

## ADULTS COMMITTEE



**Date: Thursday, 14 September 2017**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law and Governance

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

**Shire Hall, Castle Hill, Cambridge, CB3 0AP**

## AGENDA

Open to Public and Press

### CONSTITUTIONAL MATTERS

**1 Apologies for Absence**

**2 Declarations of Interest**

*Guidance for Councillors on declaring interests is available at:*

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

**3 Minutes - 13 July 2017**

**5 - 22**

**4 Petitions**

### DECISIONS

**5 The Cambridgeshire & Peterborough Foundation Trust 2016-17  
Annual Report**

**23 - 52**

<b>6</b>	<b>Finance &amp; Performance Report - July 2017</b>	<b>53 - 98</b>
<b>7</b>	<b>Service Committee Review of the Capital Programme</b>	<b>99 - 110</b>
<b>8</b>	<b>Delayed Transfers of Care &amp; Winter Plans</b>	<b>111 - 132</b>
<b>9</b>	<b>Better Care Fund Plan 2017</b>	<b>133 - 160</b>
<b>10</b>	<b>Older People Care Home Development Timeline</b>	<b>161 - 166</b>
<b>11</b>	<b>People &amp; Communities Senior Management Structure Update</b>	<b>167 - 172</b>
<b>12</b>	<b>Member Delivery Champions</b>	<b>173 - 176</b>
<b>13</b>	<b>Adults Committee agenda plan</b>	<b>177 - 180</b>

The Adults Committee comprises the following members:

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

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

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

Clerk Name: Daniel Snowdon

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## **ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 13th July 2017

**Time:** 2.00 p.m. to 4:35pm

**Present:** Councillors A Bailey (Chairwoman), A Costello, D Connor (substituting for Cllr Wells) S Crawford, K Cuffley, D Giles, M Howell (Vice-Chairman) and G Wilson.

**Apologies:** Councillors Janet French and David Wells

### **1. NOTIFICATION OF THE APPOINTMENT OF CHAIRMAN/WOMAN AND VICE-CHAIRMAN/WOMAN**

It was resolved to note the appointment of Councillor Anna Bailey as Chairwoman and Mark Howell as Vice-Chairman of the Adults Committee.

### **2. DECLARATIONS OF INTEREST**

Councillor Howell declared a non-statutory interest in agenda item 10, Employment Strategy for People with Learning Disabilities or Autism due to a family member employed by "Red2Green" mentioned in the officer report. Councillor Howell also drew attention to his employment at the Papworth Trust, also mentioned in the report.

### **3. MINUTES – 9<sup>TH</sup> MARCH 2017 AND ACTION LOG.**

The minutes of the meeting held on 9<sup>th</sup> March 2017 were agreed as a correct record and signed by the Chairman.

The Action Log was noted.

### **4. PETITIONS**

No petitions were received.

### **5. ADULTS COMMITTEE AGENDA PLAN AND TRAINING PLAN**

The Committee received the Adults Committee forward agenda plan and the committee training plan.

A Member drew attention to the recruitment and retention of staff in particular social workers and requested that an agenda item be placed on the forward plan in order that the Committee could examine the issues further. Officers drew attention to the staffing structures report that would be presented to the Committee at its September meeting. It was agreed that the Recruitment and Retention report that was presented to the Committee in December 2015 would be circulated to Members following the meeting.

### **ACTION**

In response to a Member question officers drew attention to the Accommodation Strategy and Action Plan that would address care home and extra sheltered accommodation capacity at the September meeting of the Committee.

It was noted that the Transformation Programme Deep Dive scheduled for the September meeting would cover winter planning and Delayed Transfers of Care (DTOCS). The Children, Families and Adults (CFA) Vision for Adult Services would be moved from September to October and there would be an additional report presented in September regarding the improved Better Care Fund. The Adult Self-Assessment Tool would be moved from September to October and the Accommodation Strategy and Action Plan would move from October to September.

Members noted that the provisional meeting date for August would not be required and Democratic Services would issue a cancellation. **ACTION**

The Adults Committee Member Training Plan was presented to Members. A Member requested that a visit be arranged to Learning Disability Partnership facilities and to meet with staff and Service Users. Officers confirmed that a visit would be arranged to take place in early 2018 and names of the Members interested would be sought in December.

It was resolved to:

- a) Agree the Committee agenda plan
- b) Agree the training plan that has been developed.
- c) Consider if there are any other areas of the Committee's remit where members feel they require additional training.

## **6. FINANCE AND PERFORMANCE REPORT – OUTTURN 2016/17**

The Finance and Performance Outturn 2016/17 report was presented to the Committee. Officers drew attention to the overall overspend of £499k set in the context of £38.2m of savings achieved across the Council as a whole in 2016/17. For the financial year 2016/17 Children Families and Adults (CFA) Directorate, recorded an outturn overspend of £5m primarily driven by increasing levels of demand and complexity of need within the Learning Disability Partnership and Children's Social Care.

Attention was drawn to the 3 red performance indicators that related directly to the Adults Committee and the further refinement required of the direction of travel arrows relating to the performance indicators

The carry forward proposals were highlighted to Members together with the earmarked reserves; projects that were already underway would continue. Deficits and surpluses in the future would instead be handled in a central corporate general reserve.

Officers agreed to hold a training seminar for Members of the Adults Committee regarding financial reporting. **ACTION**

During the course of discussion Members:

- Queried the level of underspend in adult social care. Officers drew attention to the detailed breakdown of the underspend set out on page 51 of the officer report that showed underspends on contracts, particularly those relating to Housing Related Support and a shortage of Best Interest Assessors that led to an underspend in Adult Social Care Practice and Safeguarding.

Questioned whether virements took place between directorates of the Council in order to address areas that were overspending. There was an expectation that Directorates would manage their budgetary pressures and that the Directorates within Children, Families and Adults (CFA) would work closely together to deliver a balanced budget for CFA.

- Requested that a summary table that showed the total contribution of the responsibilities of the Adults Committee to the overall Childrens, Families and Adults (CFA) Directorate budget be compiled within the report. **ACTION**
- Noted and welcomed the underspend within the Physical Disabilities Team through improved management of block contracts.
- Drew attention to the worsening position of the Mental Health service and questioned the reasons for the position. Officers explained that Cambridgeshire and Peterborough Foundation Trust (CPFT) operated a different IT platform which, when translating the data onto the Council's system, resulted in 2 care packages being missed from the financial reporting that had to then be corrected.
- Expressed concern regarding the number of bed delays attributed to social care and queried how the budget was managed. Officers informed the Committee that a report would be presented to the September meeting of the Adults Committee that would provide information on how the target for Delayed Transfers of Care (DTOCs) would be met including a system wide plan that would address the issue.

It was resolved unanimously to:

- a) Note the finance and performance position as at the end of 2016/17
- b) Recommend the earmarked reserves listed in Appendix 4 of the officer report, which are continuing in 2017/18, to the General Purposes Committee for their re-approval.

## **7. FINANCE AND PERFORMANCE REPORT – MAY 2017**

Members received the May 2017 iteration of the Finance and Performance report that forecast an overspend for CFA directorate of £2,014k predominantly driven by overspends in children's services. There was an overspend of £50k in adult services that had been offset by underspends in mental health and the Carers Service. The trend information for unit cost prices requested by the previous Committee had not yet

been included within the report but would be for future meetings.

During discussion of the report Members:

- Queried the forecast variance of the Learning Disability Partnership (LDP). Officers explained that the report represented a snapshot in time, the savings plans were phased across the year and Members noted there was significant risk attached to the forecast savings. The forecast variance was based on making no changes to the service and illustrated the pressures the service faced. The LDP contained a cohort of people, the vast majority of whom would continue to require services throughout the year which presented particular challenges in order to meet the new budget.
- Noted that a report would be presented in September that would address DTOCs.
- Questioned whether the Better Care Fund grant shown in appendix 3 of the officer report was inclusive of the additional money announced by the Government. Officers confirmed that the additional money that totalled approximately £8m was not included in the figure and a report would be presented to the September meeting of the Committee that would provide further information on the improved Better Care Fund.

It was resolved to review and comment on the report.

## **8. ADULT SOCIAL CARE CUSTOMER CARE ANNUAL REPORT 2016/17**

The Committee received the Adult Social Care Customer Care Annual Report 2016/17. In presenting the report officers drew attention to the learning opportunities complaints provided and the flexibility that was purposely built into the complaints process that made the process easy and accessible to the public. Members noted that the timescales for adult social care complaints were deliberately longer than that of corporate complaints in order to allow for resolution to the complaint to be achieved as early as possible and the longer timescale recognised the often complex nature of adult social care complaints. Officers highlighted the work that had been undertaken regarding invoices for care packages that had been reviewed following a significant number of complaints. This work had resulted in a substantial reduction in the number of complaints that related to invoices.

During discussion of the report Members:

- Clarified how complaints were categorised as informal or formal. Officers explained that complaints were often categorised following discussion with the complainant as to how they wished their issue to be treated.
- Noted that enquiries made by Councillors were not recorded and requested that that such enquiries be captured. **ACTION**
- Questioned the number of complaints that were upheld. Officers confirmed that the data that had been included in previous reports would be included in future iterations of the report so that any trends could be seen. **ACTION**
- Drew attention to the relationship between complaints and safeguarding concerns

as the two could overlap. Members noted that in the event of safeguarding concerns being raised the Customer Care Team would suspend the complaint investigation pending investigation by the Safeguarding Team. Officers agreed there may be an overlap and if the Customer Care Team feel that there is a safeguarding issue the complaint investigation is put on hold and is referred to the Safeguarding Team. Officers agreed to ensure that complaints referred to the Safeguarding Team were recorded accurately and not lost in the recording of complaints. **ACTION**

- Questioned the reasons why there had been a significant reduction in the number of informal complaints received by the Council. Officers confirmed that the level of informal complaints was being monitored and work was being undertaken with Heads of Service to ensure that recording of informal complaints was completed accurately.
- Drew attention to the number of complaints that related to older people's services and queried as to what the main themes of complaint were. Officers explained that a large proportion of complaints related to standards of care received and finance.
- Welcomed the results of the work completed regarding invoices which had resulted in a significant decrease in the number of invoice related complaints received and congratulated officers on its success.

It was resolved to:

- a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2016/17
- b) Agree to the publication of Annual Adults Social Care Customer Care Report 2016/17 on the Council's website.

## **9. EMPLOYMENT STRATEGY FOR PEOPLE WITH LEARNING DISABILITIES OR AUTISM**

The Employment Strategy for People with Learning Disabilities or Autism was presented to the Committee. During presentation of the report officers highlighted the consultation that had taken place and the action plan developed from it. The consultation had been broad, involving Peterborough City Council as their performance was better than Cambridgeshire in this area. The benefits of employment to individuals' health outcomes was emphasised to the Committee as was the potential savings to the Council.

During the course of discussion Members:

- Queried the number of people with learning disabilities or autism that were employed by the Council. Officers explained that the employment data had not been filtered by employer but it was recognised that the Council was not performing well with regard to employing people with disabilities.

- Highlighted the Switch Now community interest company in St Neots that provided young adults with learning disabilities supported training and work experience to develop employment skills.
- Queried what changes had been made to the strategy following the consultation exercise. Members noted that the results of the consultation had identified transport as a barrier to employment with concessionary bus passes not valid at peak times and although there were many training courses available these did not necessarily lead to employment once completed. Transport had therefore been included within the action plan for review.
- Confirmed that 28 more adults in employment, in addition to the 2016/17 potential figure of 88 would bring the Council to the national average of 7% of adults with learning disabilities in employment.
- Drew attention to the need to work more closely with Further Education Colleges and partner public services.
- Considered the Transformation Fund proposal, commenting that the resource did not necessarily have to be a Council officer. Members requested that the Transformation Fund bid be presented to the Committee prior to its submission and that an update on the employment strategy be presented once it had been established. **ACTION**
- Questioned whether the closure of the Remploy scheme had a significant impact on the ability to find employment for people with learning disabilities. Officers explained that the majority of people that were supported through the Remploy scheme would have not met the eligibility criteria for social care services provided by the Council and therefore would have not been included in the numbers of people in employment. Members noted that the majority of people supported by the LDP team would not be able to enter employment due to their disabilities.
- Drew attention to Neighbourhood Cares and the aspiration for the LDP service users to be included in this initiative quite quickly in order for links to be developed with older people promptly. For example LDP service users could carry out gardening for older people who were no longer able.

It was resolved to agree the strategy and to comment on the proposal to develop a business case to the Transformation Fund for additional capacity to deliver on this agenda.

## 10. HOME CARE CONTRACT

Members were presented a report that provided an update on the recent Home Care tender process. During presentation of the report the main challenges that faced the service were set out, including demographic pressures with increasing numbers of older people with increasingly complex needs. The new Home Care contract sought to transform the delivery of home care services by opening up the market by moving away from a framework approach. Work had been undertaken in partnership with the Clinical Commissioning Group (CCG) in order that the Council procured on behalf of the CCG also.

During discussion of the report Members:

- Clarified that those individuals that were currently receiving home care through the current Home Care contract would continue until their package was reviewed and discussions would take place at that point.
- Confirmed that the Dynamic Purchasing System was in effect a list of approved providers that provided greater flexibility than the current framework.
- Noted the duration of the contract and that break clauses were included within the contract that allowed the Council to withdraw from the contract if issues arose with providers.
- Welcomed the emphasis on outcomes based approach as it naturally fitted with the Neighbourhood Cares model.
- Noted that input from providers was being sought regarding operating models and moving from an hourly rate for care. There was a financial challenge regarding inflation rates and therefore a floor and a ceiling rate was set. There was also a formula to account for the living wage.
- Noted that new providers would be rated as red because they had not been previously used and would be targeted by monitoring officers and the due diligence process was designed to ensure mechanisms were in place that provided quality assurance.
- Confirmed that the Care Quality Commission was the regulatory body charged with the responsibility of care home inspection and would carry out spot inspections every 3 years or more frequently if required. The Council would also carry out inspections as part of its contract monitoring process.

It was resolved to note the content of the report and to comment as appropriate.

## **11. TRANSFORMATION PROGRAMME – INCREASING INDEPENDENCE AND RESILIENCE WHEN MEETING THE NEEDS OF PEOPLE WITH LEARNING DISABILITIES**

Members received a report that provided Members with the progress on the Council's initiatives for increasing the independence of people with learning disabilities and the achievement of associated financial targets.

The Learning Disability Partnership was introduced as an integrated service responsible for providing health and social care services on behalf of Cambridgeshire County Council and the Clinical Commissioning Group (CCG). Attention was drawn to paragraph 1.6 of the report that demonstrated how the budget was utilised. Transforming Lives approach to social care was explained to Members which the Neighbourhood Cares model would build on in the future.

During discussion Members:

- Drew attention to paragraph 3.6 of the officer report and the savings forecast to be made following the reviews. Members noted that the level of savings would not be achieved for every care package and the level of savings was therefore unpredictable.
- Emphasised the beneficial outcomes for people achieved through working differently and that the stories of people behind the figure should not be lost.
- Confirmed the gross budget for the LDP was £77m and the savings set out in paragraph 2.2 of the report were recurrent.
- Requested that in future iterations of the report case studies be included. **ACTION**
- Questioned whether any service users would experience changes as a cut in the services they received. Officers explained that there would be some people that felt that services were being cut and dealing with the perception of loss was therefore critical. For example, equipment that reduced the need for double up care packages could be perceived as a cut in care however the technology had replaced the need for 2 carers.
- Noted the changes made to the back office to reduce where possible before reviewing care packages. A provider block contract had also been re-negotiated resulting in a £150k reduction as providers had new staff on different terms and conditions.
- Requested that a future report included a “deep dive” regarding assistive technology. **ACTION**
- Highlighted the number of out of county placements, questioning why the Council continued to fund packages for people who were living outside of Cambridgeshire. Officers explained the legal framework regarding ordinary residence and how funding of placements was affected. Members noted that changes brought in with the Care Act 2014 meant that there was no longer a mechanism by which Councils could transfer the cost of funding of care packages for people living in another local authority to that organisation.

It was resolved to review and comment on the progress to date.

## **12. APPOINTMENTS TO OUTSIDE BODIES, PARTNERSHIP LIAISON AND ADVISORY GROUPS, AND INTERNAL ADVISORY GROUPS AND PANELS**

The Committee was presented a report that requested Members to the various Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels appointed to by the Adults Committee.

The appointments made by the Committee are attached at Appendix A to these minutes.



It was resolved to:

- a) Review and agree the appointments to internal advisory groups and panels as detailed in appendix 1 of the officer report.
- b) Review and agree the appointments to relevant partnership liaison and advisory groups as detailed at appendix 2 of the officer report; and
- c) Delegate, on a permanent basis between meetings, the appointment of representatives to any outstanding outside bodies, groups, panels and partnership liaison and advisory groups, within the remit of the Adults Committee, to the Executive Director (CFA) in consultation with Adults Spokes.

Chairman



## Appendix A

NAME OF BODY	MEETINGS PER ANNUM	REPS APPOINTED	REPRESENTATIVE(S)	CONTACT DETAILS
<b>Older Peoples Accommodation Project Member Reference Group</b> The group will look at the Council's approach to increasing affordable residential and nursing care home provision though the potential use of County Council assets.	4	3	Councillor G Wilson Councillor K Cuffley Councillor M Howell	Rebecca Gipp Transformation Manager (01223) 729144 <a href="mailto:Rebecca.Gipp@cambridgeshire.gov.uk">Rebecca.Gipp@cambridgeshire.gov.uk</a>
<b>Adults Safeguarding Board</b>	6	1	Councillor A Bailey	Claire Bruin Service Director: Adult Social Care 01223 715665 <a href="mailto:claire.bruin@cambridgeshire.gov.uk">claire.bruin@cambridgeshire.gov.uk</a>
<b>Carers Partnership Board</b> Aims to maintain a strategic overview of the support provided by Family Carers across Cambridgeshire.	6	1	Councillor K Cuffley	Graham Lewis Partnership Board Development Officer 0300 111 2301/07507 473813 <a href="mailto:graham@cambridgeshirealliance.org.uk">graham@cambridgeshirealliance.org.uk</a>

<b>Learning Disabilities Partnership Board</b> 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 A Costello	Tracy Gurney Head of Learning Disability 01223 714692 <a href="mailto:tracy.gurney@cambridgeshire.gov.uk">tracy.gurney@cambridgeshire.gov.uk</a>
<b>Mental Health Governance Board</b> Provide the strategic governance overview of the delegated Service as set out in the Section 75 Agreement.	Bi-monthly	1	Councillor D Wells	Charlotte Wolstenholme Business Support Assistant Older People's Mental Health Team 01223 715940 <a href="mailto:charlotte.wolstenholme@cambridgeshire.gov.uk">charlotte.wolstenholme@cambridgeshire.gov.uk</a>
<b>Older People's Partnership Board</b> The OPPB brings together Older People, their representatives, the public and third sector, to work together to ensure the highest quality and best value services for older people across Cambridgeshire.	6	1	Councillor A Bailey	Leisha O'Brien Development Officer Older People's Partnership Board 0300 111 2301 <a href="mailto:leisha@cambridgeshirealliance.org.uk">leisha@cambridgeshirealliance.org.uk</a>

<b>Physical Disability and Sensory Impairment Partnership Board</b> The Board comprises people with physical disability and sensory impairments, carers, local voluntary organisations and staff from the Adults Department within the County Council	6	1	Councillor M Howell	Linda Mynott Head of Disability Services 01480 373252 Linda.Mynott@cambridgeshire.gov.uk
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**Adults Committee****Minutes - Action Log****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 27 January 2017

<b>Minute No.</b>	<b>Report Title</b>	<b>Action to be taken by</b>	<b>Action</b>	<b>Comments</b>	<b>Completed</b>
<b>6.</b>	<b>Finance &amp; Performance Outturn 2016/17 Report</b>	<b>MW/DR/DS</b>	<b>Training Seminar to be scheduled for Adults Committee Members regarding financial reporting.</b>	Provisionally added to Adults Committee training plan for 12 October. To take place on the morning of the Committee. Invite to be circulated.	<b>Complete</b>

6.	Finance & Performance Outturn 2016/17 Report	MW	Members requested that a summary table that showed the total contribution of the responsibilities of the Adults Committee to the overall Childrens, Families and Adults (CFA) Directorate budget be compiled within the report.	Summary table included in report	Complete
8.	Adult Social Care Customer Care Annual Report 2016/17	CB/JC/LC	Members requested that Councillor enquiries be captured within the report	Will be captured in the next iteration of the annual report.	Complete
8.	Adult Social Care Customer Care Annual Report 2016/17	CB/JC/LC	Requested that previous data of complaints upheld be included in the report so that trends could be spotted.	Will be included in the next annual report.	Complete



8.	Adult Social Care Customer Care Annual Report 2016/17	CB/JC/LC	Officers to ensure that complaints referred to the Safeguarding Team were recorded accurately and not lost.	A meeting between the Complaints Team and the Multi Agency Safeguarding Hub (MASH) is scheduled at which a process will be agreed.	Complete
9.	Employment Strategy for People with Learning Disabilities or Autism	LM	Members requested that the transformation fund bid be presented to the Committee prior to its submission and that an update on the strategy be presented once it had been established.	A bid will now not be made to the Transformation Fund as additional resource within existing staffing has been identified	Complete
11.	Transformation Programme – Increasing Independence and Resilience when Meeting the Needs of People with Learning Disabilities	CB	Members requested that future reports included case studies with them.	Future iterations will include case studies where appropriate	Complete

11.	Transformation Programme – Increasing Independence and Resilience when Meeting the Needs of People with Learning Disabilities	CB	Members requested a future “deep dive” regarding assistive technology.	Scheduled to be presented to Committee in October	Complete
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**THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST 2016/17  
ANNUAL REPORT ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES  
FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS.**

To: **Adults Committee**

Meeting Date: **14<sup>th</sup> September 2017**

From: **Wendi Ogle-Welbourn, Executive Director - People and Communities, Cambridgeshire and Peterborough**

Electoral division(s): **All**

Forward Plan ref: **For key decisions    *Key decision:*    No**

Purpose: **The Committee is asked to consider the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) Annual Report for 2016/17 on the delivery of the Council's delegated duties under the Section 75 Agreement.**

Recommendation: **The Committee is asked to comment and advise on any areas of the report in the context of the commitments agreed under the signed Section 75 Agreement for Adult Mental Health.**

<b><i>Officer contact:</i></b>
Name: Deborah Cohen
Post: Director of Service Integration
Email: <a href="mailto:deborah.cohen@cpft.nhs.uk">deborah.cohen@cpft.nhs.uk</a>
Tel: 01223 726761

## **1.0 EXECUTIVE SUMMARY**

1.1 This report summaries the performance of CPFT for 2016-17. It shows strong performance in all key areas with a few exceptions which are described in the body of the report.

1.2 The Committee is asked to note:

- Achievement against the Section 75 Action plan
- Strong and improved performance against activity targets
- Strong performance against financial targets, including a significant requirement for efficiencies in costed care packages

The Committee is asked to note the priorities followed through to 2017-18 which, in particular, include.

- The start of the second phase of the social care re-organisation which addresses the need for Care Act compliance across CPFT, not just amongst social workers
- The development of a business case to support implementation of the Care Act by providing more social care resource at the front line.
- Work to refine the performance and activity data collected.

## **2.0 BACKGROUND**

2.1 This is the annual report for 2016-17 presented to the Adults Committee under the Mental Health Section 75 Partnership Agreement between the Council and CPFT. Under the Agreement, which was signed in December 2014, the Council has delegated the delivery of mental health services and delegated specified duties to CPFT for people over 18 years with mental health needs. The reason for the Council and CPFT coming together in a partnership is to deliver an integrated health and social care service which is so well co-ordinated that it appears to services users and carers it is being delivered by 1 organisation - seamlessly.

2.2 While it is possible for councils to delegate service responsibility for day to day delivery of functions to the NHS, it is not possible for councils to pass legal responsibility for the provision of an Approved Mental Health Practitioners (AMHP service) to the NHS. AMHPs are responsible for assessment under the Mental Health Act and the Mental Capacity Act. In practice, this means that the Council holds responsibility for ensuring the sufficiency and quality of the AMHP service. AMHPs who are social workers hold Council contracts of employment and are seconded under the Section 75 agreement into the Trust. Health professionals e.g. nurses and occupational therapists can qualify as AMHPs.

