

Creating a sustainable future for Adult Services

The Positive Challenge Programme

Cambridgeshire County Council

Outline Business Case – EXECUTIVE SUMMARY

DRAFT FOR DISCUSSION

22 March 2018

1. Executive summary

1.1 Context and purpose

Adult Services at Cambridgeshire County Council (the Council) has had a strong track record in both delivering good outcomes and financial control. It has achieved this, in part, by evolving and improving its approach:

- The Transforming Lives Programme, launched 2014, was designed to move the Council's approach from one that reacts when people need acute help, to one that supports more people to remain healthy and independent;
- More recently, the Council has been piloting a neighbourhood-based approach to coordinating care ("Neighbourhood Cares") inspired by the Buurtzorg approach to community healthcare in Holland;
- Adult Services has also been investing in its tech-enabled care offer, particularly regarding short term care and assessing independence;
- In addition, the Learning Disabilities Service has also been recently supported by a development programme.

However, despite these developments, the demand and cost pressures facing Adult Services require a more radical and strategic approach. Cambridgeshire, like most other local authorities in England, is currently anticipating future budget deficits over the coming 5 years. Our analysis suggests that Adult Services will be facing a potential deficit of £27m by 2023, if current demand and cost pressures continue unchecked. In addition to cost pressures, the Cambridgeshire care economy is struggling to meet demand, with current shortfalls in home care and an anticipated shortage of residential care beds. These capacity challenges are partly impacting on delayed transfers of care (DTOCS) within the NHS.

The purpose of this Outline Business Case is to articulate the case for investing in the Adult Services Positive Challenge Programme, in order to create a more sustainable future, and to maximise the independence and wellbeing of adults in Cambridgeshire. Our analysis includes an assessment of the current pressures, a vision for Adult Services in 2023, the economic case (cost and benefits) for delivering this new vision, and the key priorities for the programme (both strategically and in the short term). A high-level management plan is also included, with a focus on the short term priorities and mobilisation of the strategic initiatives.

1.2 Vision for 2023

The Positive Challenge Programme is focused on a different approach to improving the productivity of public services, namely: by addressing citizens' needs early on to prevent them from escalating; by empowering individuals to do more for themselves; and by building self-sufficient and resilient communities. Importantly, 'improved public service productivity' in the context of this programme is measured by citizens having greater independence and better outcomes with less state intervention. Digital solutions enable adults, and their support network, to find, book and buy care and support in their community, reducing the dependency on traditional care providers, and reducing costs. Analytics and collaboration tools will enable carers and professionals from across the health and care economy, to work as one workforce within neighbourhoods. Behavioural changes across the health and care system will be essential, as is the need for a change in expectations of what the Council can do, versus the capabilities of individuals and the communities around them.

Mission

In 2023, Cambridgeshire & Peterborough's Adult Services (CPAS) will drive health, wellbeing and independence from within communities, using technology to reduce operating costs and enable the efficient coordination of care.

What are the step change differences?

CPAS will provide local, democratic accountability for the quality of support and health care services provided to local citizens. CPAS will take a leadership role in developing care and support capacity at a neighbourhood level, and will commission integrated care services across care and health providers, overcoming historic organisational and commercial silos. Universal care budgets and how they are spent will be devolved to the most local level, to shape support that best fits local need.

CPAS will work with the STP to develop place based approaches to delivering primary care and stretching the reach of primary care providers to take on more services that have traditionally been provided by the acute and specialist health services; which would keep people close to their home and community through their life span and be cheaper.

At a neighbourhood level, the care workforce will work as one, whether employed or a volunteer, to enable citizens to live independently, ensuring they get the support they need. Budgets will be devolved to a local level and care staff will be empowered to tailor support to each individual's lived experience.

Technology will break down the barriers of organisational silos, enabling care information to be shared, risks to be urgently actioned, and ideas to be discussed using collaborative tools. Digital services will reduce the administrative burden on staff, saving time, and enabling them to maximise their value in communities.

We will embed a culture of maximising independence, helping adults to build on their own strengths and the support around them, mitigating escalating needs by proactively managing risks that lead to deterioration. We will work with partners to embed this culture across the health (NHS) and social care economy.

Community networks will be stronger, flexible and responsive, with neighbourhood teams being able to identify gaps in the support available in their place, and using their relationships and budget to increase community capacity.

