takes account of the following, all of which came into effect on 1 September 2015:

- Changes to the post-16 transport policy including the introduction of a subsidised rate for new students living in low-income households who would previously have been entitled to free transport
- Implementation of an £10 per term increase in the cost of purchasing a spare seat on a contact service and for post-16 students who do not meet low income criteria
- Award of contracts following re-tendering

In addition, the amount of funding anticipated to be required to meet the cost of new transport arrangements as a result of families moving into and within Cambridgeshire in cases where the local schools are full has been reassessed to take account of a reduction in the number of in-year admission requests lodged since the start of the spring term.

However, the main influencing factor in the significant adjustment in the forecast outturn results from a comprehensive review of the commitment record to identify and remove routes and transport arrangements which are no longer required.

Following approval of the Business Plan, those post-16 students who are commencing a new course of study from 1 September 2016 under the Council's low-income criteria will be responsible for meeting all of their transport costs. This change to the Council's post-16 transport policy will further reduce demands on this budget.

Increased levels of income are anticipated as a result of increasing the cost of purchasing a spare seat on one of the Council's contract services from £160 to £200 per term from September. In addition, those students who qualify for assistance will be required to pay an extra £10 per term.

The following options are being worked on to further reduce demand and costs in future years:

- funding late in-catchment applications on a discretionary basis;
- a bike purchase scheme as an alternative to providing a bus pass or taxi ;
- incentives for volunteering / parent car pool schemes;
- cost-benefit analysis for limited direct provision, e.g. Council-run minibuses for a small number of high cost routes

Service	Current Budget for 2015/16	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
34) Financing DSG	**-23,212**	**0**	**0%**	**-305**	**-1%**

Within CFA, spend of £23.2m is funded by the ring fenced Dedicated Schools Grant. The Education Placements budget is forecast to overspend this year by £385k, however this is in part offset with underspends with the 0-19 Organisation & Planning Service (-£40k), SEND Specialist Services (-£15k) and E&P Locality teams (-£25k).

Vacancy savings are taken across CFA as a result of posts vacant whilst they are being recruited to, and some of these vacant posts are also DSG funded. It is estimated that the DSG pressure of £305k for this financial year will be met by DSG related vacancy savings.

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	6,859
Better Care Fund	Cambs & P'Boro CCG	15,457
Adult Social Care New Burdens	DCLG	3,193
Social Care in Prisons Grant	DCLG	339
Delayed Transfer of Care	Department of Health	170
Unaccompanied Asylum Seekers	Home Office	832
Youth Offending Good Practice Grant	Youth Justice Board	584
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Non-material grants (+/- £160k)	Various	193
Troubled Families	DCLG	2,105
Children's Social Care Innovation Grant (MST innovation grant)	DfE	519
Music Education HUB	Arts Council	781
Total Non Baselined Grants 2015/16		**31,159**

Financing DSG	Education Funding Agency	23,212
Total Grant Funding 2015/16		**54,371**

The non baselined grants are spread across the CFA directorates as follows:

Directorate	Grant Total £'000
Adult Social Care	3,418
Older People	16,116
Children's Social Care	899
Strategy & Commissioning	111
Enhanced & Preventative Services	9,718
Learning	897
TOTAL	**31,159**

APPENDIX 4 – Virements and Budget Reconciliation

	Effective Period	£'000	Notes
Budget as per Business Plan		**244,270**	
Commissioning Services	May	37	SEND Preparation for Employment Grant
Early Years Service	May	26	Supporting Disadvantaged Children in Early Years Grant
Reablement, Occupational Therapy & Assistive Technology	June & Sept	-64	With the TUPE of 270 staff from the NHS to the County Council on 1 April, a contribution has been made by CFA to LGSS for payroll, payables and other professional services to support this new workforce. These services were previously provided by Serco through the now ended NHS contract.
Across CFA	June	-262	Centralisation of the budget for mobile telephone/device costs.
Mental Health – Head of Services	July	-7	The Mental Health service has agreed with a care provider to convert some existing accommodation, at Fern Court in Huntingdonshire, to ensure high needs services can continue to be provided at this location. Facilities Management will manage an ongoing rental contribution from the Council to the provider.
Children Looked After	July, Dec & Mar	108	Allocation of 2015/16 Staying Put Implementation Grant
Across ASC and OP&MH	Sept, Oct & Feb	1,037	Allocation of 15/16 Independent Living Fund (ILF) following transfer of function from central government
Across CFA	Feb	454	Annual Insurance Charges 2015/16
Current Budget 2015/16		**245,600**	

APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Mar 16		
	£'000	£'000	£'000	£'000	
General Reserve					
CFA carry-forward	0	0	0	1,940	Forecast underspend of £1,940k applied against reserves.
Subtotal	**0**	**0**	**0**	**1,940**	
Equipment Reserves					
ICT Equipment Replacement Reserve	566	159	725	566	Ed ICT plan to replace major infrastructure in 2015/16 and need to build up reserve to £500k across the preceding years. Reduction of £159k to meet in-year CFA pressures.
IT for Looked After Children	178	0	178	178	Replacement reserve for IT for Looked After Children. Laptops to be replaced in 2015/16.
subtotal	**744**	**159**	**903**	**744**	
Other Earmarked Funds					
Adult Social Care					
Capacity for Reviews	336	0	336	336	Resources to support reviews to achieve savings from reviews of packages for LD and PD service users. The majority if not all of this will be utilised from 2016/17 onwards.
Capacity in Procurement and Contracts	250	-6	244	244	Increase in capacity for contract rationalisation and review etc. Expected to be used from 2016/17 onwards.
In-house Care Home	15	-8	7	7	Amount spent to commission report from Consultants. Remaining amount required if proposal progresses further.
AFM Implementation	10	0	10	10	Cost of short term staff / cover to support transferring all commitment records to Adults Finance Module.
MASH & Adult Safeguarding	7	0	7	7	Officer capacity to support the development of the MASH & safeguarding changes linked to the Care Act.
Older People & Mental Health					
Resilient Together	399	0	399	321	Programme of community mental health resilience work (spend over 3 years)
Reviews of Packages in Older People and Mental Health Services	300	-300	0	0	Invest in additional capacity to undertake package reviews on a much larger scale than previously possible - on the assumption that by applying our latest thinking and the transforming lives approach to each case we will reduce the cost of packages
Continuing Health Care	130	-12	118	82	The County Council could decide to employ its own staff to undertake CHC assessments - ensuring they are completed in a transparent way with a view to ensuring that those who are eligible for CHC receive it. This would allow us to address the issues whereby clients with continuing health needs are currently being funded in full by social care services. Funded to cover costs until March 2017.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Mar 16		
	£'000	£'000	£'000	£'000	
Social Work Recruitment	120	-12	108	103	Social Work recruitment stability / strategy post to cover the next two years.
Home Care Development	90	-14	76	62	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work
Falls Prevention	80	0	80	44	Falls have been identified as one of the major causes of hospitalisation and long term care. This money is being targeted on a falls prevention initiative which will include education and exercise for older people in supported housing.
Dementia Coordinator	50	-15	35	30	£50k for 12 months role
Live in Care	20	29	49	49	Trailing the Adult Placement Scheme within OP&MH
Children Social Care					
Alternatives to Care / Family Crisis Support Service	500	-60	440	396	New service which is able to offer a rapid response to situations where young people are identified as at risk of becoming looked after either in an emergency or as a result of a specific crisis. The intention would be to offer a direct and intensive intervention which would explicitly focus on keeping families together, brokering family and kinship solutions and finding alternatives to young people becoming looked after.
Repeat Removals	100	0	100	65	Establishing a dedicated team or pathway to provide on-going work with mothers who have children taken into care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. This project will span 2015/16 and 2016/17.
Brokering Family Solutions / Family Group Conferences	100	-100	0	0	Part fund the FGC Service or alternative arrangements within CSC from reserves, providing it with sufficient resource to allow it to ensure we can attempt to broker family solutions for all cases where there is potentially escalating cost to CCC and a chance/plan for reunification – i.e. All risk of LAC, PLO, court work and all relevant CP cases
IRO & CP Chairperson	80	-52	28	28	Six months temporary posts
Fostering Marketing Manager	50	-50	0	0	Provide resource to support the programme of work to drive the recruitment of in-house foster carers and hit recruitment target of a 36 net increase in available carers
Adaptions to Respite Carer homes	29	-0	29	14	Committed for adaptations to respite carer homes.
Strategy & Commissioning					
Building Schools for the Future	477	-227	250	92	Funding allocated to cover full programme and associated risks. Projected £128k ICT risk, plus £30k for transition from Dell contract and equipment repair.
Flexible Shared Care	415	-415	0	0	Provision opened May 2014.
START Team	164	-154	10	10	Funding capacity pressures as a result of EHCPs.

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Mar 16		
	£'000	£'000	£'000	£'000	
Home to School Equalisation	165	87	253	253	Reserve to even out the number of school days per year.
Time Credits	157	-74	83	83	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
Disabled Facilities	200	-73	127	127	Funding for grants for disabled children for adaptations to family homes.
Commissioning Services – Children's Placements	84	-51	33	33	Funding to increase capacity. Two additional Resource Officers are in post. To be used flexibly between 2015/16 to 2016/17.
IT Infrastructure Costs	57	-57	0	0	Roll Out for Corporate IPads
Enhanced & Preventative					
Multi-Systemic Therapy Standard	364	0	364	182	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
Family Intervention Project Expansion	366	0	366	-0	To increase capacity in Family Intervention Project. Additional FIP workers and Deputy Managers are in post. Funding to be used in 2015/16.
Information Advice and Guidance	320	-240	80	80	Proposal to delay the saving from the IAG teams by 1 year by funding from reserves. However E&P are currently developing a traded offer with schools, and any income received by trading in 2015/16 may reduce the call on this reserve.
MST Child Abuse & Neglect	307	0	307	77	To continue funding the MST CAN project (previously DoH funded).
YOT Remand	223	0	223	223	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All age Lead Professional	40	0	40	40	To fund central redundancies that arises following the reconfiguration of The County School.
Learning					
Trinity School	105	-50	55	55	New pressures emerging in Learning driven by requirement to resource the Post Ofsted Action Plan for Trinity Special School, which has been placed in Special Measures by Ofsted.
Art Collection Restoration Fund / Cambridgeshire Culture	140	0	140	193	Fund to support cultural activities within the county and the maintenance and development of the Art Collection.
Discretionary support for LAC education	134	0	134	134	LAC Pupil Premium grant from Department for Education to provide further discretionary support for Looked After Children.
Schools Partnership - NtG CREDS	72	-72	0	0	Funding to be used in 2015/16