2.3 This report covers the following areas:

- Reorganisation of services
- Review of Mental Health Section 75 Work Plan for 2016-17
- Activity 2016-17
- Staffing
- Care Packages Budgetary Performance
- Priorities for 2017-18
- New Legislation: Policing and Crime Act 2017
- Risks
- Alignment with Corporate Priorities

## **3.0 REORGANISATION OF SERVICES**

- 3.1 In October 2016, Members were informed of the intention to redesign the operating system for social work within CPFT to strengthen the implementation of the Care Act and align mental health services with the Transforming Lives model. This workstream sits within a wider reorganisation in the mental health services to establish an enhanced primary care mental health service – called PRISM. The aim of PRISM is to increase early intervention and provide preventative services that can reduce the pressure on the integrated health and social care locality mental health teams for assessments. This particularly relates to individuals who can be supported effectively in the community without input from more specialist mental health services provided by CPFT that are needed by people with the most complex needs.
- 3.2 Stage 1 of the reorganisation, completed in February 2017, aimed to put in place a management structure that has a direct line of accountability to the Council through the Director of Service Integration (joint appointment between Councils and the Trust) to the Executive Director - People and Communities and the CPFT Chief Executive. The reorganisation was cost neutral, achieved by removing a layer of management (the “social care leads”) and increasing the team manager roles that now report directly to two Heads of Services: Head of Service Older People Mental Health and Head of Service Adult Mental Health. The structure has been well received as it has strengthened front line operational and professional management, bringing the team managers into an extended management team. This has created more career opportunities for mental health social workers across the service.
- 3.3 Stage 2 of the reorganisation is focussed on designing and implementing the new operating pathway. This is described at a very high level in the following diagram. The key criteria relate to whether an individual has needs that require assessment or response under the Care Act. Completion is scheduled for end of 2017-18.
- 3.4 Diagram 1: High level view of new Operating Pathway

GP Referral/ Self Referral				
PRISM Health assessment incorporating high level Care Act Screening				
<b>Outcome:</b> Eligible for secondary/(specialist) Mental Health  Tier 3		<b>Outcome:</b> Care Act needs but no/limited health need identified  Tier 2		<b>Outcome:</b> No Care Act needs identified on initial assessment  Tier 1
Detailed Care Act Screening (within Core2 assessment) & separate eligibility assessment		Adults Early Help / or PRISM social care staff (tba) (may do full Care Act assessment & separate eligibility assessment)  Mental Health Reablement Services (under development out of existing resources)		Has Care Act needs on initial assessment
Support plan etc (CPA/Care Act)		Brief intervention by Adults Early Help Team, Reablement, or PRISM social care staff (tba)	Information and advice or signposting	Need for Information, advice or signposting
At any stage the PRISM and Adults Early Help can loop back into adults locality teams for advice and support				
<b>References to “tiers” is to the Transforming Lives model</b>				

- 3.5 Extensive work has been carried out to agree a new CPFT wide core (basic) assessment to incorporate the Care Act assessment in order to ensure that all CPFT assessments (not just those carried out by social workers) are Care Act compliant. This is about to be trialled on the Trust's patient information system.
- 3.6 A business case is being developed for social care resources for Tiers 1 and 2 of the model. This will be taken to the Integrated Commissioning Board to ensure that people get the services they need as early as possible in the course of their mental health problem. This will reduce referrals to specialist services at Tier 3 which are likely to take them away from their friends and families if they are to be treated. Apart from increasing providing wellbeing for the individual, this is of benefit to both health and social care, helping to ensure that services are used more appropriately. The mental health part of the pathway will include Adult Early Help Team which is well- established.
- 3.7 Mental Health reablement services are being developed through a re-focussing of the work of the Council funded support workers who sit within the Trust under the Section 75 agreement. In the mental health context, reablement is focussed on helping people to maximise their independence, working with them on a time limited basis to meet their own goals. This can involve family work, facilitating local connections and networks, supporting people into activities that they enjoy – including the CPFT run Recovery College and supporting a return to employment.
- 3.8 In parallel with the development of the model, CPFT and Council management information staff are working on how the Council short and long term activity indicators (the SALT measures) can be recorded and reported on. This is not simple because the PRISM service will record its activity on the primary care system. This is work in progress.
- 4.0 REVIEW OF MENTAL HEALTH SECTION 75 WORK PLAN for 2016 - 2017 (Appendix 1)**
- 4.1 Appendix 1 to this paper is the year end report on the work plan for 2016-17. Progress over the year has been tracked by the Mental Health Governance Board. Comments below relate to those items that are red 'rag rated' at the end of the year and those where there has been deterioration since Quarter 2. It should be noted that the plan is a single combined plan for both CCC and Peterborough City Council and where there are items specific to one of the two councils as noted in the text.
- 4.2 Comments on CCC items rag rated red at year end:
- Completion of carers' records: this is red reflecting the poor performance (under 10% of all patient records have a carer record/ nil return recorded) at the year end. This indicator is on the Trust Board Assurance Framework and has been made top priority by the Trust and Commissioners with the aim of achieving a green rating this year. The Trust has set its target based on everyone using Trust services. This extends the target considerably because previously it had been based on the numbers of service users in receipt of council funded care packages.
  - Take up of direct payments is below target: see section 4 below.
  - Securing recurrent funding for the Recovery College has proved difficult. Both Council and CCG commissioners are working with the Trust on a plan for the Recovery College.
- 4.3 Comments where rag rating has declined between Q2 and year end:

- Mental Capacity Act/ Deprivation of Liberty Safeguards (MCA/DOLS) – there have been a number of legal challenges on the CCC side this year which while none were upheld against the Council, highlighted some practice issues across the wider multidisciplinary teams. There has been strong progress in the mental health services since with training provided by both the Trust and Council and case discussion in the Mental Health Social Work Forum. This has highlighted that more work is required in other parts of the Trust to raise awareness and confidence in dealing with capacity issues. These services often look to the MH social workers to guide and advise. This is outside the scope of the MH Section 75 but MH social workers have up to now been seen as the lead on the MCA. The Trust is addressing this through a robust training programme on MCA.
- Review of s135, s136 policies – this work needs to be revisited because of new legislation (see section 8 below). Work is in hand being led by the Crisis Concordat locally.

## **5.0 ACTIVITY 2016-17 (Appendix 2)**

- 5.1 Appendix 2 to this report sets out the performance under the Section 75 Partnership Agreement for this year. This is based on the cycle of assessment, support planning and review. As reported before, social workers within the locality mental health teams do all of these activities, often together with other members of the multidisciplinary teams. It is challenging to reflect this activity and activity related to duty/intake functions of the team and the complexity of some of the casework that is allocated to social workers – especially cases involving wider family issues or legal challenge is not captured in full within this data. At the current time, despite exploration, it is not possible to address this within MOSAIC or the CPFT information systems.
- 5.2 Since last year's report, a considerable amount of work has gone into resolving some of the systems issues that were preventing collection of data about key performance indicators. Most of these had been addressed by the year end and this can be seen in the increase in recorded percentage by the year end on line 4. Early engagement with the MOSAIC programme is key to ensuring that this is maintained.
- 5.3 During this year, for the first time, CPFT has been able to report on the total number of initial (core) assessments completed per month by named, Section 75 funded social workers (line 2A Appendix 2). This will be tracked to see if the new PRISM services have any impact on the numbers of assessments. The items below cross reference to the Performance indicators in Appendix 2. Reference numbers cross reference to the ID number in the first column. Comments are made only where targets have not been met.
- 5.4 Care plans with social goals – created/updated (Lines 18a and 18b). The accuracy of the data will be checked during the year with the intention of starting to understand the wider social care activity beyond commissioned care packages. No targets were set for these lines because it is not possible until we have at least two years data to set meaningful targets.
- 5.5 Reduction in bed delays of transfers of care: the number of Adult and OPMH bed days lost, which are attributable to LA (Line 1). This relates to delays in psychiatric hospitals for social care reasons. A total of 566 days were lost, relating to 7 patients. There is no target: The

aim is to keep these to zero.

- 5.6 Proportion of eligible social care users receiving self-directed support: target 93% vs average achieved for the year of 68% (Item 1c Part 1 Local). The data indicates that services have struggled to reach this target. However this indicator is linked to a service descriptor in the Council system that was not linked to the Supported Living Services, leading to an under reporting of this activity. CCC has recently provided CPFT with a new descriptor that rectifies this and as a result a significant improvement can be seen from December (72%) to March figure of 86%. We should continue to see an improvement during 2017/18.
- 5.7 Proportion of eligible service users receiving Direct Payments (Item 51c Part 2). Target 24% average for year 9%. Nationally, the take up of direct payments in mental health is low. In addition, locally, it is not possible to arrange direct payments for a significant proportion of our service users who are placed in Metropolitan Housing units because the housing and the support are provided as a single package, removing the option of more individualised care packages/commissioning. The supported living component of the contract have just been re-specified and re-tendered. Through the specification the accommodation and support are separated. Therefore it is likely that there will be an improvement in performance on this indicator in the forthcoming year.
- 5.8 Number of service users with no review date (Item 8b RV3). There is no target for this, but it should be noted that these figures are taken from AIS, the Council's system, and relate to service users with care packages only. It has not always been possible to close down reviews where decisions on funding from the CCG are open. This has been an ongoing issue over 16-17 due to the review of the Joint Funding Tool, used to decide funding splits between CCG and the Council. However it is possible to monitor reviews via the social work in house manual system and other available reports. This allows the service to ensure that reviews across social work caseloads are timely.
- 5.9 The number of carers' assessments completed for carers of CCC patients (Item 13). No target was set for this for 2016-17 but as noted above performance is very low. A target of 60 percent of the active caseload at month end, to have a carer recorded has now been set. The data will be cleansed to ensure that the active cases where there is no carer to be recorded will be excluded from the denominator. It is likely that a significant number of people for whom this applies have been included to date. The performance data is therefore incorrect. CPFT and Commissioners have prioritised improvement in respect of this indicator through 2017-18. The improvement of carers assessment, information, advice and guidance and support where it is assessed as being required and the carer is eligible has also been prioritised by CPFT and commissioners in-year.

## **6.0 STAFFING**

- 6.1 On 31<sup>st</sup> March 2017 there were 17.48 whole time equivalent (wte) vacant social work posts across the CCC area. The high number was the result of holding vacancies while the restructure was completed. This was to ensure that nobody was left without a post following the restructure. The vacant posts have been released for recruitment in batches since late February 2017. It has been possible to recruit 6.0 whole time equivalent (wte) staff, reducing the number of vacancies to 11.5 wte. While the vacancies were held and during recruitment, a number of agency staff were engaged to cover the work. The table at 6.2 below sets out the vacancies at the year end and the vacancies at the time of writing.



## 6.2

	Total vacancies July 2017	Total vacancies 31st March 2017
	WTE	WTE
<b>CCC</b>		
Mental Health social work manager	0.00	1.00
Senior social workers	2.00	4.73
Social workers	4.00	5.00
<b>Total</b>	<b>6.00</b>	<b>10.73</b>
<b>CPFT</b>		
Support worker	2.50	1.00
Discharge planning	1.00	2.85
South Finance & Admin Support	1.00	1.90
North Finance & Admin Support	1.00	1.00
<b>Total</b>	<b>5.50</b>	<b>6.75</b>
<b>GRAND TOTAL</b>	<b>11.50</b>	<b>17.48</b>

- 6.3 The staff funded by the Council under the Section 75 agreement are either employed by CCC directly and seconded to the Trust, or are employed on CPFT contracts with the cost being recharged to the Council. The budget includes management, social workers, AMHPS, support workers and administration. The outturn figure for the budget was an underspend of £202,872 on a total budget of £3,072,633 (6.6%: 15/16 6.4%). The underspend stays with the Council.
- 6.4 In addition to the posts above there is NHS funding for 3 AMHPs to sit within the new First Response Service. These posts have not yet been filled.
- 6.5 CCC and the Trust have been joint participants in the national Think Ahead Social Work training programme which lasts two years. The programme gives newly qualified social workers extra support during their first year of employment to help them develop their skills, knowledge and professional confidence. There is no obligation to offer employment at the end of year two, but it is anticipated that there are likely to be vacancies. It has been agreed to continue with the programme and take 4 more Think Ahead participants from cohort 2. Think Ahead fund the training and a Band 7 Social Work Consultant who is responsible for the students. Year 1 of the first Cohort has just finished and the 4 newly qualified social workers now move to Year 2 where they complete a masters degree and complete the assessed and supported year in employment.

## 7.0 CARE PACKAGES BUDGETARY PERFORMANCE

- 7.1 The initial savings target for the Independent Sector Provider budget for 2016-17 was £1.253m. This figure was achieved early in the year and a stretch target was agreed with commissioners increasing the target to £1.353m. In addition the allowance for demography of £629,000 was unspent. See table at 7.2 below. It is unlikely that this will be repeated this year because a significant proportion of the potential savings will have been realised.
- 7.2 Contributions to the cost of care packages from the NHS have increased during 2016-17 (both continuing care and joint funded packages for people with entitlement to free aftercare under s117 of Mental Health Act).

7.3 Delivery of the efficiencies summarised above, required a reduction in the number of new packages including new admissions to nursing home and residential placements for adults under age 65. The total number of packages was reduced by 14 percent (61). See the table below.

7.4

	Community based support	Direct Payments	Home & Community Support	Nursing placements	Residential placements	Supported accommodation	Total
<b>April 2016</b>	<b>28</b>	<b>21</b>	<b>203</b>	<b>12</b>	<b>56</b>	<b>130</b>	<b>450</b>
New packages	5	1	28	7	15	26	82
Ended packages	-10	-7	-68	-8	-17	-33	-143
<b>March 2017</b>	<b>23</b>	<b>15</b>	<b>163</b>	<b>11</b>	<b>54</b>	<b>123</b>	<b>389</b>

7.5 A target to reduce the use of residential care to a minimum, making better use of supported accommodation where individuals have their own tenancies and a greater degree of independence was agreed with Commissioners during 20-16/17. This requires a greater and more flexible supply of supported accommodation than is presently available. In support of this, the existing service is subject to a re procurement which will be mobilised from November 2017.

7.6 The position for Older People Mental Health also shows a significant reduction – 15 percent (45) - in the number of care packages - see the table below.

7.7

	Day Care	Direct Payments	Domiciliary Care	Nursing placements	Residential placements	Other (incl Respite)	Total
<b>April 2016</b>	<b>4</b>	<b>16</b>	<b>59</b>	<b>166</b>	<b>58</b>	<b>3</b>	<b>306</b>
New packages	4	8	31	38	31	5	117
Ended packages	-4	-8	-45	-68	-33	-4	-162
<b>March 2017</b>	<b>4</b>	<b>16</b>	<b>45</b>	<b>136</b>	<b>56</b>	<b>4</b>	<b>261</b>

7.8 In Older People Mental Health, the strategy remains to promote independence and delay admission to care homes to bring lengths of stay in line with national averages. This requires alternatives to be available to support people at home (both health and social care provision). Access to the general council reablement services and the role and use of support workers are being reviewed to step up the use made of these services. Targets for a third year of efficiencies have been agreed with Commissioners for 2017-18.

## 8.0 PRIORITIES FOR 2017-18

8.1 The table below sets out the priorities set for 2017-18.

1. Continuation of the Social Work Programme:
  - Shift in focus to the organisation of the Peterborough Service in the context of the increasing working together across the two Councils.
  - Review of support planning tool (in the new operating model)
  - Rolling out the model of reablement across all of CCC area
  - Complete the Social Work for better Mental health programme
  - Complete the work to develop tier 1 pathway that aligns with PRISM
  - Achieve additional funding to develop tier 2 pathway via Business Case to Integrated Commissioning Board
  - To record SALT indicators based on the new pathways (preparatory work in 17-18 to take effect from 18-19)
2. To work with the two Councils to develop a single audit cycle for routine quality checks
3. To embed the work to support Carers in clinical practice including young carers/ young people with a parent with mental health problems:
  - Improve performance on identification of Carers
  - Continue with Triangle of Care
  - Think Family programme (CCC)
4. Direct Payments – improve take up
5. Implementation of Policing and Crime Act 2017
  - Review responsiveness of AMHPs including interface with EDT
  - Interface with the new First Response Service
6. Review of AMHP training arrangements
7. To assess and realise the opportunities for improved service delivery presented by the implementation of MOSAIC
8. Completion and operationalisation of the joint funding tool
9. New section 75 agreement to be in place for 1<sup>st</sup> April 2018 delivering the following improvements:
  - Care Act and new operating model
  - Interface of OPMH social work with locality teams in CCC
  - Prison service in Peterborough (see above)
  - Safeguarding including relationship with MASH
  - Carers
  - Employment Strategy including development of Recovery College as a core component within the mental health pathway
  - New performance and activity schedules including targets.
10. Increase in supported accommodation to reduce residential care for Adult MH.

## 9.0 NEW LEGISLATION: POLICING AND CRIME ACT 2017

- 9.1 The Policing and Crime Act 2017 (PCA) received Royal Assent on 31 January 2017. This legislation makes provision across a very broad range of areas affecting police and crime,

and includes a number of provisions concerning the police interaction with mental health services. Guidance was due to be published in May 2017 but this has been delayed into the Autumn at which point the new arrangements must be established.

- 9.2 The local Crisis Concordat Board has been overseeing the planning for implementation of new arrangements. Key relevant areas to note are:
- New reduced time limits the time that individuals can be detained under Section 136 –of the Mental Health Act. Section 136 allow the Police to take someone with a mental health problem to a place of safety if they believe that the person needs care or control.
  - New definitions of a place of safety.
  - Police stations must never be used as a place of safety for people under age 18 and only in exceptional circumstance for adults.
  - Implied new requirements for responsiveness of AMHPs.
- 9.3 Specific actions for CPFT are noted in paragraph 7.2 above (point 6).

## **10 ALIGNMENT WITH CORPORATE PRIORITIES**

### **10.1 Developing the local economy for the benefit of all**

- 10.1.1 Progress towards improved performance of services and outcomes for people with mental health problems will contribute to the development of the local economy, benefiting everyone living and working in Cambridgeshire and Peterborough. Improved performance against the employment performance target (Appendix 2 Item 9a) is of particular importance.

### **10.2 Helping people live healthy and independent lives**

- 10.2.1 This report relates to how the Council's duties to support people who are vulnerable due to their mental health needs are met. The service it accounts for comprises a key part of the overall strategy of ensuring people with mental health needs are supported to live healthy and independent lives.

### **10.3 Supporting and protecting vulnerable people**

- 10.3.1 This report relates to services that provide support and protection to vulnerable people.

## **11.0 SIGNIFICANT IMPLICATIONS**

### **11.1 Resource Implications**

- 11.1.1 This report includes detail of the financial context and the expectations in terms of delivering savings as part of CCC Business Plan 2016/17.

### **11.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

- 11.2.1 There are no significant implications within this category.

### **11.3 Statutory, Risk and Legal Implications**

- 11.3.1 Many of the duties delegated to CPFT are statutory duties and have financial implications. As these duties have been delegated to CPFT, if they are not delivered effectively, the Council will ultimately be held responsible for any failures in practice and will be subject to

any financial consequences. Therefore priority is given to ensuring that there is a strong partnership between the Trust and Commissioners. This is supported by monthly operational meetings which are attended by Commissioners and quarterly Governance Board meetings with the Trust Chief Executive attends.

#### **11.4 Equality and Diversity Implications**

11.4.1 There are no significant implications within this category.

#### **11.5 Engagement and Consultation Implications**

11.5.1 There are no significant implications within this category

#### **11.6 Localism and Local Member Involvement**

11.6.1 There are no significant implications within this category.

#### **11.7 Public Health Implications**

11.7.1 The work delivered by CPFT under the Agreement contributes directly and indirectly to the achievement of Public Health Mental Health Outcomes, for example in relation to wellbeing, mental health and work, and mental health and homelessness – of people with mental health problems and their carers. .

<b>Source Documents</b>	<b>Location</b>
<b><i>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust (2014)</i></b>	<a href="mailto:deborah.cohen@cpft.nhs.uk">deborah.cohen@cpft.nhs.uk</a> and <a href="mailto:Fiona.davies@cambridgeshire.gov.uk">Fiona.davies@cambridgeshire.gov.uk</a>
<b><i>Being mindful of Mental Health – Role of the Local Government</i></b>	<a href="https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing">https://www.local.gov.uk/being-mindful-mental-health-role-local-government-mental-health-and-wellbeing</a>



Cambridgeshire  
County Council

Year End



## MENTAL HEALTH SECTION 75 COMMITMENTS -: 2016 - 2017 PLAN of WORK

On track G

Imminent action expected A

Off track - risk to project completion R

Pipeline B

Item	Deliverable/Activity					
1.0	Care Act and Transforming Lives (CCC) /ASC Transformation Programme (PCC)	Actions	Lead Managers	Q2	Year End	Notes
a	All assessments completed to Care Act and CCC/PCC standards	To be tracked through monthly Social Care and Savings Board and quality <b>assessed</b> through periodic reports from the Panels and through audit using Council's QA too.	HOSW and SCLs (replaced by Team managers mid year)	G	G	A number of attempts had been made to "bolt on" changes to key CPA documentation within the Trust to make the CPA process Care Act compliant. It became apparent that this was not possible. In addition in Spring 2016 the CCG commissioned the Trust to develop a Primary Care Mental Health service which meant that the Trust would be offering services to those not eligible for CPA. These two factors were the drivers for setting up the Social Work Reorganisation Programme which, following three months of consultation in the Trust, started in September 2016 with a new strengthened, social work specific management structure. This plan of work was constructed before the programme so it does not reflect the programme and the four workstreams in the programme. The first work-stream is redesigning the customer journey to match the Transforming Care (CCC) / 3 tiers model (PCC). At the year end the operating model was agreed and a new Care Act compliant Core 2 assessment was being trialled in paper before updating Rio. This means ALL CPFT CPA assessments are Care Act compliant regardless of who is carrying them out.

b	Prevention and signposting completed to Care Act and Council standards	A continuing programme of roadshows and workshop will be run across the forthcoming year building on the March 2016 in which the new QA tools introduced. The Roadshows will focus on the process for Social Workers initially. After 3 months the aim is to roll out to care co-ordinators with Team Managers involved.	HOSW and SCLs (replaced by Team managers mid year)		G	A great deal of preparatory work had been done by 31st March 2017 to build into the new operating model the interface with the Adults Early Help Team (CCC) and See and Solve (PCC). This work will continue in 17-18 within PRISM Phase 2. See below for Reablement
c	Support planning completed to Care Act and Council standards				G	Existing quality control processes in place to monitor support plans and reviews. However it is planned in the latter part of 2017 to move on to reviewing the actual support plans and reviews used for CPA against Care Act standards.
d	Reviews completed to Care Act and Council standards	Through initial audits and learning to establish a baseline - with All Social Work assessments being complaint - then move onto all care co-ordinators			G	Reviews - see 1c above CCC - The quality assurance process and the audits for SW cases with commissioned packages commenced in July 2016 and has been rolled out into PCC as well.
e	Eligibility evaluated against Care Act and Council standards	Initial audit process and learning			G	Eligibility addressed above as part of assessment and is built into new pathway.

f	Ongoing CPFT staff training plan and programme	Training plan to be developed	HOSW, SCLs and L&D	G	G	The Social work Forum now combines PCC and CCC social workers, and support staff and meets 5 times a year. This has been very well attended and the PSWs and Heads of Quality are invited to participate/use the forums to disseminate updates etc. One of the workstreams of the reorganisation is L&D. This is being worked up between CPFT and CCC and it is hoped 17-18 to engage PCC in a three way partnership.
g	Amendments to Rio to support recording of Care Act requirements	RIO team to enable the Tmodel to be uploaded onto RIO	RIO/Performance Manager	G	G	See 1a above.
h	Carers are supported	Audit of Carers assessments, support plans and reviews against standards	Associate Director Service Integration	G	R	Triangle of care has rolled out across the Mental Health directorate, and new trajectory set in trust quality standards. Carer record in situ to monitor carers in the Trust and the no. of carer assessments / support plans. Additional support on performance through Directorate meetings. This is has been slow to take up and the Trust Board have made this a top priority in acknowledgement that performance stats are poor.
i		Implementation of the Triangle of Care programme			G	Implemented fully across MH Services in the Trust



j	Review of social care pathway within CPFT including access, referral criteria within CPFT and links to community organisations	to implement the Building Resilience and Recovery Strategy: developing Recovery pathways. To implement the Compact to strengthen the partnership between the Trust and voluntary/community organisations to promote recovery and wellbeing	Heads of Social Work. And Recovery Manager	G	G	Building Resilience and Recovery Strategy: developing Recovery pathways has been implemented and action plan in progress and governed through recovery board.. Compact implemented to strengthen the partnership between the Trust and voluntary/community organisations and promote recovery and wellbeing
k	Embed mental health reablement approaches within the Trust	CCC: to reinvigorate the reablement pilots in Huntingdon and Fens PCC: to embed the newly established reablement team	Heads of Social work	A	A	PCC - This is progressed and reablement team has mobilised. Issues recruiting a team manager. Secondment of an internal manager within CPFT in place at the moment. CCC - reablement model is embedded within the teams using the support workers.
l		To agree and track outcome measures for users of the reablement services and report on these	PCC Head of Social Work & MH Commissioner CCC Head of Social work OPMH	A	A	PCC -this is now operational and a service spec and KPIs to be drafted CCC- In progress - through the Social Work reorganisation Programme Board

	To increase the take up of direct payments	To review what services exist including commissioning a personal assistants service for service users to use	Mental health commissioners	R	R	CCC very low take up because of issues in way Direct Payments are organised and support (issue across all of Adults)
				A	A	PCC performance is better than CCC.
<b>2.0</b>	<b>Workforce and Staff</b>					
a	Implementation of Think Ahead in CCC and review of whether and how this might be extended to PCC	Recruitment of first cohort of students in September 2016	L&D/MH Commissioners	G	G	Planning cohort 2 - original plan was that PCC to take half the students - not the case - CCC taking all students.
b	Review of L&D and the delivery of training	Inclusion of social workers in the Trust who are not under the section 75 into training and development for social work staff.	Heads of Service/General Managers	G	G	All social workers are invited to the MH social Work forums - for CPD. New Training and development plan open to all.
c		Programme of mental health social work forums be run in both CCC and PCC	DC, Heads of social work	A	G	The Social work Forum now combines PCC and CCC social workers, and support staff
d		Increase in number of professional staff other than social workers taking up AMHP training	COO / DC	A	A	For 17-18 there a number of non social workers who have expressed interest in the taster training but it is yet to be seen how many take up the training. Very actively promoted by new L&D manager. But not against national standards CPFT is stand out.

