

Appendix A

BASELINE REPORT FOR TRANSFORMATION FUND INVESTMENTS: June 2017

**Figures are absolute

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Recouping under-used direct payment budget allocations (increased monitoring) (C/R.5.306)	Investment	-	87	87	-	-	-	174
	Saving	-	-395	-395	-395	-395	-395	-1,975

Baseline / How will we know if this investment is on track?:

Amounts that are allocated in direct payments but which are not then spent by clients are subject to “clawback”.

Each year the direct payment (DP) clawback budget is rebaselined based on the level of DP clawbacks achieved, the average size of a direct payment and the number of people receiving a direct payment.

In 2017-18 the budget for direct payments is this reviewed figure plus the saving associated with the additional capacity funded through the transformation fund, this totals £1,972k this year. This means monitoring the saving should be easily obtainable by comparing actual clawbacks compared to the profiled budgeted amount up to the monitoring date.

In addition to the budgetary control report the direct payments team have worked with *Business Intelligence* to complete a dashboard that records the number of invoices raised, the average size of clawbacks and the percentage of direct payments that have been monitored in the last twelve months. This should give additional information to ensure that any variances from expected profile can be investigated quickly.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care (C/R.5.302)	Investment	-	186	-	-	-	-	186
	Saving	-	-214	-214	-214	-214	-214	-1,070

Baseline / How will we know if this investment is on track?:

This investment provides funds to work with specialist assistive technology practitioners and other dedicated resource to review existing and new care packages within the Learning Disability Partnership to ensure that assistive technology can be used to maximise independence, predominantly in night-time support.

As with other care savings within the LDP, the progress of this work will be monitored through the monthly variance reporting process, as the work is expected to deliver reductions in care packages. The variance report process requires spending teams to account for any material changes on a month-by-month and client-by-client basis.

It is also expected that the use of assistive technology will avoid costs being incurred in the first place. Interventions that involve assistive technology are recorded by care teams, and it will be possible to track the status of these cases, and “count-up” the savings made.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Dedicated Reassessment Team - Learning Disabilities (C/R.5.307)	Investment	-	750	-	-	-	-	750
	Saving	-	-2,381	-4,306	-4,306	-4,306	-4,306	-19,605

Baseline / How will we know if this investment is on track?:

This investment has provided capacity for a dedicated reassessment and brokerage team that works alongside existing teams in the Learning Disability Partnership. Savings will ultimately manifest as reductions in care costs following the Transforming Lives approach, either through a change in need following reassessment or through price changes following negotiations with a provider.

Each month, all changes to care packages within the LDP are reviewed by management and categorised. In 2017/18, all packages that have been reduced as a result of activity to deliver savings will be categorised according to the work-stream that drove the saving. It should therefore be straightforward to monitor the total saving that is being delivered, and which teams are driving savings. This process will also allow us to separate the impact of savings from the impact of demographic pressures from increased number or complexity of service-users.

In addition, the reassessment team, along with the locality teams, will keep records of numbers of reassessments completed, and a rolling log of brokerage work undertaken. This should give additional information that will help to explain variances from the expected saving level.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Neighbourhood Cares Transformation Pilot- A New Approach to Social Work in Communities (C/R.5.304)	Investment	-	656	656	-	-	-	1,312
	Saving	-	-	-	-	-	-	-

Baseline / How will we know if this investment is on track?:

“Neighbourhood Cares” will pilot a radically different model of care for older people in two communities in Cambridgeshire, with the aim of offering a better quality of Care.

The key outcomes we want to achieve are:

- Improve quality and continuity for the service user.
- Shift as much resource as possible to the front line so staff have more direct contact with people to get the right help to them at the right time.
- Develop a staff team that are non-hierarchical, self-managing, solution focused and work collaboratively with partners. That will identify capacity gaps in the community and generate capacity particularly in home care.
- Use the learning from the pilot sites for the basis of the wider transformation of services.

The Manager to lead the project has been appointed (Louise Tranham) and the two pilot communities have been selected as St Ives and Soham. The plan in Q1 is to recruit the two teams of Neighbourhood Workers and finalise the evaluation framework for the Pilot.

As part of this work we have calculated that the amount spent on Older People per 10,000 population is £760k This includes arranged care, direct payments and community care but excludes community equipment and preventative services, assuming that these services would be utilised by the Neighbourhood Cares workers.