Fund Description	Balance at 31 March 2015	2015/16		Forecast Balance at 31 March 2016	Notes
		Movements in 2015/16	Balance at 31 Mar 16		
	£'000	£'000	£'000	£'000	
ESLAC support for children on edge of care	50	0	50	50	Pilot Scheme
Capacity to attract private and independent sponsorship of programmes for children	50	-50	0	0	A number of private sector organisations have begun to discuss how they might invest in Cambridgeshire's children and young people. This funding has been used to cover the initial work required to support this initiative.
School advisor savings	35	0	35	35	Short term commissioning capacity (35k) in Learning to allow £90k school advisor savings to be made by not recruiting to vacant posts. Unlikely to be required in year due to other vacancy savings offsetting
Capacity to establish a self-sustaining and self-improving school system - leadership	13	-13	0	0	Tender for a skilled education sector leader/professional with an in-depth knowledge of school improvement (£13k) to support the move towards a self-sustaining and improving school system
Cross Service					
SW recruitment and retention	674	-363	311	311	Reserves funding for 2015/16.
Other Reserves (<£50k)	255	-82	173	173	Other small scale reserves.
Subtotal	**7,533**	**-2,434**	**5,100**	**3,949**	
TOTAL REVENUE RESERVE	**8,277**	**-2,275**	**6,003**	**6,633**	
Capital Reserves					
Building Schools for the Future	280	0	280	100	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 2015/16
Basic Need	2,774	3,674	6,448	-0	Further receipts anticipated in respect of the targeted basic need and standard basic need. All expected to be spent by Mar 2016
Capital Maintenance	0	5,053	5,053	0	The Capital Maintenance allocation received in 2015/16 will be spent in full.
Other Children Capital Reserves	635	295	930	130	Comprises the Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub & contributions from schools. Anticipate spending by year end.
Other Adult Capital Reserves	2,583	3,217	5,812	2,133	Receipts for Community Capacity grant and spend on planned programme.
TOTAL CAPITAL RESERVE	**6,272**	**12,240**	**18,524**	**2,364**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2015/16						TOTAL SCHEME	
Original 2015/16 Budget as per BP	Scheme	Revised Budget for 2015/16	Actual Spend (Mar)	Forecast Spend - Outturn (Mar)	Forecast Variance - Outturn (Mar)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	Schools						
27,500	Primary Schools - New Communities	15,657	12,248	15,110	**-546**	95,765	3,400
32,611	Primary Schools - Demographic Pressures	40,124	33,638	36,530	**-3,593**	125,820	18,179
1,810	Primary Schools – Adaptations	1,882	1,931	1,803	**-79**	6,541	0
16,000	Secondary Schools - New Communities	16,906	13,405	14,575	**-2,331**	114,596	-4,150
9,936	Secondary Schools - Demographic Pressures	8,747	6,527	7,699	**-1,049**	113,380	-12,070
0	Final Payments	0	20	0	**0**	0	0
250	Building Schools for the Future	363	219	210	**-153**	9,118	0
1,126	Devolved Formula Capital	2,248	14	1,550	**-698**	17,425	0
0	Universal Infant Free School Meals	164	154	164	**0**	0	0
3,400	Condition, Maintenance and Suitability	3,521	5,111	5,150	**1,629**	47,578	1,450
300	Site Acquisition and Development	300	68	300	**0**	1,870	0
500	Temporary Accommodation	500	1,428	1,428	**928**	8,748	0
0	Youth Service	134	8	134	**0**	0	0
4,307	Children Support Services	4,607	775	1,354	**-3,253**	10,636	0
4,614	Adult Social Care	4,706	3,373	3,577	**-1,129**	12,952	0
2,500	CFA Wide	2,500	0	0	**-2,500**	5,000	-2,000
104,854	**Total CFA Capital Spending**	**102,358**	**78,919**	**89,584**	**-12,773**	**569,429**	**4,809**

Primary School - New Communities £546k slippage.
Clay Farm Primary; £100k accelerated spend due to additional fees for the increased project specification to a 2 Form entry school in response to housing development in the area. The Shade, Soham has also experienced £30k accelerated spend for initial design and feasibility works. The accelerated spends have been offset by North West Cambridge (NIAB site);-£90k slippage due to limited design work being completed and Alconbury 1st Primary(£552k) where poor weather has disrupted mobile cranes lifting frame into place. Trumpington Meadows slippage on final accounts being settled (£35k)

Primary School – Demographic Pressures £3,593k slippage and cost variation.
Changes to project costs
These total £5,754k. This figure is made up as follows;

£5,760k relates to four new schemes in the business plan for 2015/16. These being, Hardwick Primary Second Campus £2,360k, Fourfields Primary £1,500k, Grove Primary £1,000k and Huntingdon Primary £900k
£1,486k relates to the 2015/16 impact of the increased costs of existing schemes. These being, Little Paxton £100k, Fordham Primary £500k, Burwell Primary £486k and Orchard Park Primary £400k

The remaining -£13,000k is due to anticipated reduced costs of existing schemes in future years, which is currently showing as a total scheme forecast variance and will be managed through the 2016/17 business planning process.