e		To review the use of local authority funding placed in the Trust for L&D services	Heads of Social Work/Head of SI/L&D Managers in the Councils	A	G	CCC Above superseded by the partnership now being put in place by the new Trust Head of L&D with the LA Heads of L&D. At time of writing discussions underway for CCC to use Trust L&D tracker system Tutara. Reciprocal arrangement regarding access to training in place – to consider linkage to Recovery College. To be included in s75 review below
f		To review the interface of the L&D service with the PCC Council service and work across with both Councils to try to align training for MH social work staff	Heads of Social Work/Head of SI/L&D Managers in the Councils	A	A	PCC As above but working behind CCC.
g	CCC: Ensure that the current structures are fit for purpose to deliver the Care Act and TL programmes and Savings requirements	To review the management arrangements and structures in Adult MH learning from the change in structure in OPMH during 15-16	DC/HoSW/AD Transformation	G	G	Completed. Working with the Social Work for Better Mental Health programme to evaluate the reorganisation - programme commissioned nationally by Lyn Romeo Lead social worker in DH.
h	CCC: Ensure best use of AMHP and social work resources is being made and is delivered as close to the team working with the client as possible.	CCC: Review of deployment of AMHPS within the teams and the mix of duties between mental health act work, care coordination, and care packages work.	Heads of Social Work/Head of SI	A	A	Part of the transformational work within the Social work transformation programme. To be revisited in light of Policing and Crime Act 2017 in 17-18

i		CCC: to review the supervision structures within the teams against Council standards (ratios of supervisors to supervisees etc)	Head of Social Work CCC	G	G	Audited in year.
j	PCC: work with the social work and PALT teams together and separately to strengthen seamlessness of service delivery for clients	PCC: commission programme of organisational development to bring the social work team and the PALT closer together.	Head of Social Work PCC and CPFT HR	G	A	Regular meetings are in progress, and process implemented. ongoing work to rethink MDT working and collaboration >Also to bring social work leadership to be more present in PALT As CCC and PCC move closer together to revisit. Major recruitment problems in PCC
k	PCC: To ensure Social Work Service in HMPP Peterborough and Peterborough Approved Premises is Care Act compliant	To review Standard Operating policy and update as necessary. To develop a service specification and formalise KPI's	PCC Head of Social Work	G		To be reported in separately. Big risk in that there is only one standalone worker so service would stop if anything happened to that one worker. Under consideration by Commissioners.
<b>3.0</b>	<b>Financial Management and Authorisation</b>					
a	Robust authorisation and financial monitoring systems agreed and implemented	Review of procedures incorporated into the Savings programme (CCC) Review of procedures carried out in 15-16 (PCC)	Head of Social Work (CCC)	G	G	Monthly met with Accountant and PCC 2-weekly saving project meeting and the same for CCC Savings and Performance Monthly Boards operational since April 2016.
b	Implementation of Savings Programme	To be tracked through separate processes		G	G	Achieved for 2016-17 for both Councils

c	Budgetary forecasting: agreed improvements in place and monitored	Forecasts to be updated each month for the relevant monitoring meeting. Any over/underspend in excess of 10% of budget to be reported asap to the relevant Council.	DC/Heads of Social Work	G	G	CCC - Re-establish a monthly operational finance meeting to monitor staffing and cost of care. 1st meeting due 31st August.
				G	A	PCC - flow of activity and finance information not consistent from the Council.
4.0	Performance and information reporting/systems					
a	Links to Council systems in place - work started in 15-16 to continue.	CCC: improvement to the links to the AIS system to be made thereby reducing the time lag in recording mental health activity on the council systems. To progress the use of the electronic automated system for Adult MH (already in use for OPMH). PCC: To keep under review admin capacity to ensure timely recording of care packages on FWI.	Social Care leads/Business & Performance Manager/CPFT Head of information	A	G	CCC - By year end major improvement in data quality due to moving data between systems etc.
				A	R	PCC - activity reports from FWI ceased in Nov 2016.
b	Improvement in performance reporting to the two Councils	To report monthly on the refreshed common KPI set across both councils	Heads of Social Work	A	A	In progress - actions needed by Business Intelligence team but great improvements already made in development

c		Using the new Trust data warehouse - social care KPIs reported on at QSG and also taken down to team manager level	Heads of Social Work	G	G	Now operational and monitored through supervision
d		Existing highlights reports to be developed and refined further and to be available for monthly monitoring meetings with the Councils.		G	G	Reported through Service Integration directorate
e	Agreed quality assurance framework implemented and reported on regularly.	See Care Act section above.				
5.0	Section 117					
a	Sign off of single Operational policy across PCC, CCC, CCG and CPFT ( This is NOT about the funding of Care packages )	Policy completed in March 2016 and in sign off stage	MH Legislation Manager	G	G	Decided that this was to be a CPFT policy only and that a separate policy for the funding of packages to be put in place between CCG and the two Councils. CPFT policy signed and training has been run for staff. Tracking of implementation to continue in 2017-18.

b	Implement the new Section 117 policy and procedures	Training and audit cycle to be established. To note the savings component of this work removed.	Head of SI and MH Legislation Manager	G	G	Training sessions (which covered legal framework, as well as introduction to the new procedures) were delivered in 3 localities during October 2016. Follow up training sessions with Doctors are scheduled for Dec 16/Jan 17. The E-learning module will go live by the end of Dec 2016. On-going data quality checks are carried out by the MHA Admin Team and Social Care Business Manager. A RiO s117 module is being developed with the aim of recording the information around s117 eligibility status, details of after care provided, review and discharge - as part of the Electronic Patient Information System and ensuring the accessibility of the register to the teams and the timely update of patients s117 status as part of their regular care planning reviews.
6.0	<b>Mental Capacity Act and DOLS</b>					
a	MCA Multi agency policy and practice	Review the policy in the light of challenges received in 2015	MH Commissioner, MH Legislation Manager and Council MCA leads	G	A	Policy review is lead by CCC and is in its final stages, with the aim of completing the review by the end of December 2016. CPFT developed an internal procedural guidance to staff on capacity and BI assessments. Marked Amber as this needs more consideration in context of the community (non MH) services run by CPFT.
b		Ensure regular updates on issues relating to applications to the Court of Protection are in place and on the joint management of legal challenges relating to MCA and DOLS	MH Legislation Manager and Council MCA leads	G	G	Cross Organisational MCA/DoLS meeting was re-established. Councils Leads and CPFT MH Legislation Manager are in regular contact and updates are being cascaded to staff in all organisations.

c		Training on DOLS /MCA and interface with the MHA (booked for 10th May 2016)	MH Legislation Manager and Council MCA leads	G	G	A MCA/DoLS/MHA interface cross organisational workshop was commissioned by CPFT and delivered by 39 Essex Chambers. Information was cascaded to staff and will form part of the multi agency policy review. CPFT is closely working with Council Leads and delivering joint training in key areas. Following a training session with the Integrated Care Team in Nov 2016 - more case-specific sessions have been held with both teams/services. Risk to the Trust re DOLS/MCA elevated via internal Clinical Governance processes.
d		Audit to be carried out	MH Legislation Manager and ADO (Operations) and Information Manager	A	A	-Internal Audit completed in Feb 2017 and there is a year to implement the recommendations. Carried forward to 17-18.
7.0	<b>Policies and Procedures</b>					
a	Update and review a range of policies that relate to social work/social care	Review the new Section 135, Section 136 policies	Heads of social work/Head of SI	G	A	Likely to need review in light of Policing and Crime Act 2017 when the guidance is published (expected now in Sept 2017). Task and Finish Group set up by the Crisis Concordat locally who will oversee this.
b		Review operation of the new AMHP approval and re-approval policy.		G	G	Completed. To be reviewed in 17-18
8.0	<b>OPMH</b>					



a	CCC Embed new arrangements in the integrated care directorate	Sign off of new operating policy	Heads of social work	G	G	within the Social Work Reorganisation
b		Policy regarding use of CPA and working with clients with identified mental health needs who are not on CPA		G	G	within the Social Work Reorganisation
c		Commissioning of a wider range of care options to reduce the use of care homes	MH commissioners	A	G	Work to understand and scope the issue under way led by Commissioning
d	PCC: placeholder for Vertical integration work			B	B	Work to progress this suspended.
<b>9.0</b>	<b>Section 75 Agreement 16/17</b>					
a	Agreements updated	Updates to the two s75s signed off via the MH Governance Boards and Trust Board	DC/MH Commissioners	A	B	Work has commenced to review and rewrite common s75 agreements across both Councils for 17-18. Target completion date is 31st March 2018
<b>10.0</b>	<b>Employment</b>					
a	To support service users in their recovery journey and to improve on employment ASCOF measures	To continue the work with ARU to develop a sustainable funding base for the Recovery College as a platform for expansion	Recovery Manager	R	R	Although a lot of work done over last 6 months this has not yielded new funding streams. New approach required. Trust recruited in April 2017 a Charity manager and some preliminary work at the y/e to scope out how local Commissioners can input. Each operational director in CPFT agreed to fund a post in May 2017 recurrently which has staved off the immediate funding crisis.

b		To continue to promote and expand the peer worker programme both within and externally to the Trust	Recovery Manager	R	A	Business plan to CCC to establish a peer-run befriending service. This scheme not viable within the CCC requirements for cash rates of return on investment. Other ideas under consideration but these are not quick to implement. Funding from CCG for 4 peer workers in Children's services. To rethink the approach in context of wider Employment pathways (below).
c		To develop an employment plan and clear pathway for service users to external employment	Head of MH Commissioning Heads of Service	A	G	CCC and PCC: Strategic development of employment pathways - on agenda of new Interim Head of Mental Health. Number of meetings have been held on back of the Green Paper on Employment and the MH Commissioner has put in place a relationship with local DWP to build on the Green Paper. Work to carry on into 2017-18 and beyond.
d		To implement the Trust's Volunteering Strategy working closely with the Volunteer Centres	Will be new Associate Director - Patient, Service User and Stakeholder Partnership with the Volunteer managers.	A	A	CPFT internal volunteering programme up and running and very successful. Next stage is to link volunteering (outside CPFT) into an employment and wellbeing strategies. Externally the Volunteer Centres closed in 16-17 so need to forge new links with the new arrangements.
11.0	To map need for Accommodation - CCC Commissioners					

a	To review the current accommodation offer for mental health and ensure that this is fit for purpose in relation to alternatives to Residential and Nursing Care.	Contract monitoring and performance - recommissioning of services and procurement and creating flexibility in the accommodation offer.	Commissioners CCC	A	A	PCC: work advanced on mapping and developing the current provision and identifying gaps. CCC: Review of Metropolitan Housing contract which is main provider of supported accommodation: to be reviewed and retendered with mobilisation on 01.09.16
b	To create a greater flow through in relation to Supported accommodation at Higher Level and lower level support arrangements and in line with the agreed pathway	To have a an agreed pathway and time frame in place and to ensure that this is monitored and reviewed	Commissioner and Operations	A	A	
c	To ensure that robust reviews of service users in accommodation based services takes place on annual basis with a view to move on and alternatives to supported accommodation services.	Social work teams to be tasked to undertake this work along the required outcome of the accommodation pathway	Operations CPFT	G	G	Built into reviews and panel processes
d	Develop and appropriate bid to create alternatives options for accommodation and support services	CPFT/CCC joint bid for Invest to save for accommodation Review the possibility of using contract levers to to flex the provider market	Commissioner and Operations	B	B	Not progressed

e

12.0	Social Care and Wellbeing Savings Programme	Tracked and monitored elsewhere				
13.0	Section 75 Agreements					
a	Agreements updated	Updates to the two s75s signed off via the MH Governance Boards and Trust Board	DC/MH Commissioners	A	A	- In progress for 17-18
b	Complaints processes	Bring together the Councils and CPFT complaints teams for at least 6 monthly review of joint working on joint/common complaints	Head of SI	G	G	The two teams meet quarterly.
c	Serious Incidents	To implement the recommendations of the review of 50 Sis (carried out for QSG) with respect to identification and investigation of social care and housing factors.	Head of SI	G	G	

d		Put in place close links to commissioners with respect to incidents and complaints relating to commissioned services.	G	G	G	
e	Review report signed off by Governance board (CCC)	Annual reports to be written for both Councils and taken through the appropriate committees/boards within the councils	DC/Heads of Social Work	G	G	Not requested by PCC

## Section 75 Report - Top Level Figures - CCC

ID	Source	Indicator	Performance Measure	Frequency	Data Source	Target	Jun-16	Sep-16	Dec-16	Mar-17	Total/ average
1	CPFT	DTOC AS2C	Reduction in bed delays of transfers of care. This is the number of Adult and OPMH bed days lost, which are attributable to LA.	Monthly	RiO	County level target only	45	60	12	53	<b>566/47</b>
2	CCC	AS1	Number of assessments completed within 28 days of referral (From AIS)	Monthly	AIS	65.7%	100%	100%	100%	100%	<b>92%</b>
2a	CPFT	AS1 - Additional	Number of RiO Core2 Assessments completed per month by named, S75 funded social workers	Monthly	RiO	No target	78	47	41	42	<b>662</b>
4	CCC	1C Part 1 Local	Proportion of eligible social care users receiving self-directed support.	Monthly	AIS	93%	73%	72%	72%	86%	74%
5	CCC	1C Part 2 Local	Proportion of eligible social care users receiving direct payment.	Monthly	AIS	24%	9%	8%	9%	8%	9%
6	CCC	2A Part 1	Permanent admissions to residential care homes aged 18-64	Monthly	AIS	County level target only	0	0	0	0	<b>1</b>
6a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 18-64	Monthly	AIS	County level target only	0	0	0	0	<b>0</b>
7	CCC	2A Part 1	Permanent admissions to residential care homes aged 65+	Monthly	AIS	County level target only	1	2	0	0	<b>20</b>
7a	CCC	2A Part 1	Permanent admissions to nursing care homes aged 65+	Monthly	AIS	County level target only	2	2	0	0	<b>8</b>

8	CCC	RV1	Proportion of planned service user re-assessments actioned by the due date – (Statutory Reviews)	Monthly	AIS	50.1%	98%	91%	96%	75%	<b>92%</b>
8a	CCC	RV2	Number of unplanned re-assessment events in the period	Monthly	AIS	No target	2	6	4	3	<b>36</b>
8b	CCC	RV3	No. of service users with no review date recorded	Monthly	AIS	0	427	426	520	493	<b>448</b>
9a	CPFT	1F	Proportion of Adults in contact with secondary mental health care services in paid employment - On CPA, Aged 18-69	Monthly	RiO	12.5%	12.3%	11.8%	11.7%	12.1%	<b>12.1%</b>
10a	CPFT	1H	Proportion of adults in contact with secondary mental health services living independently with or without support - On CPA, Aged 18-69	Monthly	RiO	75.0%	78.7%	79.1%	80.7%	82.3%	<b>82.3%</b>
11	CPFT	Complaints	Number of Complaints - social workers only	Quarterly	RiO	No target	3	0	1	2	<b>6</b>
12	CPFT	Workforce	Number of Vacancies (FTE) - social workers only	Quarterly	CPFT	No target	18.8	19.5	15.6	4.6	<b>4.6</b>
13	CPFT	Carers	No. of Carers assessments completed for carers of CCC patients	Monthly	RiO	No target	6	8	14	23	<b>122</b>
14	CPFT	Carers	No. of carer assessments eligible for a direct payment (in receipt of)	Monthly	TBC						
18a	CPFT	Unknown	Use of Care Plans with social care goals - created	Monthly	RiO		13	13	6	1	<b>126</b>
18b	CPFT	Unknown	Use of Care Plans with social care goals - updated	Monthly	RiO		10	9	10	6	<b>108</b>





**FINANCE AND PERFORMANCE REPORT – JULY 2017**

**To: Adults Committee**

**Meeting Date: 14 September 2017**

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

**Electoral division(s): All**

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

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

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

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

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## 1.0 BACKGROUND

- 1.1 A Finance & Performance Report for People and Communities (P&C), formerly Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the P&C Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines detailed in Appendix 1, whilst the table below provides a summary of the budget totals relating to Adults Committee:

Forecast Variance Outturn (June) £000	Directorate	Current Budget 2017/18 £000	Current Variance £000	Forecast Variance Outturn (July) £000
68	Adults & Safeguarding	148,526	1,369	247
-116	Adults Commissioning (including Local Assistance Scheme)	7,845	-333	-95
0	Communities & Safety – Safer Communities Partnership	1,589	35	-1
<b>-48</b>	<b>Total Expenditure</b>	<b>157,960</b>	<b>1,071</b>	<b>151</b>
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-15,895	0	0
<b>-48</b>	<b>Total</b>	<b>142,065</b>	<b>1,071</b>	<b>151</b>

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

## 1.4 Financial Context

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

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

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

- 2.1 The July 2017 Finance and Performance report is attached at Appendix 2. At the end of July, P&C forecast an overspend of £3,276k. This is a worsening position from the previous month when the forecast overspend was £2,528k.

## 2.2 Revenue

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

- In Adults and Safeguarding, Mental Health Central, a workforce restructure within the mental health trust managing social work staff has resulted in an in-year reduction in costs. The forecast is an underspend of £127k.
- In Adults and Safeguarding, Older People Mental Health, increased care commitments for nursing dementia beds, compared to those budgeted have created a forecast pressure of £271k. Delivery of savings is in line with expectations and other mitigations within Mental Health Services are partially mitigating the pressure.

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

<p><b>Learning Disability Services (LD)</b></p> <p>Forecast year-end variance: <b>+£173k</b></p>	<p>The key reason for the overspend in this area is:</p> <ul style="list-style-type: none"> <li>• Increased levels of care and support required to meet needs and the sustainability of these arrangements through the year. The circumstances of the young people as they reach 18 years old is monitored closely to confirm the level of funding required to meet their needs and to try to anticipate the sustainability of the arrangements. This includes both the home circumstances and the educational arrangements for the young person.</li> </ul> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>• Ongoing work with colleagues in Children's services to ensure that packages are cost effective leading up to each person's 18th birthday.</li> <li>• The Young Adults Team are working to try to mitigate the potential of increased costs if individual circumstances are not sustainable.</li> </ul>
<p><b>Mental Health Central</b></p> <p>Forecast year-end variance: <b>-£127k</b></p>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> <li>• The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17.</li> </ul>
<p><b>Older People Mental Health</b></p> <p>Forecast year-end variance: <b>+£271k</b></p>	<p>The key reasons for the overspend in this area is:</p> <ul style="list-style-type: none"> <li>• Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. The underlying cost of care commitments have reduced significantly from the June snapshot position, so although good progress is being made towards delivering savings included in the Business Plan, a net pressure remains on the budget.</li> </ul> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>• Identification of underspends elsewhere across Mental Health Services, notably efficiencies achieved on the Section 75 contract, as reported under Mental Health Central, and from retendering of supported accommodation block contracts, as included in the forecast position for Mental Health Voluntary Organisations.</li> </ul>

## **2.4 Performance**

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

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

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

## **2.5 P&C Portfolio**

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

## **3.0 2017-18 SAVINGS TRACKER**

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

## **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

### **4.1 Developing the local economy for the benefit of all**

- 4.1.1 There are no significant implications for this priority.

### **4.2 Helping people live healthy and independent lives**

- 4.2.1 There are no significant implications for this priority

### **4.3 Supporting and protecting vulnerable people**

- 4.3.1 There are no significant implications for this priority

## **5.0 SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

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

### **5.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

- 5.2.1 There are no significant implications within this category.

### **5.3 Statutory, Risk and Legal Implications**

- 5.3.1 There are no significant implications within this category.

### **5.4 Equality and Diversity Implications**

- 5.4.1 There are no significant implications within this category.

### **5.5 Engagement and Consultation Implications**

5.5.1 There are no significant implications within this category.

## **5.6 Localism and Local Member Involvement**

5.6.1 There are no significant implications within this category.

## **5.7 Public Health Implications**

5.7.1 There are no significant implications within this category.

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

## **Appendix 1**

### **Adults Committee Revenue Budgets within the Finance & Performance report**

#### **Adults & Safeguarding Directorate**

Strategic Management – Adults

Principal Social Worker, Practice and Safeguarding

#### **Learning Disability Services**

LD Head of Services

LD - City, South and East Localities

LD - Hunts & Fenland Localities

LD – Young Adults

In House Provider Services

NHS Contribution to Pooled Budget

#### **Older People's Services**

OP - City & South Locality

OP - East Cambs Locality

OP - Fenland Locality

OP - Hunts Locality

Discharge Planning Teams

Shorter Term Support and Maximising Independence

#### **Adult Disability Services**

PD Head of Services

Physical Disabilities

Autism and Adult Support Carers

#### **Mental Health**

Mental Health Central

Adult Mental Health Localities

Older People Mental Health

#### **Commissioning Directorate**

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

Local Assistance Scheme

#### **Adults Commissioning**

Central Commissioning - Adults

Integrated Community Equipment Service

Mental Health Voluntary Organisations

#### **Community & Safety Directorate**

Safer Communities Partnership

#### **Executive Director**

Executive Director - *covers all of P&C*

Central Financing - *covers all of P&C*

#### **Grant Funding**

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

From: Martin Wade  
 Tel.: 01223 699733  
 Date: 9<sup>th</sup> August 2017

## **People & Communities (P&C) Service**

### **Finance and Performance Report – July 2017**

#### **1. SUMMARY**

##### **1.1 Finance**

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

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

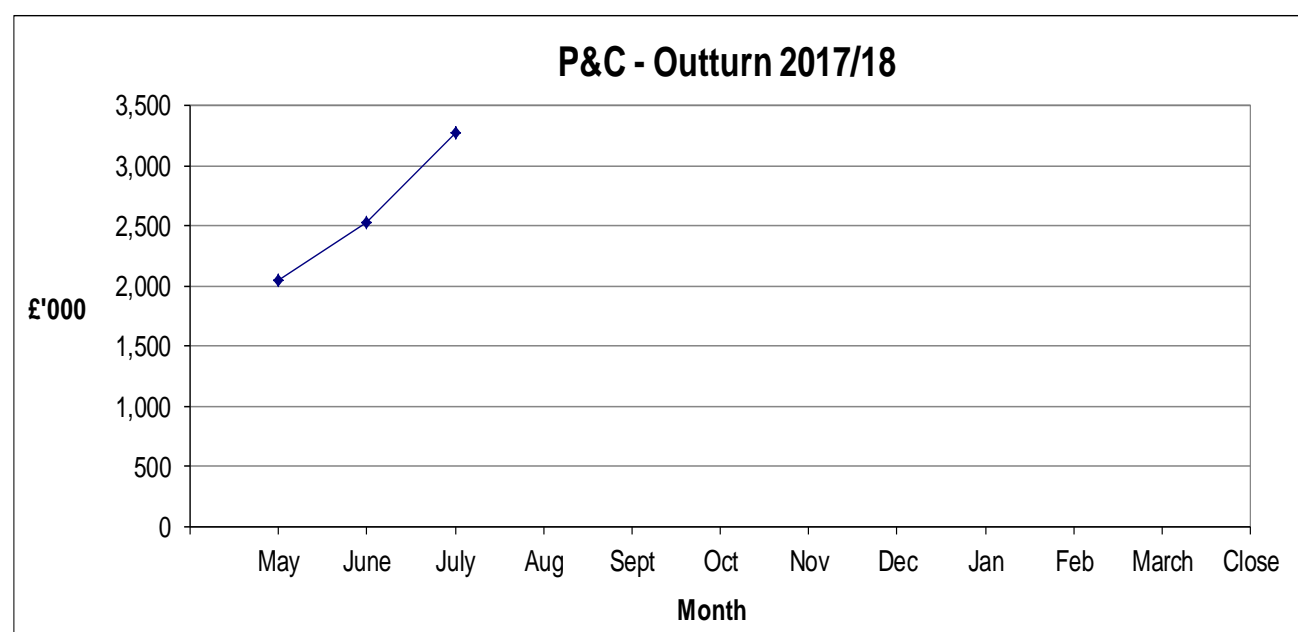
<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
June Performance (No. of indicators)	6	7	8	21
June Portfolio (No. of indicators)	0	3	4	7

#### **2. INCOME AND EXPENDITURE**

##### **2.1 Overall Position**

<b>Forecast Variance Outturn (June) £000</b>	<b>Directorate</b>	<b>Original Budget 2017/18 £000</b>	<b>Current Budget 2017/18 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance Outturn (July) £000</b>	<b>Forecast Variance - Outturn (July) %</b>
68	Adults & Safeguarding	147,600	148,526	1,369	247	0.2%
-84	Commissioning	33,255	34,012	-1,165	-22	-0.1%
0	Communities & Safety	4,472	4,444	-248	-1	0.0%
2,253	Children & Safeguarding	90,340	91,945	1,946	2,786	3.0%
290	Education	19,319	19,945	-514	299	1.5%
219	Executive Director	494	644	13	210	32.6%
<b>2,746</b>	<b>Total Expenditure</b>	<b>295,481</b>	<b>299,517</b>	<b>1,400</b>	<b>3,519</b>	<b>1.2%</b>
-218	Grant Funding	-62,471	-62,471	-81	-243	0.4%
<b>2,528</b>	<b>Total</b>	<b>233,010</b>	<b>237,046</b>	<b>1,635</b>	<b>3,276</b>	<b>1.4%</b>

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



## 2.2 Significant Issues

At the end of July 2017, P&C is forecasting a year end overspend of £3,276k. Significant issues are detailed below:

- In Adults and Safeguarding, Mental Health Central, a workforce restructure within the mental health trust managing social work staff has resulted in an in-year reduction in costs. The forecast is an underspend of £127k.
- In Adults and Safeguarding, Older People Mental Health, increased care commitments for nursing dementia beds, compared to those budgeted have created a forecast pressure of £271k. Delivery of savings is in line with expectations and other mitigations within Mental Health Services are partially mitigating the pressure.
- In Children and Safeguarding, the Strategic Management budget is forecasting an overspend of £956k, a reduction of £122k on the previous month's forecast. The previously reported position included a pressure on the Business Support budget, and it has since been identified that this can be managed through in-year savings resulting from vacant posts.
- In Children and Safeguarding, the Looked After Children Placements budget is forecasting an overspend of £641k, an increase of £234k from last month. Although additional budget is now shown in P&C following the GPC decision to allocate additional demography funding (£2.913m), this budget change had been anticipated in earlier forecasts and the increase in pressure is due to factors other than the volume of demand. There is a delay in the expected savings (£151k) and a combination of changes to placement fees (£83k).
- In Children and Safeguarding, Adoption the forecast outturn overspend has increased by £150k to £450k. An overspend of £150k is anticipated on the adoption/Special Guardianship Order (SGO) allowances budget as a result of the continuation of historical adoption/SGO allowances and a lower than



expected reduction in costs from reviews of packages or delays in completing reviews of packages. The increase in Adoption orders is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budget.