By monitoring the spend in these areas against the average for the county next year we should be able to see the financial impact of the investment.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Specialist Support for Adults with Autism to increase their independence (C/R.5.301)	Investment	-	50	-	-	-	-	50
	Saving	-	-72	-72	-72	-72	-72	-360

Baseline / How will we know if this investment is on track?:

This investment provides funding for two fixed term support workers to work with service-users on the Autistic Spectrum to ensure they are more independent and less reliant on formal support.

It is expected that the workers will deliver savings through reducing the value of existing care packages following their interventions. This will be monitored through the monthly categorisation of variances that is undertaken within the Disabilities service.

In addition, this work should avoid costs by reducing the need for some service-users to receive formal care packages, in line with the Transforming Lives approach. We will be able to estimate costs avoided by comparing care packages following interventions to the average increase that is seen when a service-user transitions into a higher-cost placement.

The workers will keep records of all service-users worked with which, combined with information from variance reporting, will make it straightforward to monitor their impact.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Supporting people with physical disabilities & people with autism to live more independently (C/R.5.308)	Investment	-	128	-	-	-	-	128
	Saving	-	-791	-1,231	-1,736	-2,191	-2,191	-8,140

Baseline / How will we know if this investment is on track?:

This investment provides additional social work and administration capacity within the Physical Disabilities team in order to continue the existing programme of reassessments to ensure that care packages are appropriate. Savings will be as a result of reduced cost of existing care packages following their re-design.

Each month, all changes to care packages within the Disabilities service are reviewed by management and categorised. In 2017/18, all packages that have been reduced as a result of activity to deliver savings will be categorised according to the work-stream that drove the saving. It should therefore be straightforward to monitor the total saving that is being delivered, and which teams are driving savings. This process will also allow us to separate the impact of savings from the impact of demographic pressures from increased number or complexity of service-users.

The Disabilities team will keep records of reassessments completed, which should give additional information that will help to explain variances from the expected saving level, such as identifying whether average savings are lower than expected or that reassessments are taking longer than planned.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Total Transport (C/R.5.102)	Investment	-	132	76	38	-	-	246
	Saving	-	-840	-1,275	-1,275	-1,275	-1,275	-5,940

Baseline / How will we know if this investment is on track?:

- It is intended that savings achieved will be monitored via the existing commitment record and via the variance report process. At present when changes are made to the commitment record the reasons for the changes are recorded but this is not closely linked to savings plans; it is planned that this will be amended so that the spreadsheet will also include whether the saving was a result of Total Transport or due to other reasons for example policy changes in terms of eligibility for transport.
- Analysis of tender rounds will be also be undertaken to ascertain where contract savings are as a result of Total Transport changes.
- Savings will be reported bi-monthly to the existing Home to School Project Board. In addition to this, a new sub-group will meet also bi-monthly specifically to monitor the Total Transport roll out with a particular focus on the progress made against the planned savings.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Using assistive technology to support older people to remain independent in their own homes (C/R.5.303)	Investment	84	126	50	-	-	-	260
	Saving	-	-358	-597	-597	-597	-597	-2,746

Baseline / How will we know if this investment is on track?:

The potential savings deliverable from this scheme were modelled as follows:

- 288 older people moved from domiciliary care to residential or nursing care during the 2015/16 financial year.
- We assumed that the use of assistive technology might delay this entry to residential care by 9 months (39 weeks) and that this would save an average of £308 per week per service user in 15% of instances

With these assumptions the predicted annual saving was £518,918 (288 clients x £308 x 39 weeks x 0.15 = £518,918). This saving would be achieved in the 2017/18 financial year.

The annual baseline of moves from care at home to 24 hr residential is 288 or 24 per month. If the target reduction is 15% then this translates into 245 per year or 20.4 per month on average.

Note – Now that we have reached the end of the 2016/17 financial year it is possible to update these figures – in 2016/17 year 234 older people moved from care at home to residential or nursing provision and the average cost difference between community care and residential was £303.