Slippage and Acceleration
A number of schemes have experienced cost movements since the Business Plan was approved. The following schemes have been identified as experiencing accelerated spend where work has progressed more quickly than had been anticipated in the programme:

Little Paxton (£29k), Loves Farm (£75k), Cottenham Primary (£71k) and Grove Primary (£100k, Eastfield/Westfield, St Ives, (£30k) and Huntingdon Primary School (£50k),Loves Farm Early Years (£102k) Orchards Primary, Wisbech £24k), Cavalry Primary (£23k), Swavesey Primary (£75k)

Slippage has occurred in respect of the following schemes;
Fordham (£201k) where original phasing is not being achieved as a result of the decision to undertake a review of possible alternative options to meet in-catchment need; start on site now anticipated March 2016;
Fulbourn (£115k) due to overall scheme revision which will see phase 2 works identified as a separate scheme in the 2016/17 Business Plan;
Orchard Park, Cambridge (£405k) the scheme is currently on hold with no further expenditure expected in 2015/16.
Fourfields, Yaxley (£310k) where slippage from original programme has occurred and the start on site is now anticipated in April 2016.
Burwell Primary (£420k) programme slipped by one month to February 2016 following a slight revision to enabling works timetable.
Isle of Ely Primary (£1,300k) due to delays in establishing infrastructure required to further develop the site.
Westwood Primary expansion (£930k) start on site slipped from September following receipt of an objection which meant the scheme could not proceed under delegated authority, but required approval by the Development Control Committee in October.
Hemingford Grey (£65k) final accounts have now been agreed resulting in 2015/16 slippage and an overall project reduction
Brampton Primary (£85k) final accounts have now been agreed resulting in 2015/16 slippage and an overall project reduction
Fawcett Primary (£213k) rephrasing of the access road within the scheme timescales (£163). School final account settled for less than expected due to contingencies not being used. (£50k).

Secondary Schools – New communities' £2,331k slippage
Southern Fringe Secondary scheme has experienced slippage (£2,300k) due to significant delay in construction (£1,509k), this has a knock on effect in procuring fitting and fixtures and ICT equipment (£791k). Northstowe secondary is also reporting slippage (£24k) as design work has not progressed as quickly as expected and is at early option/feasibility stage. Cambridge City Additional Capacity (£7k) part of the project is currently on hold while planning permissions are being sought.

Secondary Schools - Demographic Pressures £1,049k slippage
Two schemes have had increased expenditure since the 2015/16 business plan was approved. Cambourne Secondary expansion (£410k) overspend in 2015/16 due to design work being accelerated. The scheme will be rephased in the 2016/17 Business Plan.
Swavesey Village College (£317k) overspent in 2015/16 due to increased project cost to create additional capacity for Northstowe pupils ahead of the new Northstowe secondary

school opening. This has been offset by Littleport secondary & special slippage (£3,500k) due to delays to the start on site. Work is now scheduled to commence in February2016. The slippage of these schemes is offset slightly by accelerated spend experienced by North Cambridgeshire Secondary (£1,704k). The project has started onsite February2016 triggering the first payments from Peterborough City Council, it has also been agreed that a £1,500k contribution will be made for the land the school is sited on. Bottisham Village College (£20k) as initial project work has been undertaken

Building Schools for Future; £153k slippage
£153k slippage as costs anticipated in 2105/16 to transfer ICT arrangements from Dell in September 2016 have slipped into 2016/17.

Devolved Formula Capital £698k slippage
Devolved Formula Capital (DFC); (£698k) slippage. The forecast reflects DFC being a three year rolling funding stream and historical trend of school rolling forward balances.

Condition, Maintenance and Suitability £1,629k overspend
The forecast £1,329k overspend is due to Castle and Highfield Special School projects continuing from 2014/15 due to delays on site, (£850k) together with significantly higher than anticipated tender prices for kitchen ventilation works required to meet health and safety standards and projects requiring urgent attention to ensure school remained operational (£779k)

Temporary Accommodation £928k overspend
It had been anticipated at Business Planning that the current stock of mobiles would prove sufficient to meet September 2015 demand. Unfortunately, it has proved necessary to purchase additional mobiles due to rising rolls at primary schools around the county.

Additionally there is a small adjustment to the expected cost for Hardwick Second Campus (£18k) following receipt of a more accurate costing.