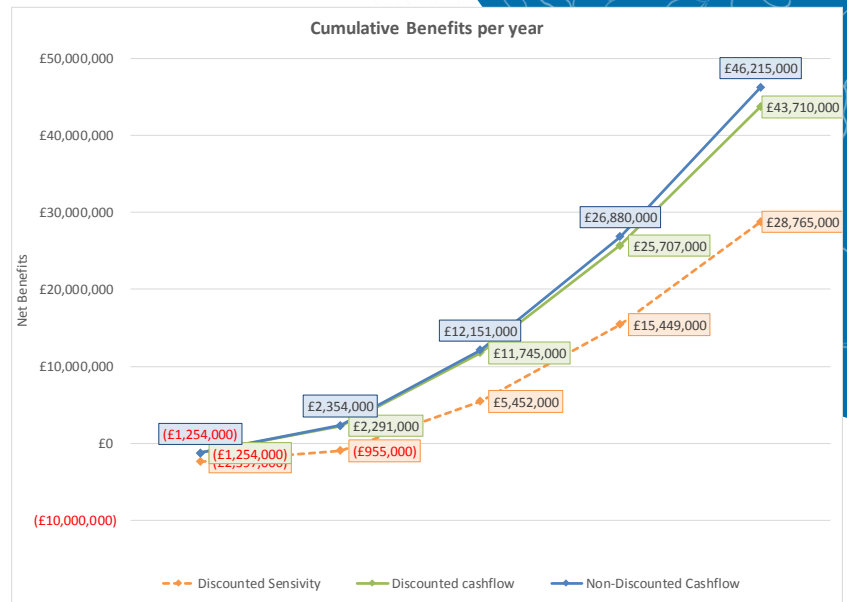
1.3 The opportunity to transform

To deliver this vision, a change programme has been developed, that incorporates both:

- Short term improvement projects – which can be mobilised quickly, can deliver urgent results to reduce 2018/19 budget pressures and support the longer term strategic direction. These projects include: improving the current service website; enhancing the use of data and insight to improve reablement success; formalising robust hospital discharge pathways; simplifying the financial assessment process; improving the carers offer; and expanded the use of technology-enabled care in longer term support packages; and
- Strategic initiatives that transform the service model – these build on existing programmes, but with greater scale and ambition. These programmes focus on: creating a person-centred approach to controlling care choices and long term care budgets enabled by a digital platform; coordinating and building care capacity at a neighbourhood level (building on Neighbourhood Cares); and realigning the Council's

approach to commissioning, to support personalised commissioning decisions, grow neighbourhood capacity and encourage provider innovation. These will all be underpinned by new technology to ensure that as much as possible is automated, support is precisely targeted and joined-up, and therefore delivery is affordable.

Our analysis, by modelling the impact of the proposed approach on future demand, activity and cost, demonstrates a **Net Present Value of £40.5m over the next 5 years**. Importantly, we believe that **discounted recurrent savings of £17m** could be achieved by 2023. To deliver this proposed programme of change, we anticipate an investment of £4.8m, which is largely incurred over the first couple of years. In a number of areas, for example, the stimulation of new care models accessed/facilitated via a digital platform, we have anticipated modest savings recognising that these changes are relatively new to the UK social care market. The chart illustrates the assessment of cumulative net benefits: showing cashflow; discounted cashflow; and a sensitivity analysis (reduced savings by 20% and increased costs by 20%).



1.4 The plan

To deliver the programme, it is anticipated that many of the short term priorities can be achieved over the coming 6-18 months. Alongside these initiatives, the strategic opportunities will require between 24 and 30 months to implement and embed. Net benefits, both financial and outcomes, accrue once implementation effort has been successful on a project by project basis.

1.5 Conclusion

Adult Services have been innovating and testing new models. However, short to medium term financial projections demonstrate that current approaches alone will not bridge the necessary gap. The Positive Challenge Programme builds on existing foundations, but importantly, includes the adoption of digital platforms, intelligent analytics and alternative commissioning models, that enable a lower cost of care and make a neighbourhood-based approach to care co-ordination and customised care viable at scale.

While the Council can mobilise this programme and achieve positive results, the Vision for 2023 highlights the critical importance of a systemwide approach across Cambridgeshire and Peterborough. The management case demonstrates the alignment of Peterborough and Cambridgeshire initiatives, and illustrates an indicative programme roadmap. More importantly, however, the Council requires a consistent intent and set of behaviours across NHS providers and social care, in order to maximise the independence of adults to live at home, and reverse the trend of escalating care needs and costs. Just as Transforming Lives aimed to shift the mindset of social workers to build on the inherent strengths of individuals and their support

network, the same is needed across the health economy to reduce unscheduled care pressures and improve wellbeing.

There are number of specific areas that require greater engagement with external partners, in order to forge a system-wide approach. These discussion points include: the alignment of the Council, local NHS providers, the CCG and the Combined Authority; evaluating how devolved decision-making regarding universal and preventative care budgets at a neighbourhood level will be implemented in a controlled manner; clarifying how direct payments and personal choice regarding long term care can be accelerated and aligned to community budgets and commissioning; and, how the hyper-local model of delivery can be made affordable (e.g., assessing the size of sustainable neighbourhoods and shaping the resource structure).