Given the number of variables and potential impacts on care expenditure the service will measure the impact against this baseline by gathering data on:

- **The impact of the Just Checking Assessment Tool (JCAT) on the level of concern expressed by the carer**
Each carer will be asked to score their concern at the beginning and end of the use of the equipment on a scale where 1 is no concerns and 10 is extreme concern, producing a numerical value for an increase or decrease in the level of concern attributed to JCAT
- **The impact of JCAT on the level of concern expressed by the professionals**
The professionals will use the same scale as above to measure their change in level of concern

- **The impact of JCAT on the care solutions being considered**

A list of all of the service users who have used JCAT is being kept by the service and for each the professional involved in the case will be asked to identify the scenario that is most likely prior to the use of JCAT.

Once the JCAT has been removed the decision on what kind of care is required will be updated in the spreadsheet.

Throughout the year those who have had an admission avoidance through JCAT will be monitored to see if and when a change in their package has been made to identify the average delay. This information is unlikely to be useful until the end of the year as it is likely many will not change, however next year we should be able to look back and fully evaluate whether 9 months avoidance was a suitable average.

- **Percentage of people who go to 24 hour live in care or into residential care without doing JCAT**

We would expect the use of JCAT to become widespread and so we will monitor the level of service users who don't use it prior to placement to see whether there is enough availability and whether there are any other areas where it could be introduced to help. It should be noted that it won't necessarily be suitable in all situations and so this won't be evidence of failure but a useful management tool for targeting resources appropriately.

- **Qualitative information and feedback/comments on the impact the equipment had on the care planning**

These will be summarised by the service lead to give a rounded view of the customer and carer experience involved.

To make a reasonable analysis of the impact of the project we will need to combine the tracking of the core number of people moving into residential and nursing care with this more detailed information. Ideally we will see the overall numbers reducing and good evidence from individual cases that the equipment is giving reassurance to support independence and allowing people to stay at home for longer.

The Enhanced Response Service will also feed into the number of service users moving from domiciliary to residential care and so these will need to be considered in conjunction.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Enhanced Occupational Therapy Support to reduce the need for double-handed care (C/R.5.305)	Investment	-	90	90	-	-	-	180
	Saving	-	-252	-252	-252	-252	-252	-1,260

Baseline / How will we know if this investment is on track?:

The Double Up team at the council already has a recording spreadsheet which monitors all of the cases they are involved with.

To align with their work this is split into the following areas:

- **Prevention**

Each time a service users is referred to the double up team as potentially needing double up care the team identify whether or not double up care is avoided and the number of hours that were 'saved'. This is applied to a standard hourly rate and produces a part and full year effect saving based on the date the review was completed.

- **Reductions**

Each client who is referred to the team or identified as needing a review to reduce double up is added to the spreadsheet. Their starting hours are recorded and when the review is complete the new hours needed are recorded. The team do not count the saving until the change has been implemented by the relevant team to ensure that only 'banked' savings are included. Again a part and full year saving is produced/

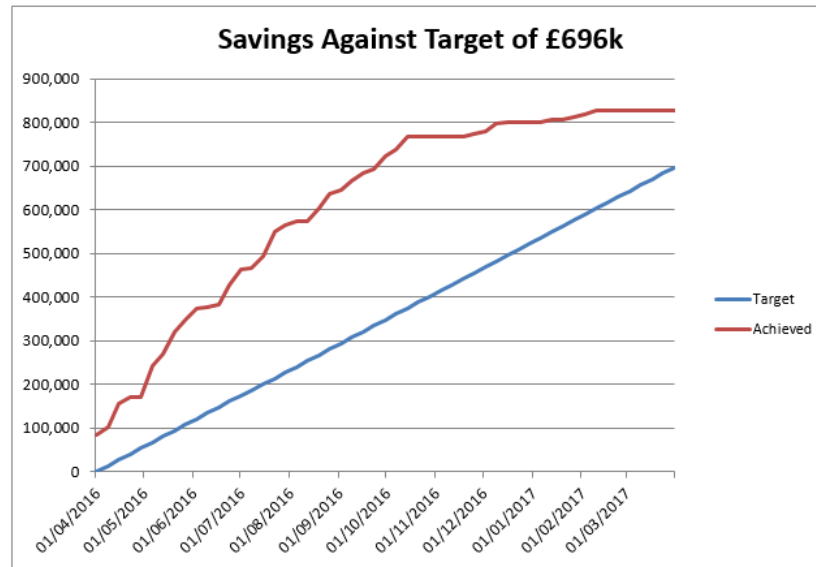
- **Care Home Project**

As part of the care home project people are referred to the double up care where it is expected that someone may progress from residential to nursing care. Where this is avoided it produces a part and full year saving based on an average nursing care package cost of £700 and their current package.