Children Support Services £3,253k slippage
Trinity School (£2,623k) significant slippage had occurred due to delays in finalising the acquisition of the property from Huntingdonshire Regional College. As a result, work on site could not commence until October 2015. Further slippage (£50k) occurred in August 2015 due to the need to undertake a review to reduce the overall project cost in line with the available budget. Early Years Provision experienced slippage (£590k) due to delays in planning permissions for two schemes which have failed to commence in 2016/17. Small slippage (£29k) on Children's minor works which has not been required in 2015/16

Adults Strategic Investment £718k slippage
The forecast underspend on Strategic investment has arisen as a result of re-phasing expenditure that has been reflected in the 2016/17 business plan.

Adults Enhanced Frontline £356k slippage
The forecast underspend is due to the prioritising of work required to enhance in-house provider services and related delivery of social care, predominantly for clients with needs from learning disabilities, mental health or old age. A further review of investment is required and expenditure has been re-phased during the 2016/17 business plan.

CFA IT Infrastructure £2,500k slippage and cost revision
The Management Information System project has reduced project costs of £2,000k as a result of responses from the invitation to submit outline solution process; this along with revised project timescales has resulted in the slippage for 2015/16. Revision to project cost has been reflected in the 2016/17 business plan.

6.2 Capital Funding

2015/16				
Original 2015/16 Funding Allocation as per BP	**Source of Funding**	**Revised Funding for 2015/16**	**Forecast Spend – Outturn (Mar)**	**Forecast Funding Variance - Outturn (Mar)**
£'000		**£'000**	**£'000**	**£'000**
4,949	Basic Need	6,448	6,448	0
6,294	Capital maintenance	5,053	5,053	0
1,126	Devolved Formula Capital	2,248	1,550	-698
0	Universal Infant Free School meals	164	164	0
4,614	Adult specific Grants	4,706	3,577	-1,129
25,557	S106 contributions	9,352	9,352	0
0	BSF -PFS only	280	280	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Contributions	554	554	0
34,262	Prudential Borrowing	43,355	32,410	-10,945
27,352	Prudential Borrowing (Repayable)	30,197	30,197	0
104,853	**Total Funding**	**102,357**	**89,584**	**-12,772**

The overall position of the Capital Plan for March 2016 is a net increase in prudential borrowing of £972k

The overall net impact of the movements within the capital plan, results in an expected £12,772k underspend in 2015/16 £1,129k is adult social care grant which is required to be carried forward into future years, along with £698k of Devolved Formula Capital grant.

6.2 Key Funding Changes 2015/16

Previously reported key funding changes that are still applicable are detailed in the table below.

Funding	Amount (£m)	Reason for Change
Additional / Reduction in Funding (Capital Maintenance)	-1.2	Condition, Suitability and Maintenance funding reduction – as reported in May 15.
Additional / Reduction in Funding (Prudential Borrowing)	+1.2	Prudential Borrowing required to offset the shortfall in funding from the DfE RE: Condition, Suitability and Maintenance (note above) – as in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Section 106)	-5.8	Rephasing (mainly North West Cambridge (NIAB) Primary) – as reported in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Prudential Borrowing)	-7.1	Rephasing (various schemes) – as in May 15 and approved by the GPC on 28th July 2015.
Additional / Reduction in Funding (Prudential Borrowing)	+3.2	New Schemes (various) – as reported in May 15 and approved by the GPC on 28th July 2015.
Additional / Reduction in Funding (Prudential Borrowing)	+1.5	Increase in costs (various schemes) – as reported in May 15 and approved by the GPC on 28th July 2015.
Revised Phasing (Section 106)	-10.4	Delayed S106 developer contributions – as reported in Sep 15.
Revised Phasing (Prudential Borrowing)	10.4	Prudential Borrowing required to bridge the funding gap caused by the expected delay in S106 developer contributions – approved by the GPC on 22nd December 2015.
Revised Phasing (Other Contributions)	-0.7	Isle of Ely Primary – capital contributions of £0.7m have been delayed. A tariff agreement set up with the landowner to cover the infrastructure funded by CCC has been delayed. - as reported in Mar 16 and to be approved by the GPC May 2016..
Revised Phasing (Prudential Borrowing)	0.7	Delayed capital contribution in relation to the Isle of Ely Primary scheme - as reported in Mar 16 and to be approved by the GPC May 2016.