- In Children and Safeguarding, the Children's Disability Service is forecasting an over spend of £168k due to an increase in the number of support hours, including the number of joint funded health packages.

## 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 July for Looked After Children (LAC) is shown below:

Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements July 17	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£143k	52	2,743.20	1	1.00	£133k	2,544.66	0	-£10k	-198.54
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	16	£1,160k	52	1,408.53	20	18.01	£2,025k	2,150.91	2.01	£865k	742.38
Residential homes	22	£3,018k	52	2,656.43	33	32.13	£5,010k	3,055.29	10.13	£1,992k	398.86
Independent Fostering	263	£10,304k	52	784.53	269	261.38	£10,801k	793.68	-1.62	£497k	9.15
Supported Accommodation	15	£1,244k	52	1,247.14	24	19.55	£1,557k	1,476.17	4.55	£313k	229.03
16+	25	£608k	52	467.73	8	6.69	£97k	227.31	-18.31	-£511k	-240.42
Growth/Replacement	-	£868k	-	-	-	-	£1,044k	-	-	£176k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£2,681k	-	-	-£2,681k	-
<b>TOTAL</b>	<b>342</b>	<b>£17,344k</b>			<b>355</b>	<b>338.76</b>	<b>£17,985k</b>		<b>-3.24</b>	<b>£641k</b>	
In-house fostering - Basic	212	£2,053k	56	172.89	170	168.59	£1,896k	183.74	-43.41	-£156k	10.85
In-house fostering - Skills	212	£1,884k	52	170.94	170	168.73	£1,566k	184.01	-43.27	-£319k	13.07
Kinship - Basic	40	£439k	56	195.84	40	40.11	£400k	178.30	0.11	-£39k	-17.54
Kinship - Skills	11	£39k	52	68.78	11	11.00	£39k	68.78	0	£k	0.00
In-house residential	5	£556k	52	2,138.07	4	3.50	£556k	3,054.38	-1.5	£k	916.31
Growth*	0	-£297k	-	0.00	0	0.00	£k	0.00	-	£297k	-
<b>TOTAL</b>	<b>257</b>	<b>£4,674k</b>			<b>214</b>	<b>212.20</b>	<b>£4,457k</b>		<b>-44.8</b>	<b>-£216k</b>	
Adoption	376	£3,236k	52	165.51	399	395.15	£3,425k	162.31	19.15	£189k	-3.20
Concurrent Adoption	5	£91k	52	350.00	2	2.00	£37k	350.00	-3	-£55k	0.00
Savings Requirement	0	£k	0	0.00	0	0.00	£k	0.00	0	£k	0.00
<b>TOTAL</b>	<b>381</b>	<b>£3,327k</b>			<b>401</b>	<b>397.15</b>	<b>£3,461k</b>		<b>19.15</b>	<b>£134k</b>	
<b>OVERALL TOTAL</b>	<b>980</b>	<b>£25,345k</b>			<b>970</b>	<b>948.11</b>	<b>£25,904k</b>		<b>-28.89</b>	<b>£559k</b>	

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

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

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

BUDGET				ACTUAL (July 17)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements July 17	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£62,895	93	95.72	£6,797k	£71,012	-5	-2.28	£632k	£8,117
Hearing Impairment (HI)	3	£100k	£33k	2	2.00	£74k	£37,217	-1	-1.00	£26k	£3,895
Moderate Learning Difficulty (MLD)	3	£109k	£36k	5	4.16	£143k	£34,470	2	1.16	£34k	£1,922
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£0
Physical Disability (PD)	1	£19k	£19k	3	2.58	£50k	£19,370	2	1.58	£31k	£400
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	£41k	£0
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	36	38.63	£1,825k	£47,250	1	3.63	£335k	£4,666
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	2	2.00	£96k	£48,006	-1	-1.00	£67k	£6,479
Severe Learning Difficulty (SLD)	2	£180k	£90k	1	1.00	£90k	£90,237	-1	-1.00	£90k	£0
Specific Learning Difficulty (SPLD)	8	£164k	£20k	5	4.88	£196k	£40,215	-3	-3.12	£32k	£19,715
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£57k	£28,574	0	0.00	£7k	£3,553
Recoupment	-	-	-	-	-	£658k	-	-	-	£658k	-
<b>TOTAL</b>	<b>157</b>	<b>£8,573k</b>	<b>£54,602</b>	<b>149</b>	<b>152.97</b>	<b>£8,673k</b>	<b>£60,993</b>	<b>-8</b>	<b>-4.03</b>	<b>£100k</b>	<b>£6,390</b>

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

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

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

## 2.5.3 Key activity data to end of July for Adults & Safeguarding Services is shown below:

		BUDGET			ACTUAL (July 17)			Forecast		
Service Type		Budgeted No. of Service Users 2017/18	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of July 17	D o T	Current Average Unit Cost	D o T	Forecast Actual £000	Forecast Variance £000
Adult Disability Services	Residential	31	£1,121k	£1,807k	30	↔	£1,027	↑	£1,614k	£193k
	Nursing	20	£928k	£965k	21	↑	£1,008	↑	£1,108k	£143k
	Community	669	£292k	£10,149k	647	↑	£320	↓	£10,863k	£714k
<b>Total expenditure</b>		<b>720</b>		<b>£12,921k</b>	<b>698</b>				<b>£13,586k</b>	<b>£665k</b>
<b>Income</b>				£1,646k					£1,504k	£142k
<b>Further savings assumed within forecast</b>										£941k
<b>Net Total</b>				<b>£11,275k</b>						<b>£134k</b>
Learning Disability Services	Residential	313	£1,338	£21,771k	299	↓	£1,388	↑	£22,682k	£911k
	Nursing	8	£2,069	£861k	8	↓	£2,128	↓	£904k	£44k
	Community	1,272	£608	£40,217k	1,283	↑	£644	↓	£43,327k	£3,110k
<b>Learning Disability Service Total</b>		<b>1,593</b>		<b>£62,848k</b>	<b>1,590</b>				<b>£66,913k</b>	<b>£4,065k</b>
<b>Income</b>				£2,566k					£3,040k	£473k
<b>Further savings assumed within forecast as shown in Appendix 1</b>										£3,418k
<b>Net Total</b>										<b>£173k</b>

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

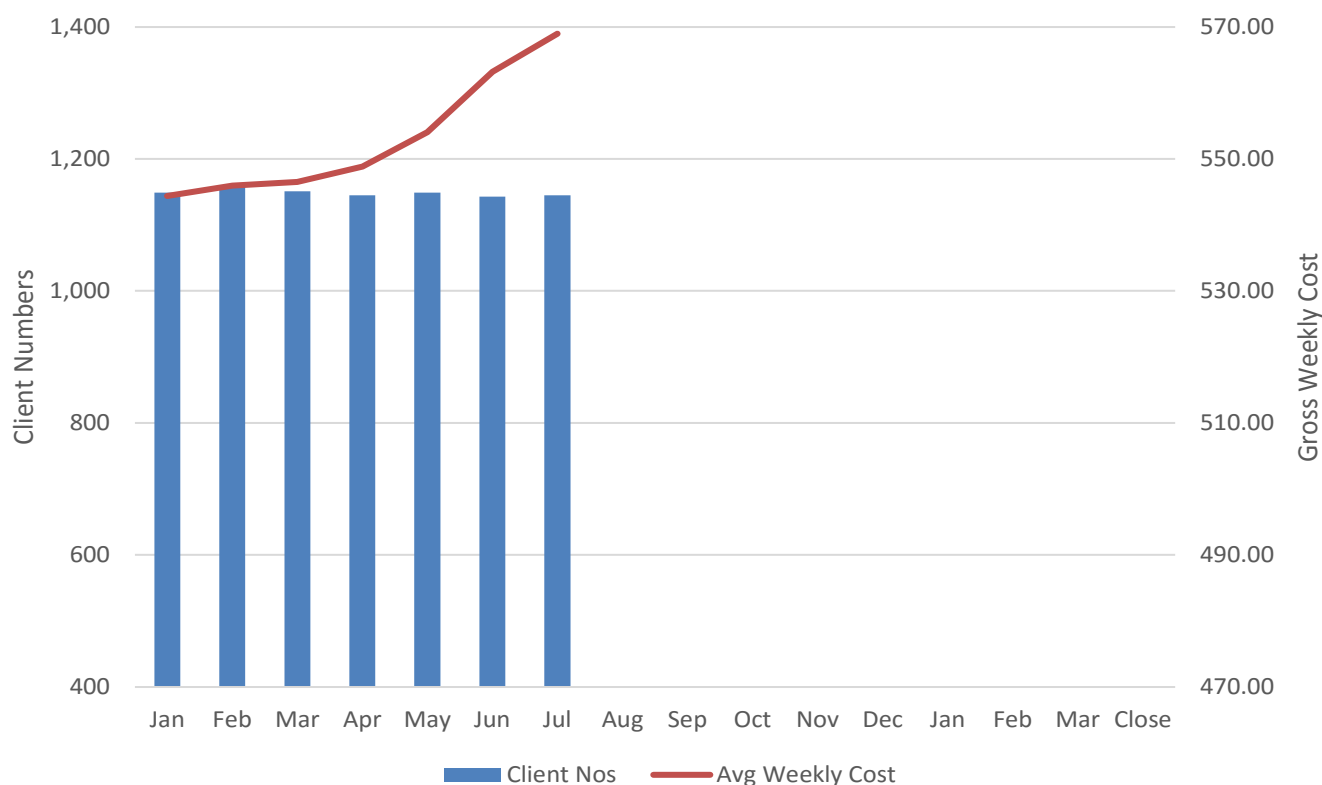
		BUDGET			ACTUAL (July)				FORECAST		
Service Type		Budgeted No. of Clients 2017/18	Budgeted Average Unit Cost (per week) £'s	Annual Budget £000's	Snapshot of No. of Clients at End of July 17	Direction of Travel	Current Average Unit Cost (per week) £'s	Direction of Travel	Forecast Spend £000's	Direction of Travel	Variance £000's
Adult Mental Health	Community based support	24	£71	£89k	15	↔	£111	↓	£112k	↑	£23k
	Home & Community support	154	£87	£703k	185	↑	£62	↓	£820k	↓	£117k
	Nursing Placement	13	£783	£531k	19	↑	£389	↓	£577k	↓	£46k
	Residential Placement	65	£718	£2,432k	75	↔	£595	↓	£2,664k	↓	£232k
	Supported Accommodation	133	£116	£804k	134	↑	£83	↓	£722k	↑	-£82k
	Respite Independent Sector	0	£0	£k	1	↑	£544	↑	£28k	↑	£28k
	Direct Payments	20	£232	£241k	15	↓	£260	↓	£201k	↓	-£40k
	Anticipated New Demand										£114k
	Inflation			£109k					£107k		-£2k
	Income			-£368k					-£377k		-£9k
<b>Adult Mental Health Total</b>		<b>409</b>		<b>£4,541k</b>	<b>444</b>				<b>4,854,152</b>		<b>£427k</b>
<b>Further savings assumed within forecast as shown in Appendix 1</b>											<b>-£410k</b>

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

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

OP Total	BUDGET			ACTUAL (July 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	Direction of Travel	Current Average Cost (per week) £	Direction of Travel	Forecast Actual £000	Direction of Travel	Forecast Variance £000
Residential	447	£483	£11,593k	448	↓	£493	↑	£12,079k	↓	£486k
Residential Dementia	347	£536	£9,984k	357	↑	£545	↑	£10,403k	↓	£419k
Nursing	301	£715	£11,694k	294	↑	£685	↑	£11,043k	↑	-£651k
Nursing Dementia	55	£753	£2,253k	46	↓	£753	↑	£2,127k	↑	-£125k
Respite			£1,303k					£1,344k	↓	£42k
Community based										
~ Direct payments	248	£173	£2,239k	215	↔	£263	↓	£2,600k	↓	£361k
~ Day Care			£941k					£910k	↓	-£31k
~ Other Care			£5,081k					£5,172k	↑	£91k
~ Homecare arranged	1,608	per hour £15.70	£13,265k	1,469	↓	per hour £16.19	↑	£14,608k	↑	£1,343k
<b>Total Expenditure</b>	<b>3,006</b>		<b>£58,351k</b>	<b>2,829</b>				<b>£60,286k</b>		<b>£1,934k</b>
Residential Income			-£8,306k					-£8,653k	↑	-£347k
Community Income			-£8,099k					-£8,032k	↓	£68k
Health Income			-£9k					-£27k	↓	-£18k
<b>Total Income</b>			<b>-£16,415k</b>					<b>-£16,712k</b>		<b>-£297k</b>
<b>Further Savings Assumed Within Forecast as shown within Appendix 1</b>										<b>-£1,637k</b>

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



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

OPMH Total	BUDGET			ACTUAL (July 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	14	£663	£489k	13	↔	£669	↑	£525k	↓	£37k
Residential Dementia	28	£533	£778k	23	↓	£515	↓	£837k	↓	£58k
Nursing	16	£740	£592k	17	↓	£742	↑	£729k	↓	£137k
Nursing Dementia	90	£747	£3,421k	102	↓	£751	↑	£4,214k	↓	£792k
Respite			£10k					£5k	↓	-£5k
Community based										
~ Direct payments	16	£207	£161k	15	↔	£238	↔	£189k	↓	£28k
~ Day Care			£3k					£4k	↔	£1k
~ Other Care			£37k					£43k	↓	£7k
~ Homecare arranged	45	per hour £15.95	£525k	47	↔	per hour £16.12	↔	£665k	↓	£139k
<b>Total Expenditure</b>	<b>209</b>		<b>£6,017k</b>	<b>217</b>				<b>£7,212k</b>		<b>£1,195k</b>
Residential Income			-£862k					-£976k	↑	-£114k
Community Income			-£244k					-£301k	↓	-£57k
Health Income			£k					£k	↔	£k
<b>Total Income</b>			<b>-£1,106k</b>					<b>-£1,277k</b>		<b>-£172k</b>
Further Savings Assumed Within Forecast as shown in Appendix 1										-£751k

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

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

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

### **3. BALANCE SHEET**

#### **3.1 Reserves**

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

#### **3.2 Capital Expenditure and Funding**

##### 2017/18 and Future Years Scheme Costs

In July there has been a £19,949k increase in the overall capital scheme costs. These changes relate to future years and will be addressed through the 2018/19 Business Plan.

This change relates to;

- £349k increase due to additional costs at Littleport SEN School for specialist fixtures and fittings.
- £19,600k increase in Northstowe Secondary School. This includes the addition of SEN provision of which 90 places are to be funded by the Education Funding and Skills Agency (EFSA) and also the delivery of community sports provision which will attract S106 funding from South Cambs District Council.

##### 2017/18 In Year Pressures/Slippage

As at the end of July the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation budget of £10,305k. A forecast outturn will only be reported once slippage exceeds this level. However in July movements on schemes has occurred totaling £250k. The significant changes in schemes are detailed below;

- Meldreth Primary; £500k slippage due to redesign work being undertaken and the commencement on site being delayed from November to February 2018.
- Southern Fringe; £250k accelerated spend due to increased IT equipment request for 2017/18.
- Littleport Secondary & Special School; £300k accelerated spend due to delivering Special School SEN fixtures and fittings.
- North West Fringe Secondary; £350k slippage due to the project completion being rephrased from September 2020 to September 2021.

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

#### 4. **PERFORMANCE**

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

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

Six indicators are currently showing as RED:

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

During June, we saw the numbers of children with a Child Protection plan decrease from 571 to 566.

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

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

The number of Looked After Children increased to 681 in May. This includes 67 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.

Actions being taken 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 Executive Director of P&C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

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

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

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

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

In May '17 there were 747 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 144.3 delays per 100,000 of 18+ population. For the same period the national rate was 152.2 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

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

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

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

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

## **5. P&C PORTFOLIO**

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

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

## APPENDIX 1 – P&C Service Level Budgetary Control Report

Forecast Variance Outturn (June) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance £'000   %		Forecast Variance Outturn (July) £'000   %	
Adults & Safeguarding Directorate								
0	Strategic Management - Adults	1,783	1,339	1,610	271	20%	0	0%
64	Principal Social Worker, Practice and Safeguarding	2,025	695	621	-74	-11%	36	2%
Learning Disability Services								
75	LD Head of Service	5,606	1,942	2,025	83	4%	75	1%
0	LD - City, South and East Localities	33,559	11,277	12,213	936	8%	0	0%
0	LD - Hunts & Fenland Localities	27,151	9,249	9,527	278	3%	0	0%
200	1 LD - Young Adults	4,300	1,143	1,029	-114	-10%	173	4%
0	In House Provider Services	5,501	1,949	2,094	145	7%	0	0%
0	NHS Contribution to Pooled Budget	-17,113	0	0	0	0%	0	0%
Older People's Services								
0	OP - City & South Locality	20,318	7,859	8,052	194	2%	0	0%
0	OP - East Cambs Locality	6,199	2,115	1,922	-193	-9%	0	0%
0	OP - Fenland Locality	9,106	3,146	2,768	-377	-12%	0	0%
0	OP - Hunts Locality	13,781	5,008	4,945	-63	-1%	0	0%
0	Discharge Planning Teams	2,189	729	678	-51	-7%	0	0%
0	Shorter Term Support and Maximising Independence	7,351	2,429	2,016	-412	-17%	0	0%
Adult Disability Services								
-2	PD Head of Services	456	204	159	-45	-22%	0	0%
-99	Physical Disabilities	11,632	4,168	4,550	382	9%	-20	0%
-170	Autism and Adult Support	808	233	176	-57	-24%	-95	-12%
0	Carers	642	214	365	152	71%	-83	-13%
Mental Health								
0	2 Mental Health Central	771	261	192	-68	-26%	-127	-16%
0	Adult Mental Health Localities	6,493	1,832	1,788	-44	-2%	17	0%
0	3 Older People Mental Health	5,970	1,765	2,190	426	24%	271	5%
68	Adult & Safeguarding Directorate Total	148,526	57,553	58,922	1,369	2%	247	0%
Commissioning Directorate								
-168	4 Strategic Management – Commissioning	2,227	655	576	-79	-12%	-127	-6%
	Access to Resource & Quality	798	279	251	-28	-10%	0	0%
-28	Local Assistance Scheme	321	175	85	-90	-51%	-28	-9%
Adults Commissioning								
-88	Central Commissioning - Adults	3,054	985	932	-54	-5%	-9	0%
0	Integrated Community Equipment Service	711	581	719	138	24%	0	0%
0	Mental Health Voluntary Organisations	3,759	1,309	981	-328	-25%	-58	-2%
Childrens Commissioning								
100	5 Special Educational Needs Placements	8,973	3,583	3,639	56	2%	100	1%
100	6 Commissioning Services	3,888	909	882	-27	-3%	100	3%
0	Early Years Specialist Support	1,210	154	60	-94	-61%	0	0%
0	Home to School Transport – Special	7,946	2,665	1,960	-705	-26%	0	0%
0	LAC Transport	1,126	390	436	46	12%	0	0%
-84	Commissioning Directorate Total	34,012	11,684	10,520	-1,165	-10%	-22	0%



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

### Communities & Safety Directorate

0	Youth Offending Service	2,647	-127	-105	21	-17%	0	0%
0	Central Integrated Youth Support Services	208	36	47	11	31%	0	0%
0	Safer Communities Partnership	1,589	-157	-122	35	-22%	-1	0%
<b>0</b>	<b>Communities &amp; Safety Directorate Total</b>	<b>4,444</b>	<b>-248</b>	<b>-181</b>	<b>68</b>	<b>-27%</b>	<b>-1</b>	<b>0%</b>

### Children & Safeguarding Directorate

1,078	7	Strategic Management – Children & Safeguarding	2,521	876	1,412	536	61%	956	38%
0		Partnerships and Quality Assurance	1,892	589	624	35	6%	0	0%
0		Children in Care	12,448	4,441	4,353	-88	-2%	3	0%
0		Integrated Front Door	2,568	880	908	28	3%	0	0%
0		Children's Centre Strategy	326	215	192	-23	-11%	0	0%
0		Support to Parents	2,852	1,094	1,107	13	1%	0	0%
407	8	Looked After Children Placements	17,344	3,411	3,867	456	13%	641	4%
300	9	Adoption Allowances	4,406	1,528	1,774	247	16%	450	10%
450	10	Legal Proceedings	1,540	220	339	119	54%	450	29%
		<u>SEND Specialist Services (0-25 years)</u>							
18		SEND Specialist Services	6,815	2,438	2,698	260	11%	43	1%
0	11	Children's Disability Service	6,527	2,421	2,490	68	3%	168	3%
0		High Needs Top Up Funding	13,573	4,519	4,965	446	10%	0	0%
		<u>District Delivery Service</u>							
0		Safeguarding Hunts and Fenland	4,994	1,574	1,597	23	1%	75	2%
0		Safeguarding East & South Cambs and Cambridge	4,422	1,286	1,224	-61	-5%	0	0%
0		Early Help District Delivery Service – North	4,583	1,251	1,159	-92	-7%	0	0%
0		Early Help District Delivery Service – South	5,134	1,235	1,214	-21	-2%	0	0%
<b>2,253</b>		<b>Children &amp; Safeguarding Directorate Total</b>	<b>91,945</b>	<b>27,977</b>	<b>29,922</b>	<b>1,946</b>	<b>7%</b>	<b>2,786</b>	<b>3%</b>

Forecast Variance Outturn (June) £'000	Service		Current Budget for 2017/18 £'000	Expected to end of July £'000	Actual to end of July £'000	Current Variance £'000   %		Forecast Variance Outturn (July) £'000   %	
Education Directorate									
0	Strategic Management - Education		384	207	270	63	30%	0	0%
0	Early Years Service		1,439	135	53	-81	-60%	0	0%
0	Schools Curriculum Service		58	-166	-173	-7	4%	0	0%
0	Schools Intervention Service		1,077	537	604	67	12%	10	1%
0	Schools Partnership Service		759	185	212	27	14%	0	0%
104	12	Children's' Innovation & Development Service	47	-1,638	-1,414	224	-14%	104	220%
186	13	Catering & Cleaning Services	-449	-68	-130	-62	92%	185	41%
0	Teachers' Pensions & Redundancy		2,936	974	842	-132	-14%	0	0%
Infrastructure									
0	0-19 Organisation & Planning		4,472	811	865	54	7%	0	0%
0	Early Years Policy, Funding & Operations		90	30	11	-19	-63%	0	0%
0	Education Capital		160	213	327	114	53%	0	0%
0	Home to School/College Transport – Mainstream		8,972	3,282	2,520	-762	-23%	0	0%
290	Education Directorate Total		19,945	4,503	3,989	-514	-11%	299	1%
Executive Director									
219	14	Executive Director	211	71	94	23	33%	219	103%
0	Central Financing		433	45	36	-10	-22%	-9	-2%
219	Executive Director Total		644	116	129	13	11%	210	33%
2,746	Total		299,517	101,585	103,301	1,716	2%	3,519	1%
Grant Funding									
-218	15	Financing DSG	-39,991	-13,249	-13,330	-81	1%	-243	-1%
0	Non Baselined Grants		-22,480	-4,903	-4,903	0	0%	0	0%
-218	Grant Funding Total		-62,471	-18,152	-18,233	-81	0%	-243	0%
2,528	Net Total		237,046	83,432	85,067	1,635	2%	3,276	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 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>1) LD – Young Adults Team</b>	<b>4,300</b>	<b>1,029</b>	<b>173</b>	<b>4%</b>
<p>The Young Adults Team is forecasting a pressure of £173k. The demography and savings relating to this part of the LDP is budgeted using a number of assumptions about the levels of care and support required to meet needs and the sustainability of these arrangements through the year. The circumstances of the young people as they reach 18 years old is monitored closely to confirm the level of funding required to meet their needs and to try to anticipate the sustainability of the arrangements. This includes both the home circumstances and the educational arrangements for the young person. This work has led to the forecast overspend. Work continues with colleagues in Children's services to ensure that packages are cost effective leading up to each person's 18th birthday and staff in the Young Adults Team are working to try to mitigate the potential of increased costs if individual circumstances are not sustainable.</p>				
<b>2) Mental Health Central</b>	<b>771</b>	<b>192</b>	<b>-127</b>	<b>-16%</b>
<p>The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17. This has resulted in an efficiency in the current year of £137k. A number of small items of additional spend partially offset the position.</p>				
<b>3) Older People Mental Health</b>	<b>5,970</b>	<b>2,190</b>	<b>271</b>	<b>5%</b>
<p>Older People Mental health is forecasting an overspend of £271k. Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. The underlying cost of care commitments have reduced significantly from the June snapshot position, so although good progress is being made towards delivering savings included in the Business Plan, a net pressure remains on the budget.</p> <p>Mitigating underspends have been identified across Mental Health Services, notably efficiencies achieved on the Section 75 contract, as reported under Mental Health Central, and from retendering of supported accommodation block contracts, as included in the forecast position for Mental Health Voluntary Organisations.</p>				
<b>4) Strategic Management - Commissioning</b>	<b>2,227</b>	<b>576</b>	<b>-127</b>	<b>-6%</b>
<p>The Grants to Voluntary Organisations budget is forecasting an underspend of £168k, which is due to the Home Start/Community Resilience Grant where the re-commissioning of this service ceased in 16/17. This has therefore reduced the 2017/18 committed expenditure.</p> <p>The above underspend is partially offset by interim management costs that were incurred pending the outcome of the new Commissioning Directorate consultation.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>5) SEN Placements</b>	<b>8,973</b>	<b>3,639</b>	<b>100</b>	<b>1%</b>
<p>The SEN Placements budget is forecasting a £100k overspend. This budget continues to see an increase in pressure from a rise in the number of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive. 4 additional such cases recently placed further pressure on this budget.</p> <p>The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG).</p> <p><u>Actions being taken:</u></p> <ul style="list-style-type: none"> <li>• SEND Sufficiency plan to be implemented. This sets out what is needed, how and when;</li> <li>• 3 new special schools to accommodate the rising demand over the next 10 years .One school is opening in September 2017 with two more planned for 2020 and 2021. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 course is also being explored in the plan;</li> <li>• Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education;</li> <li>• Work on coordination of reviews for ISEPs to look at returning in to county; and a full review of all High Needs spend is required due to the ongoing pressures and proposed changes to national funding arrangements.</li> </ul>				
<b>6) Commissioning Services</b>	<b>3,888</b>	<b>882</b>	<b>100</b>	<b>3%</b>
<p>The Out of School Tuition budget is forecasting an overspend of £100k due to an increasing number of children with a Statement of Special Educational Needs / Education, Health and Care Plans (EHCP) out of school in receipt of alternative (tuition) packages. A new process has been established to ensure all allocations and packages are reviewed in a timely way and that there is oversight of moves back into full time school. There are delays in securing permanent school places which results in alternative education packages lasting longer.</p>				
<b>7) Strategic Management – Children &amp; Safeguarding</b>	<b>2,521</b>	<b>1,412</b>	<b>956</b>	<b>38%</b>
<p>The Children and Safeguarding Director budget is forecasting an over spend of £956k. This is a reduction of £122k on the June 2017 position.</p> <p>The Children's Change Programme (CCP) is on course to deliver savings of £669k in 2017/18 to be achieved by integrating children's social work and children's early help services in to a district-based delivery model. However, historical unfunded pressures of £886k still remain. These consist of £706k around the use of agency staffing, unfunded posts (£180k). The previous Business Support service pressure of £122k is now being managed in year and managed out entirely by 2018/19. An additional £70k of costs associated with managing the Children's Change Programme is also forecast. Agency need has been reduced based on a 15% usage expectation in 2017/18 but use of agency staff remains necessary to manage current caseloads.</p> <p><u>Actions being taken:</u></p> <p>A business support review is underway to ensure we use that resource in the most effective manner in the new structure. All the budget pressures continue to be monitored and reviewed at the CCP work stream project meetings, by Senior Management Team and at the P&amp;C Delivery Board with the intention of any residual pressures being managed as part of the 2018/19 Business Planning round.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>8) Looked After Children Placements</b>	<b>17,344</b>	<b>3,867</b>	<b>641</b>	<b>4%</b>

An overspend of £641k is being forecast, which is an increase of £234k from what was reported in June. Of this increase, £151k relates to a reduction in the forecast LAC composition savings in 17/18 (where the expectation is that these will be delivered in 18/19 due to the timing of the savings), with the remaining £83k being due to a combination of changes in placement fees and/or new placements.