- **Total Progress against Savings**

A summary tab collates this information and combines it to give a view of the savings made from the year. The Care home tab is new this year but the summary of the rest for 16/17 is shown below.

Once a year the team go back and 'audit' the current situation of clients they have been involved with to identify whether the saving has been sustained, this helps to inform the ongoing effect of each intervention.



<i>Unverified</i>									
				PD	LD	OP	2016/17 TOTAL	Full year effect	
Reductions Achieved				£119,895		£0	£185,391	£305,286	£463,919
Reductions Ready								£0	£0
Reductions Progressing (assumed 50% achievement)								£0	£0
Costs avoided (prevention)								£522,978	£818,581
								£828,265	£1,282,500
NOTES:	Total								
Prevention Cases Seen	95	CM: 7		NM: 42		TH: 46	76% Success rate		
Total Cases Completed & Closed including preventions	229	CM: 26		NM: 104		TH: 99			
Open Cases	14	0		8		6			
Reductions	44			43% Success Rate		(Including Reduced + Reviewed & Pending)			
Care Hours Saved by reduction	598.4			34% Success Rate on closed cases					
				Total care hours (per week) saved		1609.1			
Care Hours Saved by Prevention	1011								
Equipment spend so far in year	£80K			Care Hours saved by Full Costers:		77			

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Increase in client contributions from improving frequency of re-assessment – older people & elderly mental health (C/R.5.312)	Investment	-	46	-	-	-	-	46
	Saving	-	-381	-381	-381	-381	-381	-1,905

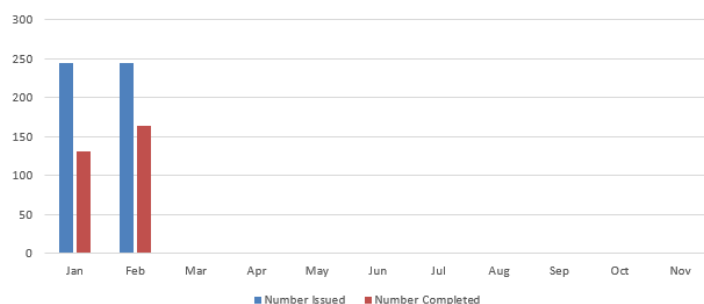
Baseline / How will we know if this investment is on track?:

As part of the reassessment project the Service Delivery Manager will be providing monthly reports on the number of reassessments that have been completed and the financial impact that this will have. As the data has already started to be collected you can see the financial data that is being produced each month and reported at OP&MH management team below.

We will also track the average contribution per client and the percentage of service users that contribute to their care to isolate the effect of changing levels of contribution per service user from the changing number of service users.

Reassessment Forms Issued Vs. Reassessments Completed

The graph below shows the number of reassessment requests that have been sent to customers and the number of reassessments returned and completed.



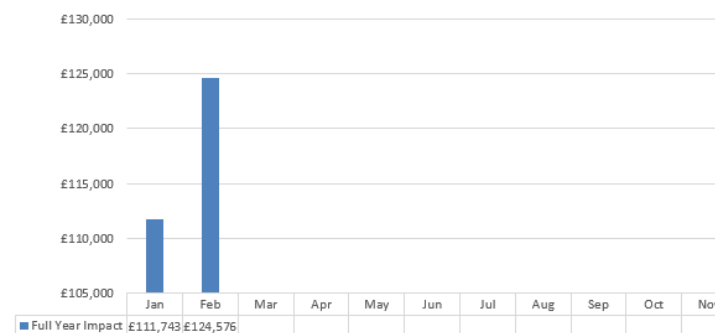
The above total's include the assessment forms issued since November 2016 however, these were not processed until January 2017.

There has not been any forms issued in February as a considerable backlog of forms developed due to staff absence. This has now been resolved and forms are being issued again.

CCC Reassessment Project

The graph below shows the full year impact of the non-residential reassessments processed to date.