APPENDIX 7 – Performance at end of February 2016

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
% year 12 in learning	Enhanced & Preventative	95.9%	96.5%	95.6%	Feb 16		A	Whilst we have just missed the target for 2015 we have improved on our performance since last year by over 1%. In order to make further improvements we will need to ensure that there is appropriate tailor made provision in learning for our most vulnerable learners.
% Clients with SEND who are NEET	Enhanced & Preventative	9.5%	9.5%	10.0%	Q3 (Oct to Dec 2015)		A	Whilst we have not met our target, NEET for young people with SEND has reduced by over 2% from the same point last year when it was 12.2%.
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	74.7%	75.0%	78.0%	Feb-16		G	154 Primary schools are judged as good or outstanding by Ofsted covering 36446 pupils. Two maintained primary school's remain in an Ofsted category and has specific actions plans in place to support their improvement. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	47.4%	75.0%	49.4%	Feb-16		R	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has been adversely affected by a number of the county's largest secondary academies slipping from 'good' to 'requires improvement'. Only 15 out Secondary schools with Inspection results are judged as good or outstanding, covering 14,550 pupils. This is 49.4% of pupils against the target of 75%. (Source:Watchsted)
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	92.9%	75.0%	92.9%	Feb-16		G	8 out of 9 Special schools are judged as Good or outstanding covering 903 (92.9%) pupils.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
No. of income deprived 2 year olds receiving free childcare		1308	1400	1425	Autumn Term 2015	↑	G	The DfE Target set is 80% of eligible two-year olds. The latest information from the DfE suggests there are 1786 eligible two-year olds, on income grounds, which equates to a target of approx. 1400 children.
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	87.7%	85.0%	88.3%	Feb-16	↑	G	This indicator is subject to a new calculation method for 2015/16. Performance remains slightly above the target and is improving gradually. Performance is above the national average for 14/15 and will be monitored closely.
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.4%	57.0%	54.9%	Feb-16	↓	A	Performance has dropped slightly during February. There has been a significant increase in the number of people attending A & E which resulted in high number of admissions across the county. Over the last couple of years we have seen the average age of people increase and often this is associated with greater physical frailty. Whilst we have seen a slight decrease in the number leaving the service with no ongoing care needs we continue to work with people to maximise their independence and achievement of individual goals. We constantly look at existing process to see if we can improve our effectiveness.
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health		646	565	2014-15	□	G	This provisional score is calculated using 2nd cut submission data from the SALT return. This new method is different to previous years and as such a direct comparison could be misleading. This indicator is measured annually

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
The number of looked after children per 10,000 children	Childrens Social Care	44.6	32.8 - 38.5	45.6	Feb-16		R	The number of Looked After Children increased to 599 during February 2016. 50 of these (8.3%) are UASC. There are work streams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. These work streams cannot impact current commitment but aim to prevent it increasing: • Alternatives to Care - working with children on the edge of care to enable them to remain at home or out of the care system. This aims to reduce the growth in the LAC population. • In-house fostering - increasing in-house fostering capacity to reduce the use of Independent Fostering Agency placements, therefore reducing the use of external placements. Since 1st April 2015, the percentage of the LAC population in external placements has reduced by 5.01%.
% children whose referral to social care occurred within 12 months of a previous referral	Childrens Social Care	20.0%	25.0%	19.6%	Feb-16		G	Performance in re-referrals to children's social care has shown a slight improvement in February and remains within target
% CAFs where outcomes were achieved	Enhanced & Preventative	77.3%	80.0%	78.0%	Feb-16		A	Performance has improved again during February as the move to the Family CAF continues. We will continue to report on this measure until the end of the financial year. . It is hoped that in the longer term the development of a Family CAF will improve our understanding of families and will allow us to incorporate support for the "whole family" in partnership with parents, carers and services, ultimately improving family engagement with the CAF process. A new measure is being developed to report on the Family CAF and Think Family way of working from April 2016.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	459	406	469	Jan-16	↑	R	In spite of excellent progress earlier in the year we have seen some deterioration in the last few months. The Cambridgeshire health and social care system is experiencing a monthly average of 2,409 bed-day delays, which is 15% above the current BCF target ceiling of 2,088. In December there were 2,868 bed-day delays, up 831 compared to the previous month. We are not complacent and continue to work in collaboration with health colleagues to build on this work. However, since Christmas we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community Between February '15 and January '16 there were 29,183 bed-day delays across the whole of the Cambridgeshire system - representing a 10% decrease on the preceding 12 months. Across this period NHS bed-day delays have decreased by 7% from 21,986 (Feb 14 - Jan 15) to 20,487 (Feb 15 - Jan 16), while bed-day delays attributed to Adult Social Care have decreased from 8,326 (Feb 14 - Jan 15) to 7,388 (Feb 15 - Jan 16) an improvement of 11%.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	117	94	123	Jan-16		R	Between April '15 - Jan '16 there were 6,335 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 123 delays per 100,000 of 18+ population. For the same period the national rate was 106 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.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	15.4%	12.5%	13.5%	Feb-16		G	Despite a small decrease in performance during February, performance remains above target
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.7%	7.5%	2.2%	Feb-16		R	Performance has increased during February though still well below target. 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.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (from previous period)	RAG Status	Comments
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	Learning	28	21	28	2015		R	Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. 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
FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE	Learning	31.3	26	37.8	2015		R	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.