In July GPC approved the allocation of £2.913m from the corporately held demography and demand budget to the LAC Placement budget, resulting in the overall pressure being reduced to a more manageable level.

Overall LAC numbers at the end of July 2017, including placements with in-house foster carers, residential homes and kinship, are 689, 9 more than June 2017. This includes 66 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of July are 355, an increase of 8 from the 347 reported at the end of June. A small number of expensive residential placements made in the last quarter of 2016/17 and during April 2017 impact significantly on the forecast.

External Placements Client Group	Budgeted Packages	30 June 2017 Packages	31 July 2017 Packages	Variance from Budget
Residential Disability – Children	1	1	1	0
Child Homes – Secure Accommodation	0	0	0	0
Child Homes – Educational	16	20	20	+4
Child Homes – General	22	33	33	+11
Independent Fostering	263	263	269	+6
Supported Accommodation	15	21	24	+9
Supported Living 16+	25	9	8	-17
<b>TOTAL</b>	<b>342</b>	<b>347</b>	<b>355</b>	<b>+13</b>

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

Actions being taken to address the forecast overspend include:

- A fortnightly 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.

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>Looked After Children Placements continued;</b> <ul style="list-style-type: none"> <li>Development of a 'No Wrong Door' model to bring together the residential home, specialist fostering placements, supported lodgings and supported accommodation, with outreach services under one management arrangement. This will enable rapid de-escalation of crisis situations in families preventing admissions to care, and delivery of a holistic, creative team of support for young people with the most complex needs, improving outcomes for young people and preventing use of expensive externally-commissioned services.</li> </ul>				
<b>9) Adoption</b>	<b>4,406</b>	<b>1,774</b>	<b>450</b>	<b>10%</b>
<p>The Allowances budget is forecasting an over spend of £450k.</p> <p>Our contract with Coram Cambridgeshire Adoption (CCA) provides for 38 adoptive placements pa. In 2017/18 we are forecasting an additional requirement of 20 adoptive placements. There is a need to purchase inter agency placements to manage this requirement and ensure our children receive the best possible outcomes. The forecast assumes £270k to manage our inter agency requirement and a further £30k to increase our marketing strategy in order to identify more suitable adoptive households.</p> <p>The adoption/Special Guardianship Order (SGO) allowances overspend of £150k is based on the continuation of historical adoption/SGO allowances and a lower than expected reduction from reviews of packages or delays in completing reviews of packages. The increase in Adoption orders is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p> <p><u>Actions being taken:</u></p> <p>Ongoing dialogue continues with CCA to look at more cost effective medium term options to recruit more adoptive families to meet the needs of our children. Rigorous oversight of individual children's cases is undertaken before Inter Agency placement is agreed.</p> <p>A programme of reviews of allowances continues which is resulting in some reduction of packages, which is currently off-setting any growth by way of new allowances.</p>				
<b>10) Legal Proceedings</b>	<b>1,540</b>	<b>339</b>	<b>450</b>	<b>29%</b>
<p>The Legal Proceedings budget is forecasting a £450k overspend.</p> <p>Numbers of Care Applications have increased by 52% from 2014/15 (105) to 2016/17 (160), mirroring the national trend and continue to rise. Aside from those areas which we are working on to reduce costs ie advice/use of appropriate level of Counsel, the volume of cases remaining within the system indicates an estimated £450k of costs in 2017/18. This assumes overrun costs through delay in cases can be managed down as well as requests for advice being better managed.</p> <p><u>Actions being taken:</u></p> <p>Work is ongoing to better manage our controllable costs by use of a legal tracker but this was only implemented in June 2017 so the impact is yet to be felt. The tracker should enable us to better track the cases through the system and avoid additional costs due to delay. We have invested in two practice development posts to improve practice in the service and will also seek to work closer with LGSS Law with a view to maximising value for money.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>11) Children's Disability Service</b>	<b>6,527</b>	<b>2,490</b>	<b>168</b>	<b>3%</b>
<p>The Children's Disability Service is forecasting an over spend of £168k.</p> <p>The Community Support Services budget has seen an increase both in the number of support hours, a high cost individual case (£35k) and in the number of joint funded health packages (also including some with high allocations of hours). Contributions to Adult Services (£45k) have increased and the service is also carrying a £50k overspend position from 2016/17.</p> <p><u>Actions being taken:</u></p> <p>We will be reviewing the costs of current packages and in particular support levels for our young people.</p>				
<b>12) Childrens' Innovation &amp; Development Service</b>	<b>47</b>	<b>-1,414</b>	<b>104</b>	<b>220%</b>
<p>There is a pressure of £104k against Grafham Water which was identified during budget build.</p> <p>The budget includes an internal loan of £97k in 17/18 relating to building and improvement works carried out a number of years ago. Although prices have been increased for all user groups and the centre is running at high capacity, the centre is currently unable to generate sufficient income to cover the additional costs of the loan as well as a targeted £27k over-recovery.</p> <p>This long standing issue will be addressed through a review of options for Grafham Water going forwards, with the aim of achieving a realistic and sustainable budget. We will look to mitigate the pressure in the short term via any emerging underspends elsewhere within the directorate.</p>				
<b>13) Catering &amp; Cleaning Services</b>	<b>-449</b>	<b>-130</b>	<b>185</b>	<b>41%</b>
<p>CCS is currently forecasting an under recovery of £185k, which is reduced from the £215k pressure identified at budget build. Plans are being progressed with the transformation team to develop strategies in which the service can be competitive in price, make efficiencies to the service and increase customer engagement.</p> <p>Encouragingly the service has retained the CPET group of 3 schools plus an additional new site at Trumpington, as well as contracting with ALT to develop the catering service at the new Littleport Academy from Sep17.</p> <p>Conversely, a further 4 sites have given notice that they are tendering their catering services to commence wef Jan 18 and previous trends indicate the very high potential for these contracts to be lost.</p> <p>Operational teams have been targeted with increasing the uptake of meals served by a minimum 5%, and making productivity savings against the major direct costs to achieve 45% staffing costs (budget = 47%, savings value = £200k) and 39% provisions costs (budget = 39%) against income.</p> <p>Cleaning services will face a further pressure in 18/19 when contracts for Childrens center's are moved to the corporate CCC contract, and 2 major SLAs are expected to end (Revenue value £200k)</p> <p>The Management Team are considering a number of additional actions for potential delivery in year, alongside wider considerations for long term model and structure. As a result of support from Transformation Team and the wider considerations, the HoS and Client Development posts are being held vacant enabling an in year saving of £70k to be held whilst appropriate structure and future model discussions take place.</p> <p>The mothballed C3 cook freeze unit has a potential £500k dilapidations cost (awaiting verification) to resolve before the lease can be ended, and £80k pa ongoing costs until then.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>14) Executive Director</b>	<b>211</b>	<b>94</b>	<b>219</b>	<b>103%</b>
It is not likely that the £219k Business Support saving will not be achieved in 17/18 through efficiencies identified within the business support functions. As such, there is a pressure of £219k being reported. However, work is ongoing to identify strategies to realise this saving.				
<b>15) Financing DSG</b>	<b>-39,991</b>	<b>-13,330</b>	<b>-243</b>	<b>-1%</b>
Within P&C, spend of £40.0m is funded by the ring fenced Dedicated Schools Grant. The DSG pressure of £243k is made up from Education Placements (£100k); Commissioning Services (£100k); SEND Specialist Services (£43k) and for this financial year will be met by DSG reserve carry forwards.				



### 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
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	331
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	319
Unaccompanied Asylum Seekers	Home Office	1,600
Staying Put	DfE	167
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,668
Children's Social Care Innovation Grant (MST innovation grant)	DfE	521
Domestic Abuse	DCLG	574
High Needs Strategic Planning Funding	DfE	267
MST Standard	DoH	63
Music Education HUB	Arts Council	784
Non-material grants (+/- £160k)	Various	71
<b>Total Non Baselined Grants 2017/18</b>		<b>22,480</b>

Financing DSG	Education Funding Agency	39,991
<b>Total Grant Funding 2017/18</b>		<b>62,471</b>

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

Directorate	Grant Total £'000
Adults & Safeguarding	438
Commissioning	15,457
Children & Safeguarding	5,785
Education	799
<b>TOTAL</b>	<b>22,480</b>

## APPENDIX 4 – Virements and Budget Reconciliation

### Virements between P&C and other service blocks:

	Eff. Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>237,311</b>	
Multiple Policy Lines	Apr	-292	Corporate Capacity Review (CCR) adjustments
Multiple Policy Lines	Apr	310	Apprenticeship Levy – allocation of budget to meet new payroll cost.
Information Management & Information Technology	Apr	-1,286	Digital Strategy moved to Corporate Services
Multiple Policy Lines	Apr	-293	Savings from organisational structure review within P&C, contribution to corporate target
Adult & Safeguarding	Apr	-52	Court of Protection Client Funds Team transferring to Finance Operations within LGSS
Shorter Term Support and Maximising Independence	May	-10	Transfer from Reablement for InTouch Maintenance to Corporate Services
Multiple Policy Lines	May	-1,335	LGSS Workforce Development to Corporate Services
Safer Communities Partnership	May	-178	DAAT budgets transferred to Public Health Joint Commissioning Unit
Early Help District Delivery Service – North & South	June	-43	Transfer Youth and Community Coordinator budget to Corporate Services per CCR
Education Capital	June	-11	Transfer Property Commissioning from LGSS
LAC Placements	July	2,913	LAC Demography approved by GPC in July
Strategic Management - Adults	July	12	Transfer of Dial a Ride (ETE) to Total Transport (P&C)
<b>Current Budget 2017/18</b>		<b>237,046</b>	

## APPENDIX 5 – Reserve Schedule

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

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 July 17		
	£'000	£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
P&C carry-forward	540	-540	0	-3,276	Forecast overspend of £3,276k applied against reserves.
<b>subtotal</b>	<b>540</b>	<b>-540</b>	<b>0</b>	<b>-3,276</b>	
<b><u>Equipment Reserves</u></b>					
ICT Equipment Replacement Reserve	726	0	726	31	The reserve is fully committed but the replacement cannot be implemented before school summer holiday so costs will be incurred Autumn Term 2017
IT for Looked After Children	133	0	133	83	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>859</b>	<b>0</b>	<b>859</b>	<b>114</b>	
<b><u>Other Earmarked Reserves</u></b>					
<b>Adults &amp; Safeguarding</b>					
Homecare Development	22	0	22	0	Post taking forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	0	44	20	Upscale the falls prevention programme with Forever Active
Dementia Co-ordinator	13	0	13	0	Used to joint fund dementia co-ordinator post with Public Health
Mindful / Resilient Together	188	0	188	55	Programme of community mental health resilience work (spend over 3 years)
Increasing client contributions and the frequency of Financial Re-assessments	14	0	14	0	Hiring of fixed term financial assessment officers to increase client contributions. Staff in post.
Brokerage function - extending to domiciliary care	35	0	35	0	Trialling homecare care purchasing post located in Fenland
Hunts Mental Health	200	0	200	0	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
<b>Commissioning</b>					
Capacity in Adults procurement & contract management	143	0	143	80	Continuing to support route rationalisation for domiciliary care rounds
Specialist Capacity: home care transformation / and extending affordable care home capacity	25	0	25	0	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Home to School Transport Equalisation reserve	-240	296	56	56	17/18 is a shorter year. Therefore, a £296k contribution has been made back to reserves to account for this. No further changes expected this year.
Reduce the cost of home to school transport (Independent travel training)	60	0	60	0	Draw down of funds to pay for independent travel training
Prevent children and young people becoming Looked After	25	0	25	0	Re-tendering of Supporting People contracts (ART)
Disabled Facilities	44	0	44	0	Funding for grants for disabled children for adaptations to family homes.

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 July 17		
	£'000	£'000	£'000	£'000	
<b>Community &amp; Safety</b>					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	150	0	150	150	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
<b>Children &amp; Safeguarding</b>					
Child Sexual Exploitation (CSE) Service	250	0	250	0	The funding required is in relation to a dedicated Missing and Exploitation (MET) Unit and due to a delay in the service being delivered this is going back to GPC to obtain approval, as originally the Child Sexual Exploitation service was going to be commissioned out but now this will be bought in house within the Integrated Front Door and this funding will be required in 2017/18 to support this function (1 x Consultant Social Worker & 4 x MET Hub Support Workers).
<b>Education</b>					
Cambridgeshire Culture/Art Collection	47	-4	43	93	Providing cultural experiences for children and young people in Cambs - fund to increase in-year due to sale of art collection
ESLAC Support for children on edge of care	36	0	36	22	Funding for 2 year post re CIN
Cambridgeshire Music	80	0	80	90	Annual reserve agreed by GPC to develop and support the Cambridgeshire Music CREATE program which will look to create new purpose built accommodation.
<b>Cross Service</b>					
Develop 'traded' services	30	0	30	0	£30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	78	0	78	0	This will fund 2-3 staff across 2017/18 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	110	0	110	0	Repairs & refurb to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Other Reserves (<£50k)	135	-43	92	0	Other small scale reserves.
<b>subtotal</b>	<b>1,489</b>	<b>249</b>	<b>1,738</b>	<b>566</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>2,888</b>	<b>-291</b>	<b>2,597</b>	<b>-2,596</b>	

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 July 17		
	£'000	£'000	£'000	£'000	
<b><u>Capital Reserves</u></b>					
Devolved Formula Capital	780	980	1,760	0	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire School
Basic Need	0	16,414	16,414	273	The Basic Need allocation received in 2017/18 is fully committed against the approved capital plan. Remaining balance is 2017/18 funding in advance
Capital Maintenance	0	1,492	1,492	0	The School Condition allocation received in 2017/18 is fully committed against the approved capital plan.
Other Children Capital Reserves	1,448	616	2,064	0	£5k Universal Infant Free School Meal Grant c/f, £1,444k is Early Years funding for project to be spent in 2017/18
Other Adult Capital Reserves	379	3,809	4,188	0	Adult Social Care Grant to fund 2017/18 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,607</b>	<b>23,311</b>	<b>25,918</b>	<b>273</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2017/18						TOTAL SCHEME	
Original 2017/18 Budget as per BP	Scheme	Revised Budget for 2017/18	Actual Spend (July)	Forecast Spend - Outturn (July)	Forecast Variance - Outturn (July)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>						
41,560	Basic Need - Primary	38,750	10,654	37,265	-1,485	274,415	-9,571
26,865	Basic Need - Secondary	29,520	11,553	29,996	476	219,592	21,564
841	Basic Need - Early Years	1,687	164	1,346	-341	5,442	592
1,650	Adaptations	1,945	42	1,795	-150	3,442	442
248	Specialist Provision	242	-46	216	-26	9,810	0
3,000	Condition & Maintenance	3,000	1,628	3,000	0	27,400	0
1,076	Schools Managed Capital	1,760	0	1,760	0	12,022	-664
150	Site Acquisition and Development	150	67	150	0	650	0
1,500	Temporary Accommodation	1,500	394	1,500	0	15,500	0
2,095	Children Support Services	2,715	0	2,715	0	5,618	0
5,354	Adult Social Care	5,278	3,675	5,278	0	36,029	0
-6,664	P&C Capital Variation	-10,305	0	-8,780	1,525	-37,825	0
1,533	Capitalisation of Interest Costs	1,533	0	1,533	0	6,846	0
<b>79,208</b>	<b>Total P&amp;C Capital Spending</b>	<b>77,774</b>	<b>28,131</b>	<b>77,774</b>	<b>0</b>	<b>572,095</b>	<b>12,363</b>

### **Basic Need - Primary £9,571k reduction in scheme cost**

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

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

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

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

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

### **Basic Need - Primary £1,485k 2017/18 slippage**

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

Meldreth Primary is forecasting slippage of £710k due to the scheme experiencing a delay in the commencement on site from November 17 to February 2018. Barrington £90k slippage as project has slipped to a September 2020 completion and planning and design work has consequently reduced. These are offset by £50k accelerated spend at Godmanchester bridge Primary School.

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

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

### **Basic Need – Secondary £476k 2017/18 overspend**

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

### **Basic Need – Early Years £341k slippage**

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

### **Adaptations £442k increased total scheme cost**

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

### **Adaptations £150k 2017/18 slippage**

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

### **Schools Managed Capital**

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

### **P&C Capital Variation**

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

2017/18					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (July) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (July) £000
P&C	-10,305	-1,525	1,525	14.8%	-
<b>Total Spending</b>	-10,305	-1,525	1,525	14.8%	-

## 6.2 Capital Funding

2017/18				
Original 2017/18 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2017/18 £'000	Forecast Spend – Outturn (July) £'000	Forecast Funding Variance - Outturn (July) £'000
32,671	Basic Need	32,671	32,671	0
4,043	Capital maintenance	4,476	4,476	0
1,076	Devolved Formula Capital	1,760	1,760	0
3,904	Adult specific Grants	4,283	4,283	0
17,170	S106 contributions	14,800	14,800	0
0	Early Years Grant	1,443	1,443	0
0	Capitalised Revenue Funding	0	0	0
2,725	Other Capital Contributions	3,804	3,804	0
26,464	Prudential Borrowing	23,382	23,382	0
-8,845	Prudential Borrowing (Repayable)	-8,845	-8,845	0
<b>79,208</b>	<b>Total Funding</b>	<b>77,774</b>	<b>77,774</b>	<b>0</b>



## APPENDIX 7 – Performance at end of June 2017

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Children and Families	16.6%	20.0%	20.9%	Jun-17	↓	A	19.9% (2016)	22.3% (2016)	Performance in re-referrals to children's social care is slightly above target
Number of children with a Child Protection Plan per 10,000 population under 18	Children and Families	42.9	30.0	42.6	Jun-17	↑	R	38 (2016)	43.1 (2016)	During June, we saw the numbers of children with a Child Protection plan decrease from 571 to 566. Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of looked after children per 10,000 children	Children and Families	50.7	40.0	51.2	Jun-17	↓	R	42.3 (2016)	60.0 (2016)	<p>The number of Looked After Children increased to 681 in May This includes 67 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• A weekly LAC monitoring meeting chaired by the Executive Director of P&amp;C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.</li> </ul> <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% year 12 in learning	Children and Families	93.9%	96.5%	93.7%	Jun-17	↓	A	94.0% (2015)	94.8% (2015)	We have not met our in learning target for year 12 and performance has been variable across the localities. Year 13 in learning has improved over the last three years and is very close to target. However again performance is variable across the localities.
%16-18 year olds NEET and unknown	Children and Families	4.0%	3.8%	3.8%	Jun-17	↑	G			NOTE: From Sept 2016 - This indicator has changed from 16-19 to 16-18 and now includes unknowns, and therefore isn't comparable to previous years. Though performance remains within target, there is a high number of young people whose situation is currently unknown. Information about these young people will be gathered during the autumn term to give a clearer idea of our actual performance.
% Clients with SEND who are NEET	Children and Families	10.6%	9.0%	9.4%	Q1 (Apr to Jun 17)	↑	A	7.0% (2015)	9.2% (2015)	Whilst we are not on target our performance is much better than this time last year when NEET was 10.6%. We continue to prioritise this group for follow up and support.

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

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

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	0.2%	1.5% (Pro-Rata)	0.3%	June-17	↑	R	5.9% (2014-15)	6.0% (2014-15)	Performance remains very low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams. (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	97.8%	93.0%	97.8%	June-17	→	G	83.0% (2014-15)	82.6% (2014-15)	Performance remains above the target and is generally moving toward 100%. Performance is above the national average for 14/15 and will be monitored closely.
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	46.1%	50.1%	49.0%	June-17	↑	A	N/A (Local Indicator)		Performance of this indicator has risen and is closer to the target. If teams focus on completing overdue reviews this would contribute to a fall in performance in the future.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	57.7%	57.0%	58.1%	June-17	↑	G	N/A (Local Indicator)		<p>The service continues to be the main route for people leaving hospital with simple, as opposed to complex care needs. However, we are experiencing a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers. In addition the service is being re-organised to strengthen leadership and to reduce process delays.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We are addressing this issue through a variety of means, including discussions with the NHS about filling intermediate care gaps, to reduce inappropriate referrals and use of capacity in reablement. The Council has also developed the Double Up Team who work with staff to reduce long term care needs and also release re-ablement capacity, and a home care transition service to support transfers into long term domiciliary care.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	45.6	141 (Pro-Rata)	70.0	June-17	↑	G	611.0 (2014-15)	658.5 (2014-15)	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area is resulting in a fall in the number of admissions.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p>



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	442	429	447.7	May-17	↓	A	N/A (Local Indicator)		<p>Between April '16 and March '17 there were 35,732 bed-day delays across the whole of the Cambridgeshire system - representing a 22% increase on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have increased by 16% from 20,365 (Apr 15 - Mar 16) to 23,621 (Apr 16 - Mar 17), while bed-day delays attributed to Adult Social Care have increased from 7,709 in Apr 15 - Mar 16 to 9,259 in Apr 16 - Mar 17 an increase of 20%.</p> <p>Over the course of this year we have seen a rise in the number of admissions to A &amp; E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.</p> <p>The significant improvement in this indicator comes as we move into the new financial year and last year's performance is replaced with a single, relatively-well performing month of data.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	108	114	126.5	May-17	↓	G	N/A (Local Indicator)		<p>In May '17 there were 747 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 144.3 delays per 100,000 of 18+ population. For the same period the national rate was 152.2 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 &amp; responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.</p> <p>The increase is primarily due to delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's.</p>
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	12.9%	12.5%	12.8%	June-17	↓	G	9.0% (2015-16) Provisional	6.7% (2015/16) Provisional	Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

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

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

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

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

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

**SERVICE COMMITTEE REVIEW OF THE DRAFT 2017-18 CAPITAL PROGRAMME**

*To:* **Adults Committee**

*Meeting Date:* **14<sup>th</sup> September 2017**

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

*Electoral division(s):* **All**

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

*Purpose:* **This report provides the Committee with an overview of the draft Business Plan Capital Programme for Adults Services**

*Recommendation:*

- a) It is requested that the Committee note the overview and context provided for the 2018-19 Capital Programme for Adults Services**
- b) It is requested that the Committee comment on the draft proposals for Adults' 2018-19 Capital Programme and endorse their development**

<b><i>Officer contact:</i></b>	
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## **1. CAPITAL STRATEGY**

- 1.1 The Council strives to achieve its vision through delivery of its Business Plan. To assist in delivering the Plan the Council needs to provide, maintain and update long term assets (often referred to as 'fixed assets'), which are defined as those that have an economic life of more than one year. Expenditure on these long term assets is categorised as capital expenditure, and is detailed within the Capital Programme for the Authority.
- 1.2 Each year the Council adopts a ten year rolling capital programme as part of the Business Plan. The very nature of capital planning necessitates alteration and refinement to proposals and funding during the planning period; therefore whilst the early years of the Business Plan provide robust, detailed estimates of schemes, the later years only provide indicative forecasts of the likely infrastructure needs and revenue streams for the Council.
- 1.3 This report forms part of the process set out in the Capital Strategy whereby the Council updates, alters and refines its capital planning over an extended planning period. New schemes are developed by Services and all existing schemes are reviewed and updated as required before being presented to the Capital Programme Board and subsequently Service Committees for further review and development.
- 1.4 An Investment Appraisal of each capital scheme (excluding committed schemes and schemes with 100% ring-fenced funding) is undertaken / revised, which allows schemes within and across all Services to be ranked and prioritised against each other, in light of the finite resources available to fund the overall Programme and in order to ensure the schemes included within the Programme are aligned to assist the Council with achieving its outcomes.