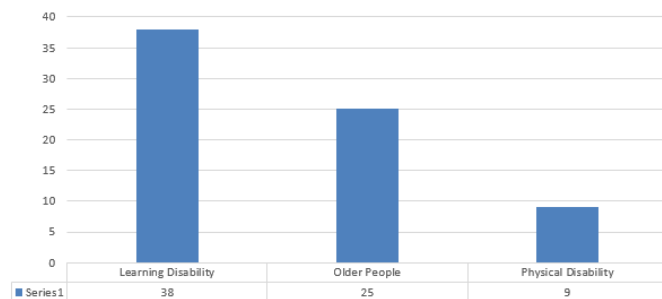
Full Year Impact



- The weekly increase in contributions is £2,395.69.
- The average increase in contributions is £37.41 per week.
- The average decrease in contributions is £23.02 per week.

Increases by Client Group

The graph below shows the number of reassessment completed by client group where the reassessment has resulted in an increased contribution.



- As the implementation plan was to reassess by those customers who have had to wait the longest for a reassessment, it is expected that younger adults would be initially more impacted than older people.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Enhanced Response Service - Falls and Telecare (C/R.5.313)	Investment	-	417	-	-	-	-	417
	Saving	-	-	-390	-390	-390	-390	-1,560

Baseline / How will we know if this investment is on track?:

The investment provides funds to establish a service to deliver response services for non-injured falls, telecare alerts and other timely one off personal care incidents. The main benefits are expected to be:

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

The service will be established on a phased basis by district during 2017/18 and is expected to be fully operational by 2018/19. As a result, some part-year savings are expected to accrue during 2017/18, but full-year savings have been factored into the Business Plan from 2018/19 onwards.

Savings to CCC are based on cost avoidance resulting from fewer hospital admissions and keeping people in their own home for longer. Savings were modelled on the following assumptions:

- Home care packages: target to postpone 4 packages at an average weekly cost of £160, against a 2015/16 baseline of 80 new packages.
- Care home packages: target to postpone 2 packages per month escalating from home care to care home placement at an average weekly differential of £308, against a 2015/16 baseline of 56.

A number of indicators are being developed to monitor performance of the service. Monitoring of savings resulting from avoided costs is likely to be achieved through tracking individuals in receipt of services across Cygnum and AIS and monitoring variations in care provided against the assumptions contained in the model.

It should be noted that services users may receive other tier 2 interventions concurrently (Reablement, Assistive Technology, Adult Early Help) and so this will need to be taken into account when apportioning savings achievement.

It is expected that the service will also deliver savings to health partners, most notably through reduction in ambulance call-out levels. Target activity is for the service to accept 375 call-outs per month when fully operational. Each call-out will result in an avoided ambulance dispatch at a value of £280 each = £105k per month saving, if target activity is achieved.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Adult social care services investment to develop a transformation programme for all adult social care client groups (C/R.5.319)	Investment	-	~500	-	-	-	-	500
	Saving	-	-	-	-	-	-	-

Baseline / How will we know if this investment is on track?:

Initial funding of £500k has been approved to fund external support to help shape and deliver an ambitious change programme across all adult social care client groups. Subsequently, a tendering process has been initiated, and expressions of interest from external providers have started to arrive. Progress will be reported at each quarterly update.

There are no savings attached to this investment during 2017-18, although it is crucial to the Council's longer term financial position. This will be a major focus of future Business Planning rounds.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Adults service delivery – sustaining budgetary performance in the older people budget (C/R.5.320)	Investment	-	600	-	-	-	-	600
	Saving	-	-1,861	-1,861	-1,861	-1,861	-1,861	-9,305

Baseline / How will we know if this investment is on track?:

This investment provides funds for a number of initiatives, which will collectively contribute to maintaining financial performance in adult social care. These include:

- Additional capacity across a range of services;
- Dedicated Continuing Healthcare Team to ensure ongoing health needs are met and funded appropriately;
- Centralising Brokerage of homecare to improve prioritisation;
- Dedicated capacity to focus on recruitment - having staff in place quickly, and managers focused on social work aids our financial control.

Return on investment is linked to the “Ongoing underspends redistribution and rebaselining” proposal (A/R.4.022) which re-allocated some of the underspend in Older People & Mental Health services in 2016/17 to other areas in CFA facing demand pressures. Achievement of this continues unless underlying pressures are identified that impact on the overall budgetary position of OP&MH and cause an overspend to present.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Enhanced Intervention Service for Children with Disabilities (C/R.5.401)	Investment	-	120	120	-	-	-	240
	Saving	-	-174	-696	-696	-696	-696	-2,958

Progress update:

Three staff have been appointed with two in post and a third due to start in May 2017.