APPENDIX 8 – CFA Portfolio at end of February 2016

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives/Care Act Programme: Claire Bruin	A programme of six projects is in place to implement these changes. The Transforming Lives project is focusing on the implementation of the new way of working. Physical and Learning Disability Services have started to implement this new way of working and a new project has been set up to manage Contact Centre changes required to facilitate the Older People's service roll-out. A quality assurance process is in development and will be applied to ensure the principles of Transforming Lives are being adhered to in practice. No key issues.	**GREEN**
Learning Disability Spend: Claire Bruin	The focus of this project is to address the current overspends and a project plan is in place. This plan is being monitored by the Learning Disability Senior Management Team who consider the impact of the changes on the budget. Work is also underway to consider any policy changes that need to be in place to support the delivery of savings from April 2016. Key issue: Monitoring the project plan to ensure that the changes being implemented are resulting in savings. Focus is on undertaking reviews to make savings, establishing systems to ensure accurate forecasting and providing support to Team Managers to manage their budgets. The service is still reporting an overspend for this financial year.	**AMBER**
Building Community Resilience Programme: Sarah Ferguson	This programme will respond to the Council's shifting focus from meeting the needs of individuals to supporting communities and families. The strategy has been approved by the General Purposes Committee. Focus is now on developing and delivering the action plans. No key issues.	**GREEN**
Older People Service Development Programme: Charlotte Black	Delivering service improvements for Older People following staff transfers from Cambridgeshire Community Services. The CCS Transfer project has now closed. A new project has been established to deliver transformational change in response to the Home Care Summit held earlier in the year. No key issues.	**GREEN**
CFA Strategy for 2016-20: Adrian Loades	Delivering a strategy for the next five years that will respond to the savings that need to be made. Significant work has taken place to translate principles in the strategy into a five year Business Plan for CFA Services. The Business Plan was agreed by Council in February. Delivery plans are now being finalised, including monitoring the impact of delivery of the CFA Strategy over the coming months and years – aligned to delivery of the resulting savings. No key issues.	**GREEN**

Programme/Project and Lead Director	Brief description and any key issues	RAG
Accelerating Achievement: Keith Grimwade / Meredith Teasdale / Sarah Ferguson	Delivering the strategy aimed at groups of children and young people who are vulnerable to underachievement. Development of the 2016-18 action plan is nearing completion. A revised process for monitoring progress is in development. No key issues.	**GREEN**
LAC Placements Strategy: Meredith Teasdale	The consultation period on the draft strategy has now closed. The revised final version of the strategy and action plan will be presented to the CYP Committee in March 2016. Key issue: The need to deliver a robust strategy for our Looked After Children which enables significant savings targets to be met and an overall reduction in LAC population.	**AMBER**
Early Help: Sarah Ferguson	Delivering the implementation of a revised Early Help offer in Cambridgeshire. The consultation for the second phase of the Early Help review was launched in December 2015 and the response was published in February 2016. Recruitment & selection will take place in March 2016. No key issues.	**GREEN**

APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS AND PARTNERSHIP LIAISON AND ADVISORY GROUPS

To: **Adults Committee**

Meeting Date: **17 May 2016**

From: **Democratic Services Officer**

Electoral division(s): **All**

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

Purpose: **To consider appointments to internal advisory groups and panels, and partnership liaison and advisory groups.**

Recommendation: **It is recommended that the Committee:**

(i) review and agree the appointments to internal advisory groups and panels as detailed in Appendix 1;

(ii) review and agree appointments to partnership liaison and advisory groups as detailed in Appendix 2;

	Officer contact:
Name:	Daniel Snowdon
Post:	Democratic Services Officer
Email:	daniel.snowdon@cambridgeshire.gov.uk
Tel:	01223 699177

1. BACKGROUND

1.1 The Adults Committee is invited to review its appointments to Internal Advisory Groups and Panels and to Partnership Liaison and Advisory Groups below.

2. APPOINTMENTS

2.1 The internal advisory groups and panels where appointments are required are set out in **Appendix 1** to this report. It is proposed that the Committee should review whether the Council should continue to be represented on any of these bodies and agree the appointments.

2.3 The partnership liaison and advisory groups where appointments are required are set out in **Appendix 2** to this report. It is proposed that the Committee should review whether the Council should continue to be represented on any of these bodies and agree appointments.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

There are no significant implications for this priority.

3.3 Supporting and protecting vulnerable people

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 There are no significant implications within these categories:

- Resource Implications
- Statutory, Risk and Legal Implications
- Equality and Diversity Implications
- Engagement and Consultation Implications
- Localism and Local Member Involvement
- Public Health Implications

Appendix 1

APPOINTMENTS TO INTERNAL ADVISORY GROUPS AND PANELS

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Cambridgeshire Carers Partnership Board The role of the Cambridgeshire Carers Partnership Board is to develop, co-ordinate and monitor services and support delivered to carers across Cambridgeshire.	6 approx	1	**Councillor F Yeulett** (Con)	Elaine Fleet Commissioning Manager (Carers) Children, Families & Adults 01223 715572 Elaine.Fleet@cambridgeshire.gov.uk
Transitions Partnership Board To enable young people aged between 14 and 25 years, with additional needs who are eligible under fairer access to care legislation, to move successfully into the adult world through strategic planning and inter-agency co-operation. To ensure that robust Transition arrangements are in place across the County and deliver consistent outcomes.	3	2	**1. Councillor S Bywater** (UKIP) **2. Councillor G Kenney** (Con) One appointment from Adults Committee and one from Children and Young People's Committee.	Clare Rose Project Manager 01223 703889 Clare.Rose@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Mosaic Implementation Members Reference Group, formerly the Children, Families and Adults Management Information Systems Procurement Project (Reference Group)	6 approx	3 from Adults Committee, the vacant position relates to CYP Committee	**1. Councillor B Chapman (Ind)** **2. Councillor P Clapp (UKIP)** **3. Vacancy (Con)** **4. Councillor I Manning (LD)** **5. Councillor M Tew (UKIP** **6. Councillor P Topping (Con)** **7. Councillor G Wilson (LD)**	Chris Rundell Head of Information Management 01223 699010 Chris.rundell@cambridgeshire.gov.uk