## **2. DEVELOPMENT OF THE 2018-19 CAPITAL PROGRAMME**

- 2.1 Prioritisation of schemes (where applicable) is included within this report to be reviewed individually by Service Committees alongside the addition, revision and update of schemes. Prioritisation of schemes across the whole programme will be reviewed by General Purposes Committee (GPC) in October, before firm spending plans are considered again by Service Committees in November. GPC will review the final overall programme in December, in particular regarding the overall levels of borrowing and financing costs, before recommending the programme in January as part of the overarching Business Plan for Full Council to consider in February.
- 2.2 The introduction of the Transformation Fund for the 2017-18 planning process has not impacted on the funding sources available to the Capital Programme as any Invest to Save or Earn schemes will continue to be funded over time by the revenue payback they produce via savings or increased income. This is the most financially sensible option for the Council due to the ability to borrow money for capital schemes and defray the cost of that expenditure to the Council over the life of the asset. However, if a scheme is transformational, then it should also move through the governance process agreed for the transformation programme, in line with all other transformational schemes, but without any funding request to the Transformation Fund.



2.3 There are several schemes in progress where work is underway to develop the scheme, however they are either not sufficiently far enough forward to be able to include any capital estimate within the Business Plan, or a draft set of figures have been included but they are, at this stage, highly indicative. The following are the two main schemes that this applies to:

- The Adults Committee first considered the Older People's Accommodation Strategy in 2016. Following consideration of outline modelling and a business case to increase the availability of affordable care home beds in the County through more direct intervention in the market by the Council, the Adults Committee is due to receive an update in September on market engagement and next steps towards a more detailed business case and procurement. Amongst a number of options, there is potential for implications for the Council's capital plans through provision of land, other assets or involvement with construction. The Council is engaged with health partners on these challenges, and plans are also in development for an investment in housing for vulnerable people using improved better care fund monies.
- The Council is in the fortunate position of being a major landowner in Cambridgeshire and this provides an asset capable of generating both revenue and capital returns. This has, however, required the Council to move from being a seller of sites to a developer of sites, through a Housing Company. A Special Purpose Vehicle has been established, the Cambridgeshire Housing Investment Company (CHIC), through which the Council will operate to make best use of sites with development potential in a co-ordinated and planned manner, in order to progress those sites for a range of development options. This will generate capital receipts to support site development and create significant revenue and capital income for the Council which will help support services and communities.

A comprehensive 10-year pipeline of development projects has been identified and the initial model is currently being reviewed, refined and developed by both the Housing Company and the Council. As such, it is expected that the figures within the Business Plan will continue to be refined as the model evolves over the next few months.

### **3. REVENUE IMPLICATIONS**

- 3.1 All capital schemes can have a potential two-fold impact on the revenue position, relating to the cost of borrowing through interest payments and repayment of principal and the ongoing revenue costs or benefits of the scheme. Conversely, not undertaking schemes can also have an impact via needing to provide alternative solutions, such as Home to School Transport (e.g. transporting children to schools with capacity rather than investing in capacity in oversubscribed areas).
- 3.2 The Council is required by the Chartered Institute of Public Finance and Accountancy's (CIPFA's) Prudential Code for Capital Finance in Local Authorities 2011 to ensure that it undertakes borrowing in an affordable and sustainable manner. In order to ensure that it achieves this, GPC recommends an advisory limit on the annual financing costs of borrowing (debt charges) over the life of the Plan. In order to afford a degree of flexibility

from year to year, changes to the phasing of the limit is allowed within any three-year block (starting from 2015-16), so long as the aggregate limit remains unchanged.

- 3.3 For the 2017-18 Business Plan, GPC agreed that this should continue to equate to the level of revenue debt charges as set out in the 2014-15 Business Plan for the next five years (restated to take into account the change to the MRP Policy agreed by GPC in January 2016), and limited to around £39m annually from 2019-20 onwards. GPC will be asked to reconfirm this decision for the 2018-19 process as part of the Capital Strategy paper, also being presented at the September meeting.

#### 4. SUMMARY OF THE DRAFT CAPITAL PROGRAMME

- 4.1 The revised draft Capital Programme is as follows:

Service Block	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	Later Yrs £'000
People and Communities	87,573	121,024	78,846	37,229	25,992	85,353
Economy, Transport and Environment	34,250	25,232	17,631	18,561	20,098	19,182
Public Health	-	-	-	-	-	-
Commercial and Investment Committee	46,994	6,938	1,120	12,371	760	18,970
Corporate and Managed Services	7,136	460	460	460	-	-
LGSS Operational	-	-	-	-	-	-
<b>Total</b>	<b>175,953</b>	<b>153,654</b>	<b>98,057</b>	<b>68,621</b>	<b>46,850</b>	<b>123,505</b>

- 4.2 This is anticipated to be funded by the following resources:

Funding Source	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	Later Yrs £'000
Grants	53,009	32,373	33,046	29,716	31,712	78,020
Contributions	19,927	44,375	54,545	14,164	8,160	196,305
Capital Receipts	21,676	5,252	6,615	19,536	1,909	9,556
Borrowing	51,426	72,842	20,659	12,690	9,215	2,426
Borrowing (Repayable)*	29,915	-1,188	-16,808	-7,485	-4,146	-162,802
<b>Total</b>	<b>175,953</b>	<b>153,654</b>	<b>98,057</b>	<b>68,621</b>	<b>46,850</b>	<b>123,505</b>

\* Repayable borrowing nets off to zero over the life of each scheme and is used to bridge timing gaps between delivery of a scheme and receiving other funding to pay for it.

- 4.3 The following table shows how each Service's borrowing position has changed since the 2017-18 Capital Programme was set:

Service Block	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	Later Yrs £'000
People and Communities	1,832	15,545	37,793	3,022	3,903	-6,486	-2,333
Economy, Transport and Environment	10,712	2,976	-1,665	-2,859	-3,055	-6,484	-1,723
Public Health	-	-	-	-	-	-	-
Corporate and Managed Services	958	438	-	-	-	-	-

LGSS Operational	-100	-	-	-	-	-	-
Commercial and Investment Committee	-650	1,449	-165	-17	4	2	2,258
Corporate and Managed Services – relating to general capital receipts	-	-	-	-	-	-	-
<b>Total</b>	<b>12,752</b>	<b>20,408</b>	<b>35,963</b>	<b>146</b>	<b>852</b>	<b>-12,968</b>	<b>-1,798</b>

4.4 The table below categorises the reasons for these changes:

Reasons for change in borrowing	2017-18 £'000	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000	Later Yrs £'000
New	580	12,806	20,957	5,761	2,630	300	3,850
Removed/Ended	-6,054	180	200	30	-100	-9,300	11,965
Minor Changes/Rephasing*	-3,757	8,639	5,198	-9,318	5,741	3,320	-8,192
Increased Cost (includes rephasing)	-2,002	4,096	12,050	2,667	901	-839	-420
Reduced Cost (includes rephasing)	2,822	-3,341	-2,174	-1,820	-1,885	-3,182	0
Change to other funding (includes rephasing)	4,978	-459	5,715	5,373	-4,092	-254	-6,752
Variation Budget	**16,185	-1,513	-5,983	-2,547	-2,343	-3,013	-2,249
<b>Total</b>	<b>12,752</b>	<b>20,408</b>	<b>35,963</b>	<b>146</b>	<b>852</b>	<b>-12,968</b>	<b>-1,798</b>

\*This does not off-set to zero across the years because the rephasing also relates to pre-2017-18.

\*\*This reflects removal of this budget for 2017-18, as it is a rolling budget that is refreshed every year

4.5 The revised levels of borrowing result in the following levels of financing costs:

Financing Costs	2018-19 £'000	2019-20 £'000	2020-21 £'000	2021-22 £'000	2022-23 £'000
2017-18 agreed BP	18.6	18.9	22.0	22.9	-
2018-19 draft BP	16.6	17.4	21.6	23.6	25.1
<b>CHANGE (+) increase / (-) decrease</b>	<b>-2.0</b>	<b>-1.5</b>	<b>-0.4</b>	<b>0.7</b>	<b>25.1</b>

4.6 Invest to Save / Earn schemes are excluded from the advisory financing costs limit – the following table therefore compares revised financing costs excluding these schemes. In order to afford a degree of flexibility from year to year, the limit is reviewed over a three-year period – based on the revised programme, the advisory limit is not exceeded for either of these 3 year blocks.

Financing Costs	2018-19 £m	2019-20 £m	2020-21 £m	2021-22 £m	2022-23 £m	2023-24 £m
2018-19 draft BP (excluding Invest to Save / Earn schemes)	26.5	28.8	32.2	34.4	36.1	36.1
Recommend limit	37.9	38.6	39.2	39.7	40.3	40.8
<b>HEADROOM</b>	<b>-11.4</b>	<b>-9.8</b>	<b>-6.9</b>	<b>-5.3</b>	<b>-4.2</b>	<b>-4.8</b>
Recommend limit (3 years)	115.7			120.8		

HEADROOM (3 years)	-28.1	-14.3
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- 4.7 Although the limit hasn't been exceeded, the Business Plan is still under review and as such adjustments to schemes and phasing will continue over the next two to three months. However, as there is significant headroom available, it is not expected that any further revisions will cause a breach of the advisory limit.

## 5. OVERVIEW OF ADULTS SERVICES DRAFT CAPITAL PROGRAMME

- 5.1 The capital programme for the Adults and Safeguarding Service Directorate of the People and Communities (P&C) Executive Directorate is relatively small compared to its recurring revenue expenditure and to capital spending in other areas of the Council, totalling around £5m per year. This reflects that much of the front-line care funded by the local authority is delivered by independent organisations through their own assets.
- 5.2 For Adult and Safeguarding Services, capital expenditure has, until recently been predominantly funded through ring-fenced grants from the Department of Health. Changes to the Department of Health funding into the Better Care Fund in 2016/17 means the Council no longer receives £1.3m in direct grant to support the capital programme, to continue to meet the capital needs of County Council services for Adults, it has been necessary to borrow in line with the CIPFA Prudential Code for Capital Finance. The anticipated funding sources per scheme for the draft Adult and Safeguarding capital programme are identified in Appendix A.
- 5.3 As in previous years, it is proposed to organise and phase capital spending in the Adult and Safeguarding Service directorates under the following categories and timescales. Full draft tables can be found in Appendix A.

Summary of Schemes by Category		Total Cost £000	Previous Years £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Later Years £000
A/C.12.002	Enhanced Frontline	2,892	2,107	150	150	150	150	185	0
A/C.12.004	Disabilities Facilities Grant	19,318	8,881	3,479	3,479	3,479	0	0	0
A/C.12.005	Integrated Community Equipment Service	13,000	1,300	1,300	1,300	1,300	1,300	1,300	5,200
Total - Adults' Services		36,075	13,153	4,929	4,929	4,929	1,450	1,485	5,200

- 5.4 **Enhanced Frontline** – This comprises spending on provider services (including the small number of in-house run services) and related delivery of social care, predominantly for clients with needs from learning disabilities, mental health or old age. This spend includes enhancing facilities of the centres and ensuring suitability of centres for clients.
- 5.5 **Integrated Community Equipment Service** – Capital spending on community equipment continues to be a priority and preventative in terms of reducing revenue expenditure. Funded by prudential borrowing.
- 5.6 **Disabled Facilities Grant** – It is anticipated the funding for the Disabled Facilities Grant will continue to be received in 2018-19 and distributed by the County Council. Historically this funding has been distributed through District Councils, and now channels through the County Council as a result of the BCF. Funding has been assumed until 2020-21.

- 5.7 As paragraph 2.3 sets out in more detail, the Council is progressing plans for securing sufficient affordable care home bed places, but is not yet in position to include costed implications in the capital programme.

## **6. ALIGNMENT WITH CORPORATE PRIORITIES**

### **6.1 Developing the local economy for the benefit of all**

Where investment is in local fixed assets, or through local businesses, this will lead to benefits for the local economy.

### **6.2 Helping people live healthy and independent lives**

Expenditure on equipment and assistive technology, as well on accommodation and the centres supporting service users, help people live independent and healthy lives.

### **6.3 Supporting and protecting vulnerable people**

Expenditure on assistive technology as well as the infrastructure that supports Council staff enables our objective of supporting and protecting vulnerable people.

## **7. SIGNIFICANT IMPLICATIONS**

### **7.1 Resource Implications**

This report is about resource allocation. There may be revenue implications associated with operating new or enhanced capital assets.

### **7.2 Statutory, Risk and Legal Implications**

Regulations for capital expenditure are set out under Statute. The Council complies with these requirements

### **7.3 Equality and Diversity Implications**

Investments in client facing assets, such as day centres, accommodation or equipment support the equalities agenda

### **7.4 Engagement and Consultation Implications**

The Business Plan is subject to public consultation. Consultation is continuous and ongoing between commissioners and providers, and with partners, to ensure the most effective use of capital funding.

### **7.5 Localism and Local Member Involvement**

Local Members will be engaged where opportunities for strategic investment in care infrastructure arise.

### **7.6 Public Health Implications**

Strategic investment in Adult Social Care assets has significant potential to improve Public Health outcomes.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Officer: Kerry Newson
<b>Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?</b>	Yes Name of Officer: Fiona McMillan
<b>Are there any Equality and Diversity implications?</b>	Yes Name of Officer: Charlotte Black
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes or No Name of Officer:
<b>Are there any Localism and Local Member involvement issues?</b>	Yes Name of Officer: Charlotte Black
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer:

<b>Source Documents</b>	<b>Location</b>
Capital Programme Board papers	<i>c/o Group Accountant , LGSS Finance Octagon, Shire Hall, 01223 507126</i>
Latest Social Services capital grant letter from Department of Health	

# Appendix A

## Section 4 - A: People and Communities

**Table 4: Capital Programme**

Budget Period: 2018-19 to 2027-28

Summary of Schemes by Start Date	Total Cost £000	Previous Years £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Later Years £000
Ongoing	33,103	8,881	4,929	4,929	4,929	1,450	1,485	6,500
Committed Schemes	-	-	-	-	-	-	-	-
<b>TOTAL BUDGET</b>	<b>33,103</b>	<b>8,881</b>	<b>4,929</b>	<b>4,929</b>	<b>4,929</b>	<b>1,450</b>	<b>1,485</b>	<b>6,500</b>

Ref	Scheme	Description	Linked Revenue Proposal	Scheme Start	Total Cost £000	Previous Years £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Later Years £000	Committee
A/C.12	<b>Adults' Services</b>												
A/C.12.002	Enhanced Frontline	Planned spending on in-house provider services and independent care accommodation to address building condition and improvements. Service requirements and priorities will be agreed and aligned with the principles of Transforming Lives.		Ongoing	785	-	150	150	150	150	185	-	Adults
A/C.12.004	Disabilities Facilities Grant	We are expecting this funding to continue to be managed through the Better Care Fund for the period 2017/18 to 2022/13, in partnership with local housing authorities. Disabled Facilities Grant enables accommodation adaptations so that people with disabilities can continue to live in their own homes.		Ongoing	19,318	8,881	3,479	3,479	3,479	-	-	-	Adults
A/C.12.005	Integrated Community Equipment Service	Funding to continue annual capital investment in community equipment, that helps people to sustain their independence. The Council contributes to a pooled budget purchasing community equipment for health and social care needs for people of all ages		Ongoing	13,000	-	1,300	1,300	1,300	1,300	1,300	6,500	Adults
	<b>Total - Adults' Services</b>				<b>33,103</b>	<b>8,881</b>	<b>4,929</b>	<b>4,929</b>	<b>4,929</b>	<b>1,450</b>	<b>1,485</b>	<b>6,500</b>	
	<b>TOTAL BUDGET</b>				<b>33,103</b>	<b>8,881</b>	<b>4,929</b>	<b>4,929</b>	<b>4,929</b>	<b>1,450</b>	<b>1,485</b>	<b>6,500</b>	

## Appendix A

### Section 4 - A: People and Communities

**Table 4: Capital Programme**

Budget Period: 2018-19 to 2027-28

Funding	Total Funding £000	Previous Years £000	2018-19 £000	2019-20 £000	2020-21 £000	2021-22 £000	2022-23 £000	Later Years £000
<b>Government Approved Funding</b>								
Specific Grants	19,318	8,881	3,479	3,479	3,479	-	-	-
<b>Total - Government Approved Funding</b>	<b>19,318</b>	<b>8,881</b>	<b>3,479</b>	<b>3,479</b>	<b>3,479</b>	<b>-</b>	<b>-</b>	<b>-</b>
<b>Locally Generated Funding</b>								
Prudential Borrowing	13,785	-	1,450	1,450	1,450	1,450	1,485	6,500
<b>Total - Locally Generated Funding</b>	<b>13,785</b>	<b>-</b>	<b>1,450</b>	<b>1,450</b>	<b>1,450</b>	<b>1,450</b>	<b>1,485</b>	<b>6,500</b>
<b>TOTAL FUNDING</b>	<b>33,103</b>	<b>8,881</b>	<b>4,929</b>	<b>4,929</b>	<b>4,929</b>	<b>1,450</b>	<b>1,485</b>	<b>6,500</b>



## Appendix A

### Section 4 - A: People and Communities

**Table 5: Capital Programme - Funding**

Budget Period: 2018-19 to 2027-28

Summary of Schemes by Start Date	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000
Ongoing	33,103	19,318	-	-	-	13,785
Committed Schemes	-	-	-	-	-	-
<b>TOTAL BUDGET</b>	<b>33,103</b>	<b>19,318</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,785</b>

Ref	Scheme	Linked Revenue Proposal	Net Revenue Impact	Scheme Start	Total Funding £000	Grants £000	Develop. Contr. £000	Other Contr. £000	Capital Receipts £000	Prud. Borr. £000	Committee
<b>A/C.12</b>	<b>Adults' Services</b>										
A/C.12.002	Enhanced Frontline			- Ongoing	785	-	-	-	-	785	Adults
A/C.12.004	Disabilities Facilities Grant			- Ongoing	19,318	19,318	-	-	-	-	Adults
A/C.12.005	Integrated Community Equipment Service			- Ongoing	13,000	-	-	-	-	13,000	Adults
	<b>Total - Adults' Services</b>			-	<b>33,103</b>	<b>19,318</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,785</b>	
	<b>TOTAL BUDGET</b>				<b>33,103</b>	<b>19,318</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>13,785</b>	

## Appendix A

### Capital Investment Appraisals Prioritised List of Schemes

Priority Score ( /100)	Class	Service Area	Ref	Title	Total Scheme Cost £000	Total Prudential Borrowing £000	Flexibility in Phasing	Alternative Methods of Delivery
<b>F</b>	Fully Funded	P&C	A/C.12.004	Disabilities Facilities Grant	19,318	-		-
<b>46</b>	Statutory	P&C	A/C.12.005	Integrated Community Equipment Service	13,000	13,000	None	-
<b>19</b>	Other	P&C	A/C.12.002	Enhanced Frontline	785	785		-

**DELAYED TRANSFERS OF CARE AND WINTER PLANS**

**To:** Adults Committee

**Meeting Date:** 14<sup>th</sup> September 2017

**From:** Executive Director People and Communities

**Electoral division(s):** All

**Forward Plan ref:** For key decisions *Key decision:*  
Democratic Services can provide this reference **No**  
(See Appendix 1 for Guidance)

**Purpose:** **What is the Committee being asked to consider?**  
To examine the issue of delayed discharges from hospital, focussing on current performance, key challenges and system wide plans to meet demand and improve outcomes.

**Recommendation:** **What is the Committee being asked to agree?**  
To consider the details set out and to comment on current circumstances and plans.

<b><i>Officer contact:</i></b>		<b><i>Member contact:</i></b>	
<b>Name:</b>	Richard O'Driscoll	<b>Name:</b>	Cllr Anna Bailey
<b>Post:</b>	Head of Commissioning (Adults)	<b>Post:</b>	Chair
<b>Email:</b>	Richard.O'Driscoll@Cambridgeshire.gov.uk	<b>Email:</b>	<a href="mailto:Annabailey@hotmail.co.uk">Annabailey@hotmail.co.uk</a>
<b>Tel:</b>	01223-729186	<b>Tel:</b>	01223 706398

## **1. BACKGROUND**

### **1.1 What is a Delayed Transfer of Care?**

- 1.1.1 A delayed transfer of care from acute or non-acute hospitals (including community and mental health) occurs when a patient is occupying a hospital bed after they have been identified as fit, and determined by a multi-disciplinary team to be safe to be discharged. The causes of delay are variable ranging from process issues such as poor communication from wards to gaps in capacity among key professionals and services such as Home Care, Care Homes and Community Health services such as District Nursing. Delayed transfers of care are also affected by changes in demand, such as increased hospital admissions, particularly of over 85 year olds. Such spikes in demand are relatively common occurrences and are particularly noticeable during winter months and at peak times such as holiday periods. In the case of the latter there is a strong linkage to staff availability. A weekly validation process-involving hospital and social care managers- is in place to determine the cause of each delay and whether it is attributable to the NHS or the local authority. Cambridgeshire County Council has also established a process to interrogate this data to identify the main causes of delay and to monitor and improve performance. The causes of delay are often multi- factorial and a key requirement for effective hospital discharge is integrated planning and co-ordination between Health and Social Care partners both at an individual operational level as well as strategically.

## **2. MAIN ISSUES**

### **2.1 Performance**

- 2.1.1 The key measurement for delayed transfers of care is the total delayed days during the month for all patients delayed throughout the month. (Prior to April 2017, data on the number of patients delayed on the last Thursday of each month was also collected). These numbers are agreed through a formal validation process, and involve attributing the cause of the delay to the responsible organisation. The numbers are then reported by the Hospitals, on a monthly basis, to the Department of Health, through a system called UNIFY. They are subsequently collated and published nationally. This data is used by the County Council to produce the "DTOC dashboard". (See Appendix 1). This tool has enabled the Council to have a much better understanding of performance and trends as well as the main causes of delay. It has also been shared with regional partners as an example of good practice.
- 2.1.2 The dashboard shows that there is considerable fluctuation in the number of validated delays. Performance in Cambridgeshire has (including both adult social care and NHS attributable delays) remained comparatively stable, fluctuating between 480-600 bed day delays per 100,000 people per month on average over the year. In health and social care systems nationally, performance has steadily worsened over that period. Some elements of the system have performed well; in Cambridgeshire, at the end of 2016/17, the rate of people delayed that were attributable to adult social care was below the England average.