Work is already underway with District Managers in the Disability service to identify potential families to work with, starting from the end of May. This allows for a period of staff induction for the new recruits.

Baseline / How will we know if this investment is on track?:

The evaluation process for the project will include financial modelling and a process for evidencing actual savings. The process to achieve this will include for each child supported :

- Confirming the level of spend to support each child as they become supported through the project
- Benchmarking recording of their needs at the point of entry and their likely support trajectory and cost, compared with similar children who have already become accommodated/ placed out of area should no intervention take place.
- Three monthly review to clarify whether support costs and likely trajectory of support have changed.
- Aggregation of the results of individual three month reviews to evidence the impact of the project

Savings will be calculated based on the cost of a residential placement @ £2,300 per week x 52 weeks = £119,600. Monitoring procedures will be put in place to record the date started working with family, and where children have subsequently remained within the family, future checks to ensure they have not entered care at a later date.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Systemic family meetings to be offered at an earlier stage to increase the number of children being diverted from LAC placements (C/R.5.402)	Investment	-	148	148	-	-	-	296
	Saving	-	-461	-611	-611	-611	-611	-2,905

Progress update:

Initial groundwork within the existing clinical team is already underway in order to host additional fixed term posts (June 2017 start anticipated) and embed them where they will be most effective. They will work with the newly appointed Family Network Facilitators to ensure the work of the new service is focussed and optimised.

An evaluation exercise performed by an external agency is planned to be commissioned to evaluate the success of this work.

Baseline / How will we know if this investment is on track?:

Working systemically with families will help us to:

- Develop ways of joint working across different levels of need, responsive to families' needs at different times, to prevent needless referral processes and transfers between services.
- Ensure thoughtful and on-going meaningful life story work engaging fully with all members of a child's extended family.
- Ensure we have adequate contingency plans to keep the child safe within the family thereby decreasing short-term unexpected crises preventing escalation of services (e.g. coming into care in an unplanned way)
- Shorten court process, because there are currently a high number of assessments of family members whilst in the court process. (CAFCASS heat map information currently reports 22 weeks on average for care proceedings in Cambridgeshire).

The overarching objective is to ensure every family has a family plan and is worked with systemically within the units. This approach will prevent children coming into care in an unplanned way (emergency placements) as well working with the family to keep the child at home.

Savings will be calculated based on the cost of an external placement @ £793 per week x 52 weeks = £41,236. The average length of placement is calculated as 52 weeks. Savings will be phased across the year based on 16 children per quarter remaining with their families as opposed to coming into care. Monitoring procedures will be put in place to record the date started working with family, and where children have subsequently remained within the family, future checks to ensure they have not entered care at a later date.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Investment in Children's Social Care Support for young people with complex needs (C/R.5.404)	Investment	-	497	393	-	-	-	890
	Saving	-	-559	-1,089	-1,478	-1,508	-1,508	-6,142

Baseline / How will we know if this investment is on track?:

The transformation bid comprised four areas of savings:

Emergency Placements

Where children become looked after in an emergency they may be placed with an Independent Fostering Agency (IFA). 33 children aged over 10 years that were placed in foster care in an emergency between April 2016 and March were placed with an IFA. The average length of the placement was 56 days (8 weeks) at £793 per week

External Residential Provision

Full residential support will not be fully operational until quarter 3. Key to the model is the consistent wrap-around support for young people with complex needs to avoid the use of costly external residential provision that may not meet need. The original savings plan assumed the average cost of this type of placement was £2300 per week. 5 young people would be supported by the hub rather than being placed or remaining in external residential provision. Current average costs for a residential placement are £3,058 per week.

Escalation of Resources

The hub model will also prevent placement breakdowns by providing outreach support for young people and their carers. 4 of the 50 young people experiencing breakdown since April 2016 were moved to residential provision. End of year figures indicate that the additional cost could be between £2200 - £2600 per week depending on whether young people were originally placed in-house or in IFA fostering.

In the original transformation bid we assumed that that the remaining 46 breakdowns resulted in an escalation of resource to meet needs at an approximated £200 per week increase. Figures in the original bid estimated that if the hub support prevented all

breakdowns, the weekly savings would be: $4 \times £1300 = £5200$, $46 \times £200 = £9200$; total $£14\,400$ per week $\times 52 = £748\,800$ per annum.