Updated 26th March 2016

Appendix 2

CAMBRIDGESHIRE COUNTY COUNCIL
APPOINTMENTS TO PARTNERSHIP LIAISON AND ADVISORY GROUPS

Key to approval of appointment:

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Carers Partnership Board Aims to maintain a strategic overview of the support provided by Family Carers across Cambridgeshire.	6	1	**Councillor G Kenney** (Con)	Graham Lewis, Development Officer 0300 111 2301 graham@cambridgeshirealliance.org.uk
Learning Disabilities Partnership Board Membership of the Board comprises clients, service users, carers and staff from the County Council, social care, National Health Service and voluntary sector organisations	6	1	**Councillor G Kenney** (Con)	Tracy Gurney 01223 714692 tracy.gurney@cambridgeshire.gov.uk
Mental Health Governance Board Provide the strategic governance overview of the delegated Service as set out in the Section 75 Agreement.	Bi-monthly	1	**Councillor L Nethsingha** (LD)	Charlotte Wolstenholme Business Support Assistant 01223 715940 charlotte.wolstenholme@cambridgeshire.gov.uk

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
Older People Partnership Board Comprises representatives from age sector organisations, voluntary organisations and statutory authorities with responsibility for older people's issues.	6	1	**Councillor S Crawford** (Lab)	Lynne O'Brien 01223 507142 Lynne.O'Brien@cambridgeshire.gov.uk
Physical Disability and Sensory Impairment Partnership Board The Board comprises people with physical disability and sensory impairments, carers, local voluntary organisations and staff from the Adults Department within the County Council		1	**Councillor M Smith** (Con)	Linda Mynott Linda.Mynott@cambridgeshire.gov.uk 01480 373252

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published on 3rd May 2016	Cambridgeshire County Council

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	Spokes meeting date	Deadline for draft reports	Agenda despatch date
17/05/16	Cambridgeshire Local Assistance Scheme	C Bruin	Not applicable	07/04/16	03/05/16 (Tuesday)	06/05/16 (Friday)
	Transforming Lives – Progress Data	C Bruin	Not applicable			
	Care Markets: Market Shaping Strategy and Procurement Strategy	K Fairbairn	Not applicable			
	Business Planning	M Teasdale	Not applicable			
	Transforming Care Plan	C Bruin	Not applicable			
	Standard Disability Related Expenditure	C Black/C Bruin	Not applicable			
	Finance and Performance Report	T Kelly	Not applicable			

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon				
	Adults Committee Agenda Plan	D Snowdon				
[09/06/16] Provisional Meeting						01/06/16
07/07/16	Finance and Performance Report	T Kelly	Not applicable			29/06/16
	Legal position in relation to property disregard for Homecare	M Collins	Not applicable			
	Section 75 Implementation	D Cohen	Not applicable			
	Performance by CPFT	D Cohen	Not applicable			
	Annual Complaints Policy	C Bruin	Not applcable			
	Falls Prevention Strategy	C Black	Not applicable			
	Business Planning	M Teasdale	Not applicable			
	Risk Register	A Loades	Not applicable			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[04/08/16] Provisional Meeting						27/07/16

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
15/09/16	Progress report on the Adults Autism Strategy	L McManus	Not applicable			
	Accommodation Update	R O'Driscoll	N ot applicable			
	Better Care Fund Update	G Hinkins	Not applicable			
	Early Help	V Main	Not applicable			
	Proposed changes to local housing allowance and potential impact on supported housing.	L O'Brien	Not applicable			
	Homecare Sufficiency	R O'Driscoll	Not applicable			
	Business Planning	A Loades	Not applicable			
	Transforming Lives	C Bruin	N ot applicable			
	Finance and Performance Report	T Kelly	Not applicable.			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[13/10/16] Provisional Meeting						05/10/16
03/11/16	Finance and Performance Report	T Kelly	Not applicable.			26/10/16
	Commissioning for better outcomes peer challenge July 2016	A Loades	Not applicable			
	Business Planning	A Loades	Not applicable			

	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[08/12/16] Provisional Meeting	*Business Planning*	*A Loades*	*Not applicable*			30/11/16
19/01/17	Finance and Performance Report	T Kelly	Not applicable.			11/01/17
	Business Planning	A Loades	Not applicable			
	Risk Register	A Loades	Not applicable.			
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[09/02/17] Provisional Meeting						01/02/17
09/03/17	Finance and Performance Report	T Kelly	Not applicable			01/03/17
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[06/04/17] Provisional Meeting						29/03/17
01/06/17	Finance and Performance Report	T Kelly	Not applicable			24/05/17

Committee date	Agenda item	Lead officer	Reference if key decision	Spokes meeting date	Deadline for draft reports	Agenda despatch date
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	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