- 2.1.3 In Cambridgeshire, around a quarter of the delays from April 2014 to date were attributed to adult social care only (24%), and nearly a third (31%) were attributable to adult social care and NHS. The majority therefore were attributed to NHS. The general picture in relation to patient flow, both locally and nationally, is one of a system under great pressure. Table 1, below, shows current system performance and national comparators:

Table 1

**ASCOF 2C Part 1. DTOC Rate per 100,000 (NHS and ASC all reasons)**

Year	Cambridgeshire Average	England Average
14/15	17.9	11.1
15/16	14.7	12.2
16/17	17.9	15.0

**ASCOF 2C Part 2. DTOC Rate per 100,000 (Adult Social Care)**

Year	Cambridgeshire Average	England Average
14/15	5.8	3.7
15/16	4.4	4.7
16/17	5.3	6.4

**DTOC Accountable Organisation by % April 2014 to date**

NHS Trust	NHS	Adult Care	Social	Both
CUHFT	65	26		9
N.W. Anglia (Hinchingsbrooke and Peterborough)	61	25		14
CPFT (Community and MH)	77	23		0
<b>AVERAGE</b>	<b>67</b>	<b>24</b>		<b>7</b>

## 2.2 Causes Of Delay

2.2.1 **Categories of Delay.** These are set out below in the tables 2.1 and 2.2 showing the causes of delay and the number of lost bed days, by attributor, for the acute hospitals in Cambridgeshire;

Table 2.1 Addenbrookes Hospital

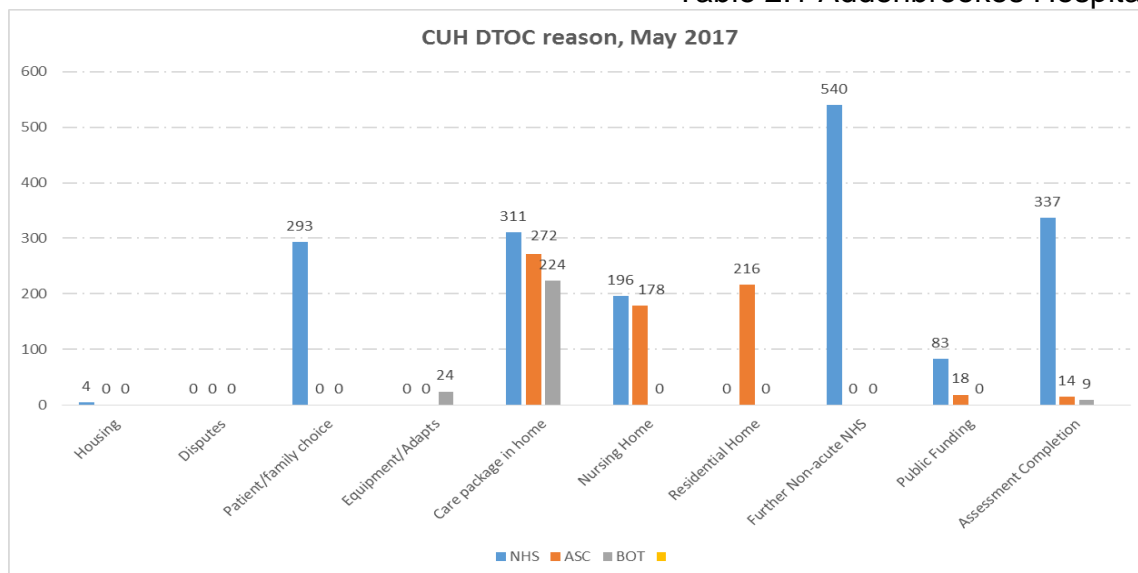
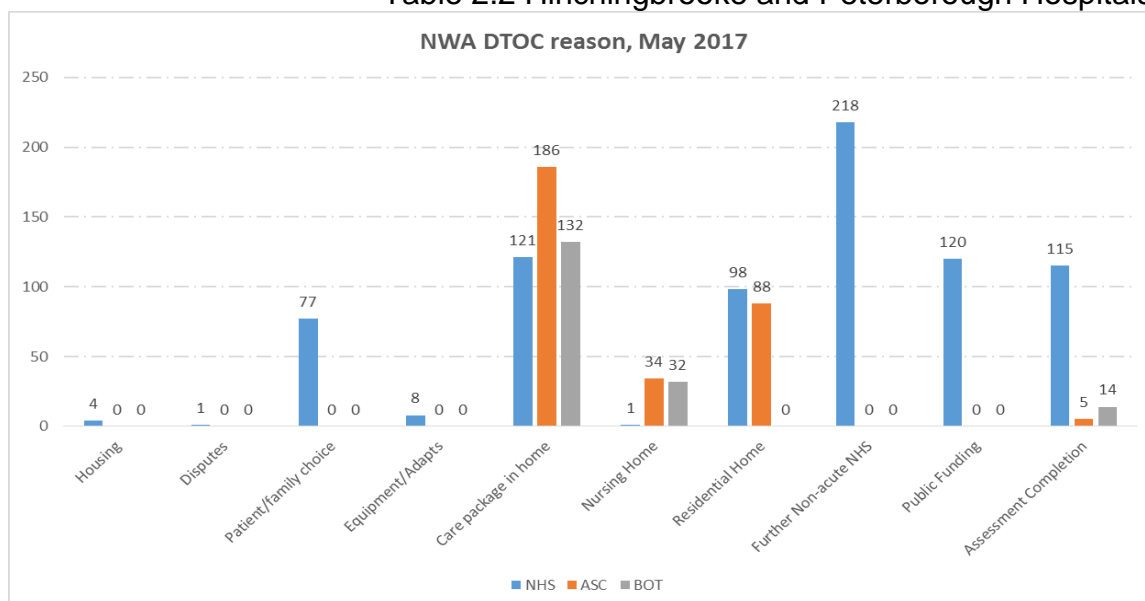


Table 2.2 Hinchingsbrooke and Peterborough Hospitals

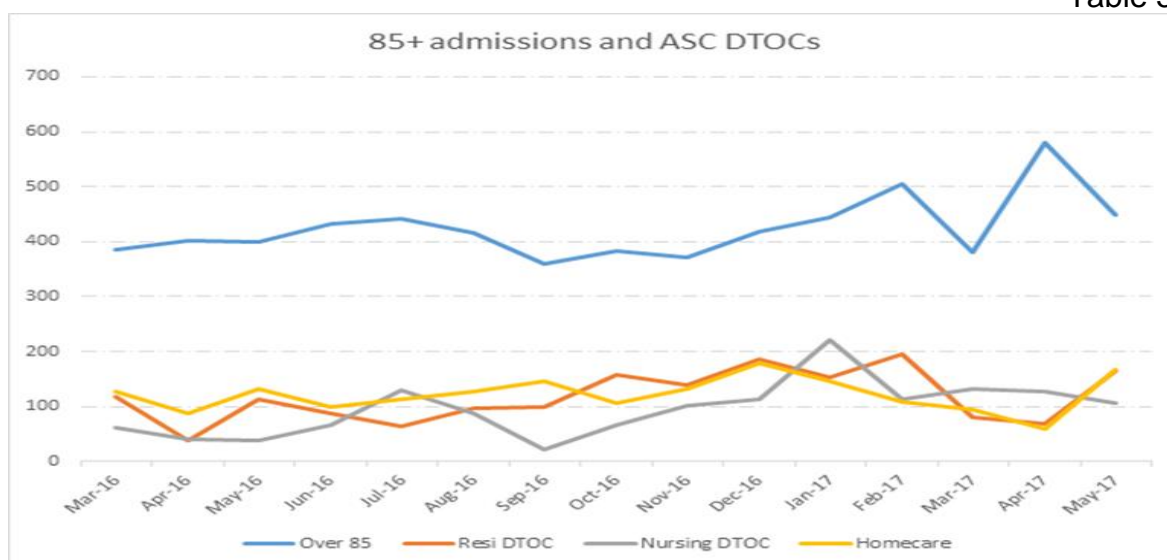


2.2.2 It can be seen that a number of these causes relate to both process and capacity necessitating service redesign as well as additional capacity. A number of mitigation measures have been introduced to meet these challenges. These are set out in Table 4 in Section 2.3.2. Additionally, there are a number of further measures in development as part of our planning for this winter, and beyond, under Section 2.3.4 on Strategic Planning.

## 2.3 Demand

**2.3.1 Increases in Admissions:** An increase in admissions of older people, particularly those aged over 85 years, has a direct impact on patient flow through the hospital and discharge arrangements. Table 3 below shows the recent trend in relation to such admissions in Cambridgeshire hospitals. The top line of the graph shows a steep increase in demand from November 2016, following a period of relatively consistent admissions and the lines below show the impact on delayed transfers of care awaiting community services. Interestingly between February 2017 and May 2017 we see both a sharp increase in hospital admission and considerable fluctuation month to month. Both conditions are difficult to manage in terms of core community capacity, as these services are largely static. It is, therefore, necessary to create some flexibility to step up resources at points of high demand. This area will be addressed in more detail later in the report when current mitigation is set out. It is also important to note that it is often not just an increase in the number of patients that needs to be considered, but also an increase in the needs of those individuals. For instance the demand for nursing care and dementia care is on the increase reflecting a general rise in the acuity of those requiring care.

Table 3

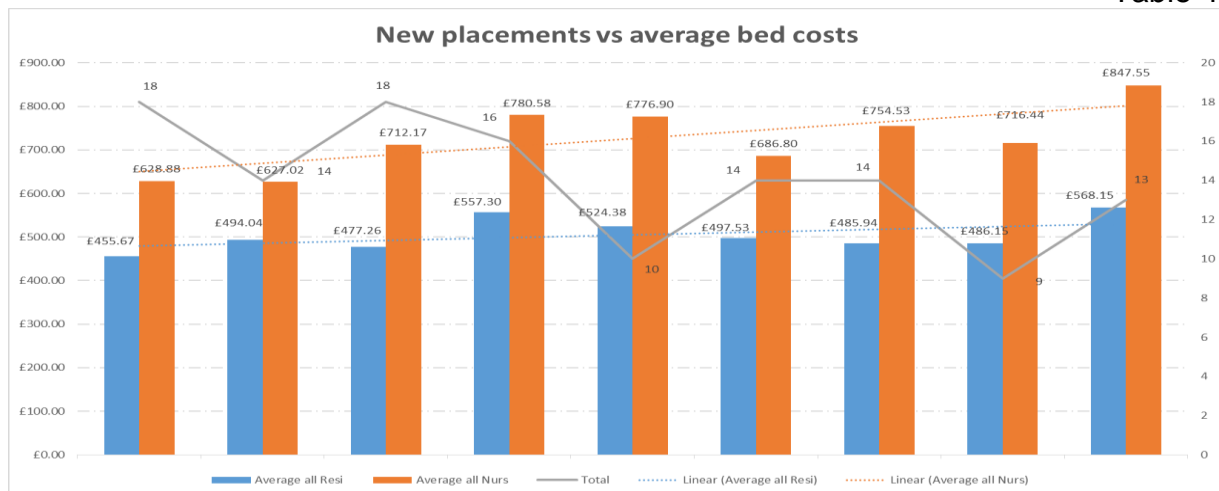


## 2.4 Market Conditions:

**2.4.1 Care Homes:** There are challenges relating to both Care Homes and Home Care. In the case of the former, the main issues are the lack of physical capacity in nursing and residential care, specialist dementia care and rising prices. The council estimates that there is currently a shortfall of 400 beds in the Cambridgeshire system. This is also coupled with a high proportion of self-funders in Cambridgeshire, at approximately 50% of the whole care home sector. This has the effect of reducing the Council's bargaining power and inflating prices. The graph below (Table 4) illustrates the rising cost of residential and nursing care between February 2016 and May 2017. While generally, placement decisions, for patients awaiting discharge, are not delayed for financial reasons, there is some evidence that following particularly high increases

in the cost of care, delays can take place while affordable provision is being sought. The Council has sought to mitigate the process and financial risks by establishing a brokerage that identifies placements, and negotiates the cost on behalf of the NHS as well as the Council. Further steps taken to reduce the impact of this time frame is the introduction of short-term interim beds to facilitate long term care and a doubling of the Council's block contract for long-term Care Home placements to 387.

Table 4



**2.4.2 Home Care:** The biggest single cause of delay to hospital discharge is the availability of Home Care. The total number of older people, supported by the Council, receiving Home Care is approximately 3,500. There are also approximately 200 people awaiting home care packages- of which 50 are not in receipt of care. The main Home Care challenges relate specifically to workforce recruitment and retention issues and increasing needs-such as double up care- for those requiring home based care. As a consequence capacity is not keeping up with demand. A key feature of the service is the large number of staff recruited from overseas, with an estimated 24% (*ref. Skills for Care*) of the total workforce coming from the European Economic Area. Clearly uncertainties about Brexit increase the risk of sustainability. The Council recognises both the short and longer- term challenges. These are exacerbated by a particularly high cost of living in the South of the County, coupled with well-paid alternative employment. The Council is seeking to meet the challenge by increasing the range of providers it currently commissions, focussing its delivery model on outcomes, and embarking on a development programme that includes new models of care including the establishment of micro-enterprises and community based services linked to the Dutch Buurzorg model as captured in the Neighbourhood Cares Pilots. As part of this work the Council will commission services on behalf of the NHS and it has plans in place to establish a single brokerage for all Home Care services by November 2017. In addition the Council is engaged with NHS partners to establish a programme to meet the short and medium term recruitment and retention challenges we face. Examples of the work being looked at include the establishment of integrated care roles, apprenticeships and the use of new media to expand the potential candidate base.



## 2.5 Demand Management

2.5.1 **Current Initiatives:** As indicated there are significant challenges facing the Council and NHS Partners both in terms of demand and the capacity necessary to meet this. Table 5 below provides a summary of some of the initiatives deployed to date to minimise delays.

**Table 5 Current Hospital Discharge Improvement Measures**

Need	Measure	Lead	Cost	Impact
<b>Reduce assessment delays by establishing “discharge to assess” pathway for home based care.</b>	Develop and expand the reablement service to facilitate early discharge home without assessment	CCC	£5.5 million	New pathway established in all hospitals. Significantly reducing, assessment delays and home care requirements.
<b>7 day working</b>	Discharge Planning Teams and Reablement now working 7 days p.w.	CCC	(Additional 7% on DPT staffing budget) £150,000	Virtual elimination of Adult social care assessment delays
<b>7 day working</b>	Discharge Planning nurses now working 7 days p.w.	CUHFT	N/K	Some reduction in NHS assessment delays
<b>Care Home Placements.</b>	17x interim beds to manage transition (Discharge to Assess)	CCC	£618,000	Reduction in placement delays and in overall placement numbers
	10x Reablement Beds at Doddington Court	CCC NHS (CCG)	£83,200 £83 200	
	14 x Respite Care Beds		£364,000	
<b>Care Home Placements</b>	Increase the block contract to secure timely and cost effective placements	CCC	Gross: £13 million	Doubled block contract to 387 long term placements
<b>Home Care-capacity</b>	Developed Home Care transition	CCC	£2.5 million	Reduced Pending list for

	service, while permanent care sought			Home Care
<b>Home Care Capacity</b>	Establish Home Care Brokerage	CCC	£156K Inc. add'l £70K	Implement November 2017

## 2.6 Strategic Planning:

**2.6.1 Sustainability and Transformation Plan:** Delayed Transfer of Care are a symptom of a health and social care system that is operating under huge stress. The Council has worked closely with NHS partners, Peterborough City Council and District Councils to address the twin challenges of increasing demand and diminishing resources that are at the root cause of the challenges we face. There is a strong recognition by all partners that traditional approaches to demand management and efficiency will not deliver the required change. Therefore, a transformational approach is required that is prepared to radically change services and care pathways to improve outcomes and efficiency. In response to national drivers such as the 5 year Forward Plan, the NHS leadership locally published the Cambridgeshire and Peterborough Sustainability and Transformation Plan, in November 2016, setting out its objectives for the next five years. In so doing it recognised the dependency on Local Government and voluntary and community services to deliver its aims. Key features of the plan include supporting more people to live at home, safe and effective hospital care, partnership working and developing a high quality and sustainable workforce. The County Council and Peterborough City Council are represented the over-arching strategic leadership group and on a number of the working groups taking forward these initiatives. Two key outputs in which the Council have been significantly involved include:

- The establishment of a multi-agency workforce planning group, with a strong focus on unregistered staff, such as home care and health care assistants
- Acceptance of a business case to invest £5.6 million in the expansion of intermediate care. This will include employing 140 intermediate care workers supported by occupational and physio therapists. The new service will involve the establishment of jointly managed NHS and Social Care multi-agency co-ordination hubs and the development of an integrated care pathway including reablement and the Voluntary Sector

**2.6.2 Better Care Fund:** One of the approaches used by central government to promote integrated working, and improve system flow, has been to establish the Better Care Fund. Although, this does not involve the provision of any new money, it does require the NHS and Social Care to work together, pooling resources where appropriate, to provide joined up solutions to meet operational and Strategic challenges. It has a strong focus on prevention and involves a transfer of resources across public bodies, where changes to approach could result in the achievement of better outcomes or greater efficiency. The Better Care Fund also recognises the importance of Housing and other community activities to the delivery of Integrated care, and as a consequence District Councils play a significant role in the planning and delivery of the Better Care Fund in Cambridgeshire. The overall governance is managed through

the Integrated Commissioning Board which includes strategic leads from the CCG, the County Council, Peterborough City Council, and the Voluntary Sector. The ICB reports to the Health and Well Being Board, who are responsible for signing off Better Care Fund Plans. Key initiatives have included:

- The development of an integrated pathway for home improvement for disabled adults and children
- Social Prescribing and the co-ordination of voluntary and community services
- Intermediate care development
- Older Peoples Accommodation Strategy

**2.6.3 Improved Better Care Fund:** In the 2017 Spring Budget, in recognition of severe pressure in the Adult Social Care System, the government agreed to provide additional funding to Local Authorities to support Adult Social Care. The main contributory factors were increasing delayed transfers of care in hospitals and growing capacity and financial pressures in the independent sector. The resulting grant for Cambridgeshire amounted to £8.65 million in 2017/2018. However, this grant is time-limited for 3 years, and diminishes in value in years 2 and 3. This clearly places considerable restrictions on potential use in terms of on-going revenue commitments. Subsequent to the announcement a number of additional caveats- directly relating to NHS flow and delayed transfers of care- have been added as grant requirements. These have been aligned to Better Care Fund requirements and been re-badged as the “Improved Better Care Fund.” As such the plans for utilisation are subject to sign off by Cambridgeshire and Peterborough Clinical Commissioning Group. The four requirements are that they must:

- Meet Adult Social Care Needs
- Reduce Pressure on the NHS
- Stabilise the Care Provider Market
- Meet a national requirement to work with the Clinical Commissioning Group to reduce delayed transfers of care to 3.5% of hospital bed base. There is also a specific requirement to implement the 8 High Impact Change Model, developed by the Department of Health. The latter is set out in more detail below.

**2.6.4** While the requirements of the grant are broad, the area relating to delayed transfers of care has been highlighted as particularly significant. It has also been suggested, by the Department of Health, that failure to make progress in this area could result in withholding future grant. Additionally, The Care Quality Commission have been tasked with undertaking whole system reviews of patient flow from hospital in 20 local authority areas this winter. Therefore, while the Council is keen to meet all four requirements, there is a particularly sharp focus on working with the NHS, Peterborough City Council and others to achieve the required progress in relation to DTOCs. An outline plan has been shared with the CCG, and has been supported in principle by their Chief Executive. The proposed distribution is as follows:

- £3 million investment in housing for vulnerable people who place higher cost demand on the NHS and Social Care
- £0.15 million support to Sustainability and Transformation Plans around public health initiatives (including falls prevention)

- £2.3 million contribution to a joint NHS and Social Care plan to reduce delayed transfer of care
- 2.89 million supporting social care investment and pressures

## 2.7 8 High Impact Changes

2.7.1 The 8 High Impact Change Model, developed by the Department of Health, identifies the key system changes that are understood to have the greatest impact on reducing delayed discharge. Specifically:

- early discharge planning
- systems to monitor patient flow
- multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
- home first/discharge to assess
- seven-day services
- trusted assessors
- focus on choice
- enhancing health in care homes

2.7.2 The County Council, Peterborough City Council and the Clinical Commissioning Group have been working on a system wide self- assessment. As part of this process, it is recognised that good progress has been made in a number of the key areas. Additionally, the following initiatives have been identified as a priority for improvement:

- Home First /Discharge to Assess
- Choice

2.7.3 In relation to “discharge to assess”, it is recognised by all partners that- while much has been achieved in delivering “discharge to assess”- through services like reablement- there remains a particularly significant challenge relating to Continuing Health Care, which is a major contributor to delayed transfers of care. Work has commenced between local authority partners and the Clinical Commissioning Group to redesign the current hospital discharge pathway for people who may be eligible for Continuing Health Care. There is also a very significant challenge relating to delays in processing Continuing Health Care assessments in the community that has the risk of undermining plans to introduce “discharge to assess” for this group.”. The Council has engaged in a formal process, establishing a Joint Commissioning Unit with the Clinical commissioning Group-to try to resolve these long-standing issues.

2.7.4 In the case of “Choice,” each hospital has a policy in place advising patients that once their acute episode is ended, longer term decisions about their future needs should be made at home or in an interim bed. Unfortunately, however, these policies are not implemented consistently, and “choice” has also become one of the major causes of hospital discharge delay. In order to meet the 3.5% delayed transfer of care target it will be essential to make significant advances in both of these areas, while continuing to strive to improve performance in all change areas.

- 2.7.5 **Winter Planning:** The new 3.5% delayed transfer of care target, will require a coordinated effort on the part of all parties to deliver immediate operational improvements focusing, where we can, on quick wins. The two immediate priorities identified, within the High Impact Changes, fit that description. Additionally discussions have been taking place across NHS and local authority partners on other strategic investments and service developments that could be made to contribute to the progress required. As part of this process, it has already been recognized that there needs to be immediate large scale expansion of NHS intermediate care. As part of this expansion the Council is committed to increasing its complimentary services including reablement and discharge planning social workers. This will also be accompanied by stronger alignment and integration with the NHS particularly in the establishment of multi-agency coordination hubs (Single Points of Contact).
- 2.7.6 The Council is working with both Peterborough City Council and the Clinical Commissioning Group to formulate its winter plan. As indicated this needs to build on the wider strategic activity, but must be focused on early delivery, in order to have immediate impact. A commitment of £1.6 million has been made, by the Council and will, primarily, seek to support “Discharge to Assess” through provision of:
- Additional Reablement
  - Interim Bed provision
  - Discharge Planning Social Workers
- 2.7.7 In addition the STP intermediate care business case does include some provision for social workers and Physio and Occupational therapists.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

Report authors should evaluate the proposal(s) in light of their alignment with the following three Corporate Priorities.

#### **3.1 Developing the local economy for the benefit of all**

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

- Adult Social Care and the NHS are major sources of local employment in Cambridgeshire. The planned expansion of community services will create additional employment opportunities.

#### **3.2 Helping people live healthy and independent lives**

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

- There is a strong evidence base to suggest that timely discharge from hospital to home, with appropriate community support, will enhance health, wellbeing and independence.

### 3.3 **Supporting and protecting vulnerable people**

The report above sets out the implications for this priority in paragraph 3.2

## 4. **SIGNIFICANT IMPLICATIONS**

Report authors should evaluate any further significant implications using the seven sub-headings below. These significant implications should also be evaluated using the questions detailed in the table below. Each specific implication must be signed off by the relevant Team within the Council before the report is submitted to Democratic Services.

Further guidance and a checklist containing prompt questions are included at Appendix 2.

### 4.1 **Resource Implications**

The report above sets out details of significant implications in paragraph 2.7

### 4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category

### 4.3 **Statutory, Legal and Risk Implications**

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

- There is both a financial and reputational risk if sufficient progress is not made against the new 3.5% delayed discharge target

### 4.4 **Equality and Diversity Implications**

There are no significant implications within this category

### 4.5 **Engagement and Communications Implications**

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

- Delivery of the progress required by the Department Health will need very close engagement and co-ordination of activities with NHS partners, voluntary organisations and other public and independent bodies.

### 4.6 **Localism and Local Member Involvement**

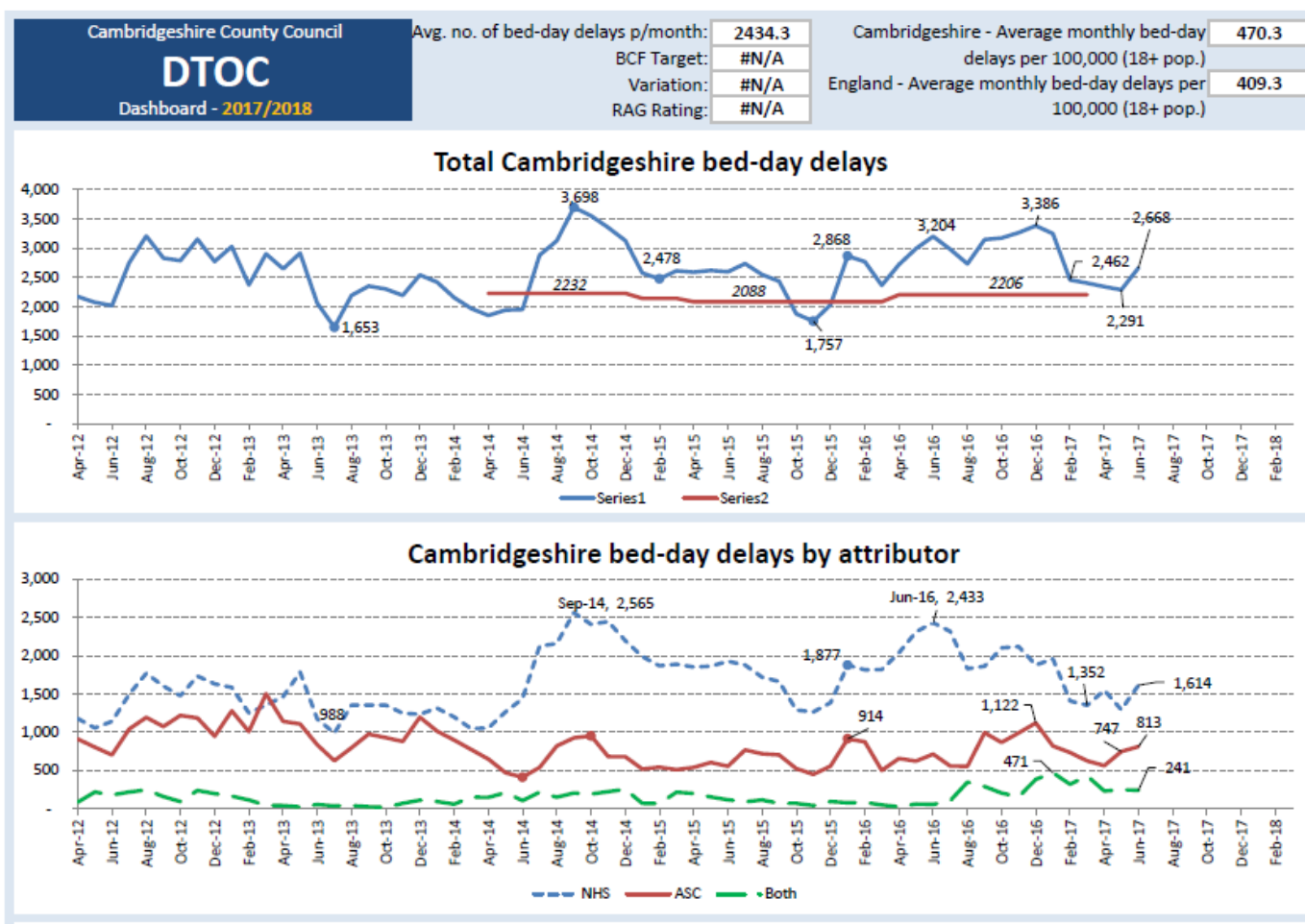
There are no significant implications within this category