Taking a very conservative estimate of avoiding escalation of one young person to a residential placement (£52k) and avoiding 10% (or 5 placements) of other placements breaking down (£52k) would result in a saving of £104k across 2017/18 and 2018/19.

Alternative to Care

The Alternative to Care service is currently working with 16 YP a quarter. Expectation is that the new service will release capacity to work with additional young people.

Summary

Further analysis of the actual year end costs have identified that savings for individual young people are more likely to exceed our projected figures which were a very conservative estimate. However, due to the project not being fully operational until Quarter 3, costs have been remodelled and will be achieved over the lifetime of the project, however there is a risk of a small shortfall in 2017-18.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Move to full cost recovery for non-statutory highway works (B/R.5.202)	Investment	-	50	-	-	-	-	50
	Saving	-	-100	-200	-200	-200	-200	-900

Baseline / How will we know if this investment is on track?:

Time recording system – system to be installed so staff time can be allocated against schemes including those where we are able to make a charge. Chargeable units identified by the recording system will be totalled and shown as part of this monitoring process, once underway, and the amounts recovered closely monitored.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Street lighting synergies (B/R.6.214)	Investment	633	-	-	-	-	-	633
	Saving	-	-129	-264	-398	-525	-652	-1,941

Baseline / How will we know if this investment is on track?:

- Total investment paid March 2017.

The unitary charge element of the street lighting contract will be at a lower level than it would have been had the investment not been made. The lower charge level will be recorded and reported back as part of monitoring.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Telecommunications hosting policy (F/R.7.109)	Investment	18	-	-	-	-	-	18
	Saving	-	-40	-40	-40	-40	-40	-200

Baseline / How will we know if this investment is on track?:

Policy review went to Assets & Investment Committee 31/03/17 who approved relaxation of current policy. Telecoms consultants will be appointed to identify sites and negotiate with operators with agreements anticipated later in the year. Income generated will be recorded and reported back through the monitoring process.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Commercial approach to contract management (C/R.5.001)	Investment	-	400	-	-	-	-	400
	Saving	-	-500	-2,000	-2,000	-2,000	-2,000	-8,500

Baseline / How will we know if this investment is on track?:

Underspends will be achieved on contractual spend. Where contract management savings are not already identified at specific service level, the further opportunities that are secured will create an underspend and reduced spending, with part-year effects likely. This investment is paying for additional external support in order to identify contract management savings – the external support will be required to identify the savings they deliver, which will be verified by the Council.

TITLE		2016-17 £000	2017-18 £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	TOTAL £000
Link workers within Adult Mental Health Services (C/R.5.403)	Investment	-	63	84	21	-	-	168
	Saving	-	-	-480	-480	-480	-480	-1,920

Baseline / How will we know if this investment is on track?:

Recruitment to the Adult Mental Health Think Family Developers was delayed due to the Children's Change Programme consultations. Recruitment has now commenced for 2 fixed term post holders to work with Cambridgeshire and Peterborough Foundation Trust to embed Think Family principles within front line practice. As such it is anticipated that the profile of the investment funding will slip by up to 3 months, with investment funding required from quarter 2. Per the Business Plan, there are no assumed savings from this proposal until 2018/19.

Work will be focuses on those service users where there are multiple needs that require a multi-agency approach, providing support to front line adult facing staff to work in a Think Family way with these services users. It is expected the Link Workers will reduce the number of children becoming looked after, by improving support plans so that they take account of the impact of parental mental health on children in the family. 120 children that became Looked After in 2015/16 had 'parental mental health' flagged as a risk factor that contributed to them entering Local Authority care. We estimate that 12 children will be diverted from care per year as a result of the Link Worker. Monitoring procedures will be put in place to record the date started working with family, and where children have subsequently remained within the family, future checks to ensure they have not entered care at a later date.

Sustainability of work: this is a 2 year time limited resource as it is intended that the post holder will work to identify appropriate and realistic recommendations to embed Think Family practice within adult facing teams beyond the life of the roles. We know that the impact on culture change is not immediate and for this reason the savings have been extrapolated across later years. The impact of the link workers will follow the same model as in drug and alcohol services and will deliver sustainable change and momentum through the creation of Think Family 'champions' within adult mental health services once the project has concluded. This means that the permanent saving would be likely to increase over time.