### 4.7 **Public Health Implications**

The report above sets out details of significant implications in paragraph 3.2

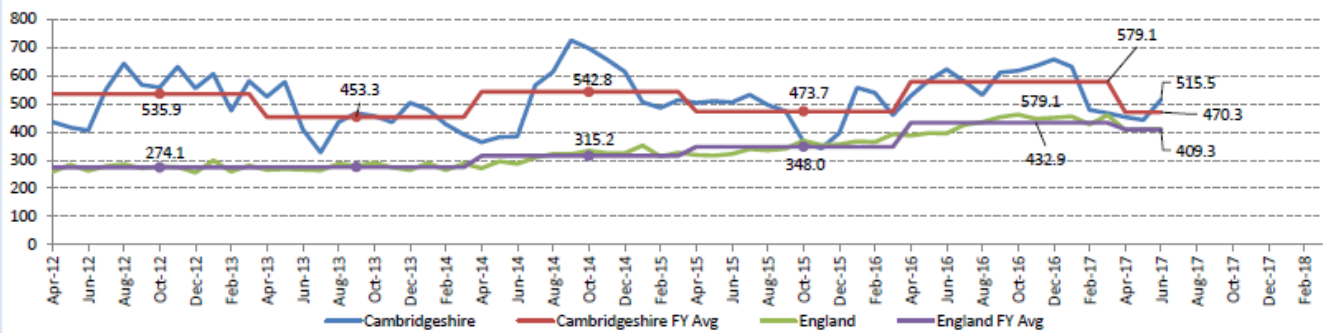
<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	<b>Yes</b> or <b>No</b> Name of Financial Officer: Tom Kelly
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?</b>	<b>Yes</b> or <b>No</b> Name of Financial Officer: Chris Malyon
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	<b>Yes</b> or <b>No</b> Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A
<b>Have any engagement and communication implications been cleared by Communications?</b>	<b>Yes</b> or <b>No</b> Name of Officer: Christine Birchall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A
<b>Have any Public Health implications been cleared by Public Health</b>	<b>Yes</b> or <b>No</b> Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
<b>DTOC Dashboard</b>	Patrick Kilkenny. 1 <sup>st</sup> Floor, octagon, Shire Hall, Cambridge  <a href="\\ccc.cambridgeshire.gov.uk\data\CYPS Datastore\Adult Social Care\Older People &amp; Mental Health\DTOC">\\ccc.cambridgeshire.gov.uk\data\CYPS Datastore\Adult Social Care\Older People &amp; Mental Health\DTOC</a>

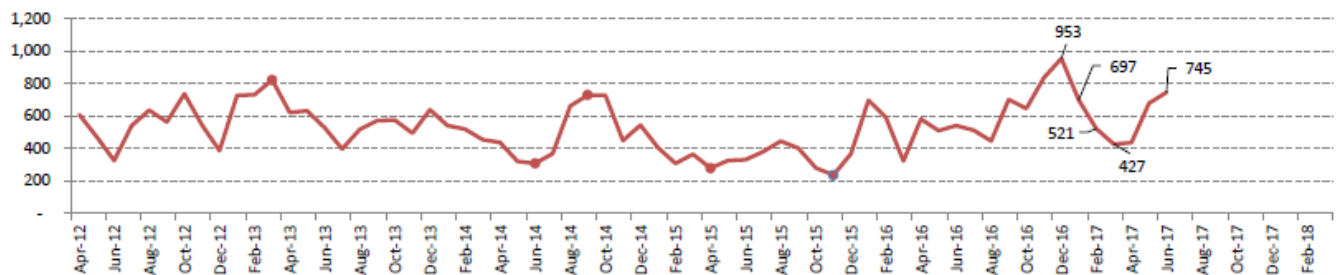
**DTOC Dashboard**



### Total bed-day delays per 100,000 of population



### ASC attributable bed-day delays (Acute settings only)



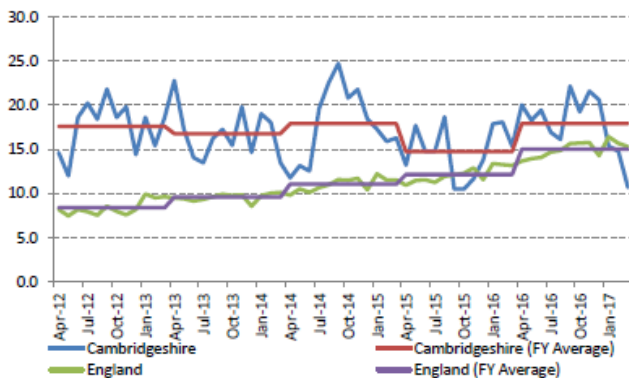
ASCOF 2C: Delayed transfers of care per 100,000 of 18+ population (part 1), and those attributable to adult social care (part 2).

	ASCOF 2C - Part 1 (All delays)	
	Cambridgeshire	England
2015/2016	14.7	12.2
2014/2015	17.9	11.1

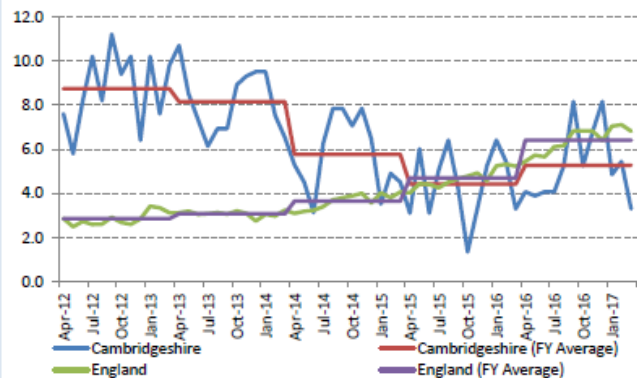
\*Cambridgeshire current year target is equal to the previous year's England figure.

	ASCOF 2C - Part 2 ("ASC" + "Both" delays)	
	Cambridgeshire	England
2015/2016	4.4	4.7
2014/2015	5.8	3.7

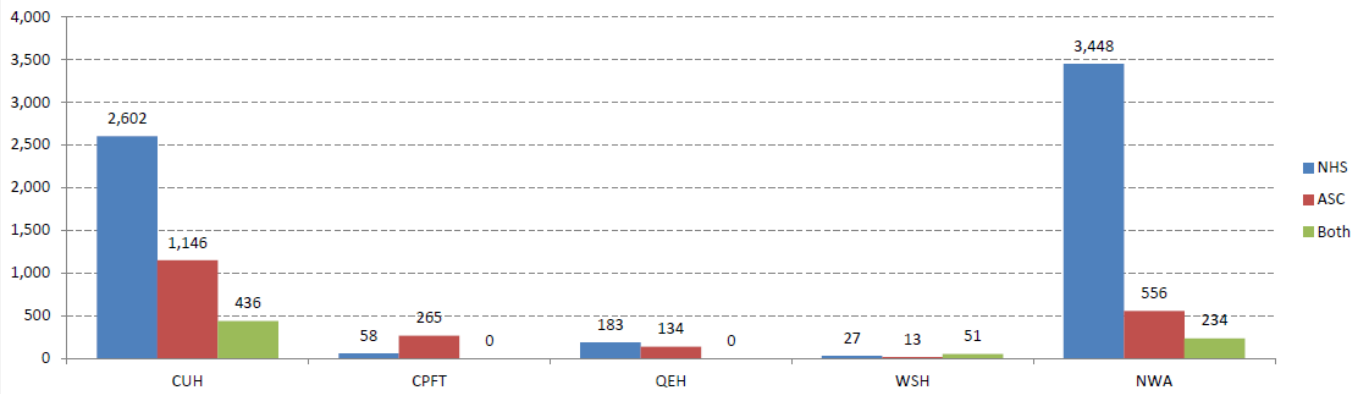
### ASCOF 2C - Part 1



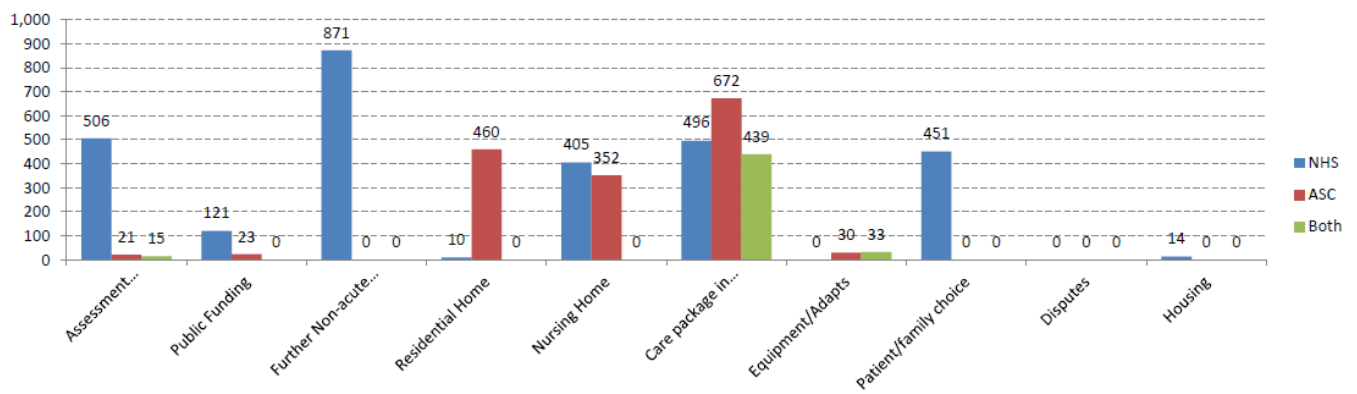
### ASCOF 2C - Part 2



**Total delays by organisation - FY-to-date**

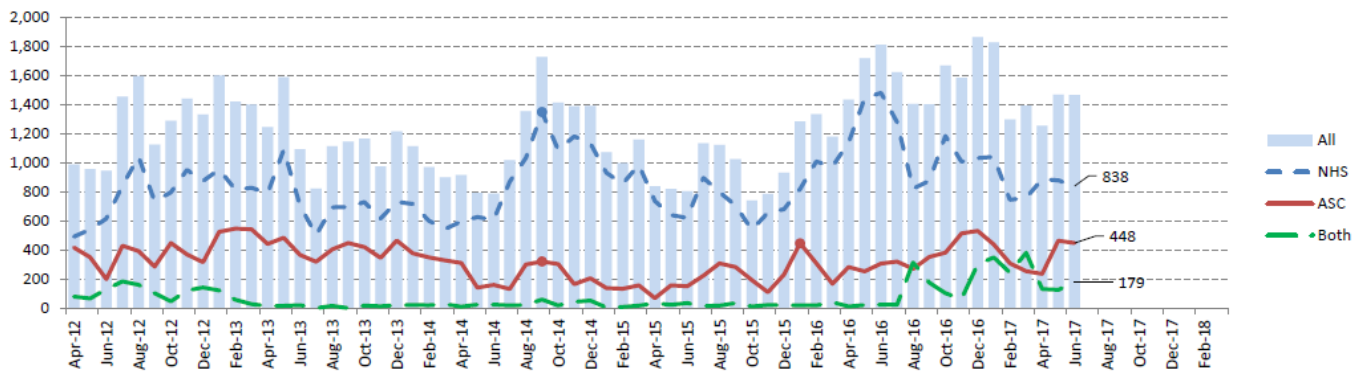
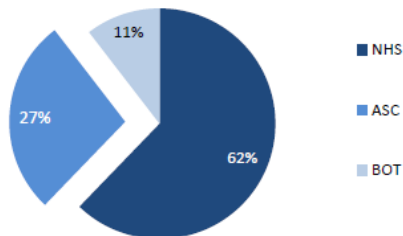
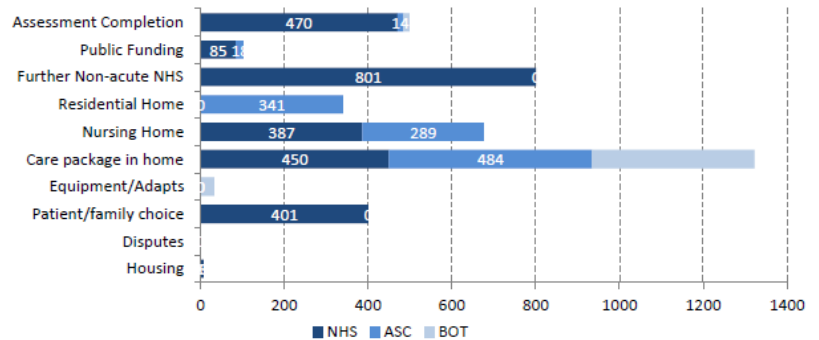


**Total bed-day delays by reason**



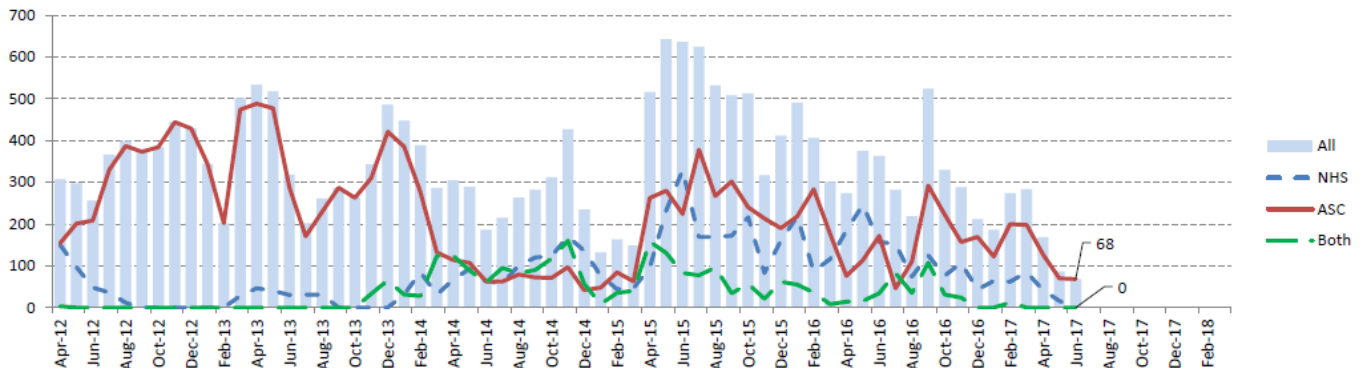
CUH: -12%  
CPFT: -64%QEH: -32%  
WSH: -48%

NWA -16%

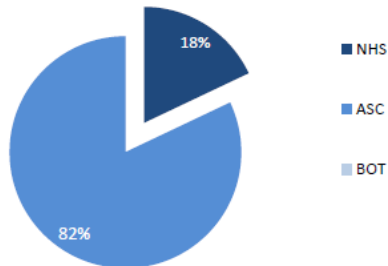
**Cambridge University Hospitals NHS Foundation Trust****Bed-day delay trend by attributor****Proportion of bed-day delays by attributor (for current year)****Bed-day delays by attributor and reason (for current year)**

# Cambridgeshire & Peterborough *NHS* Foundation Trust

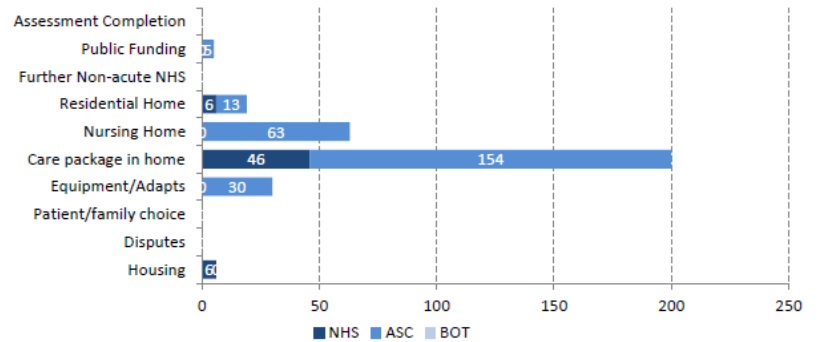
Bed-day delay trend by attributor



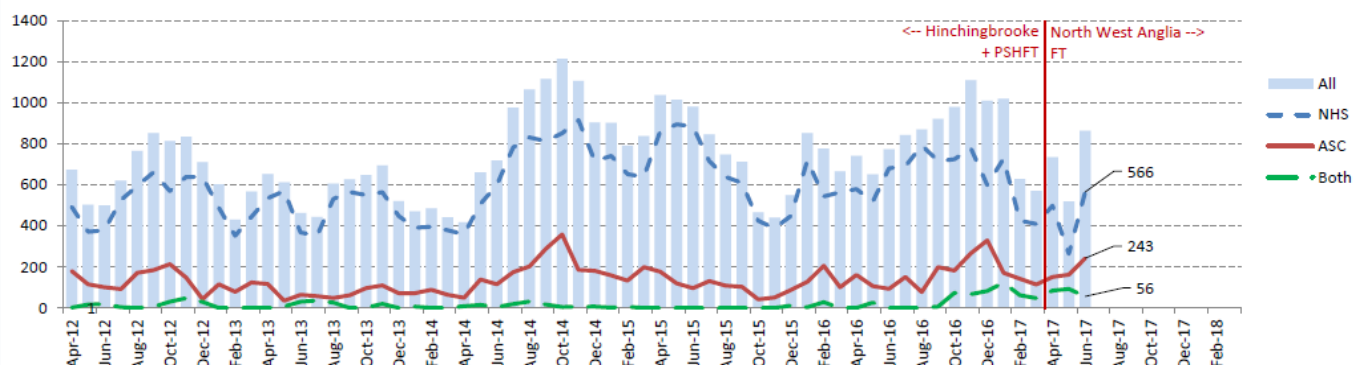
Proportion of bed-day delays by attributor  
(for selected year)



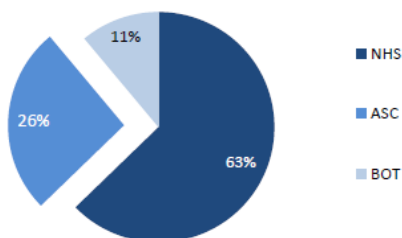
Bed-day delays by attributor and reason (for selected year)



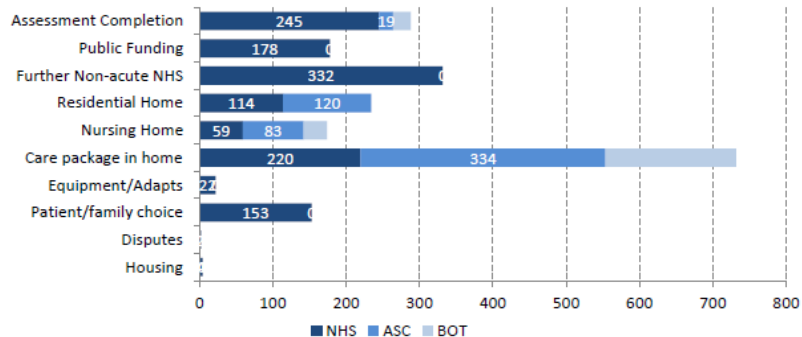
## Bed-day delay trend by attributor



## Proportion of bed-day delays by attributor (for selected year)

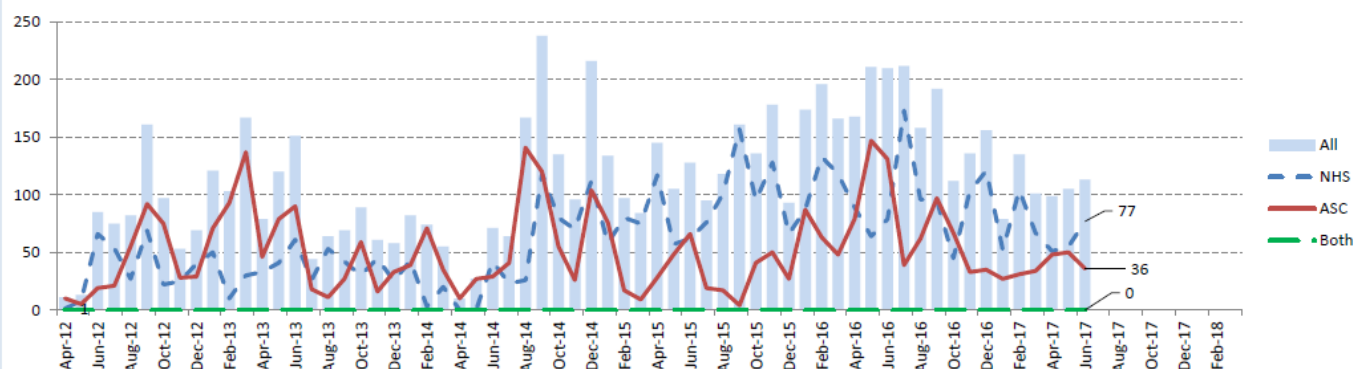


## Bed-day delays by attributor and reason (for selected year)

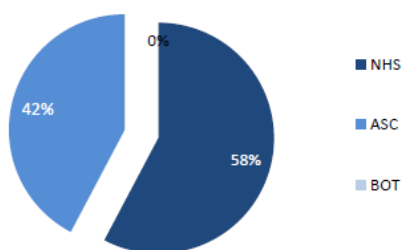


# Queen Elizabeth Hospital NHS Foundation Trust

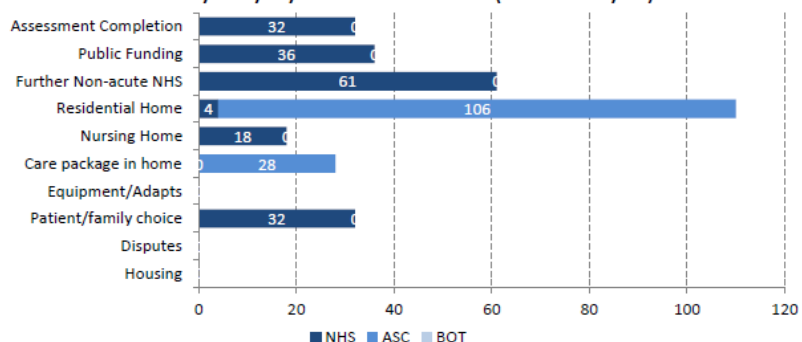
## Bed-day delay trend by attributor



## Proportion of bed-day delays by attributor (for selected year)

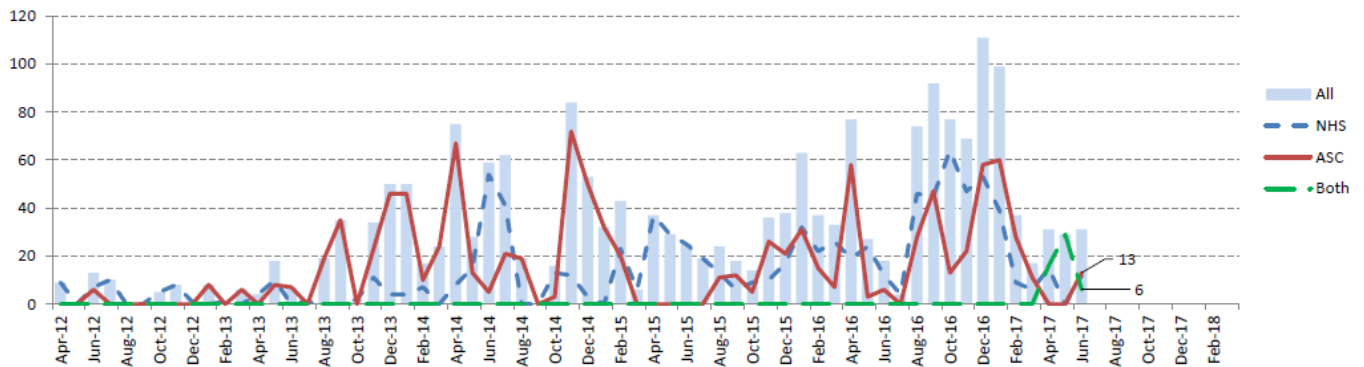


## Bed-day delays by attributor and reason (for selected year)

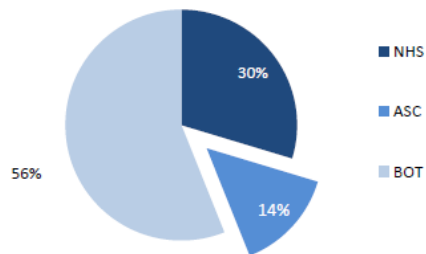


## West Suffolk NHS Foundation Trust

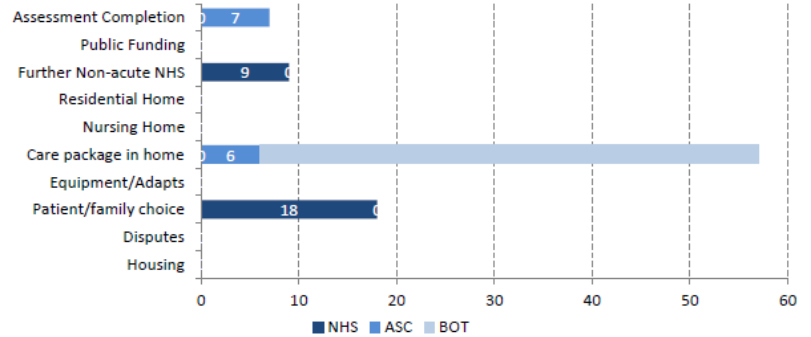
Bed-day delay trend by attributor



Proportion of bed-day delays by attributor (for selected year)



Bed-day delays by attributor and reason (for selected year)







**Better Care Fund Plan 2017**

*To:* **Adults Committee**

*Meeting Date:* **14 September 2017**

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

*Electoral division(s):* **All**

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

*Purpose:* **The Committee is asked to consider the Better Care Fund Plan for 2017/19 which includes the plan for the Improved Better Care Fund**

*Recommendation:* **The Committee are asked to**

**a) Approve the 2017 Better Care Fund Plan**  
**b) Approve the proposal for the Improved Better Care fund**

<b><i>Officer contact:</i></b>		<b><i>Members Contact:</i></b>	
Name:	Anita Howard	Name:	Cllr Anna Bailey
Post:	Commissioner - Integration	Post:	Chair
Email:	Anita.howard@cambridgeshire.gov.uk	Email:	<a href="mailto:annabailey@hotmail.co.uk">annabailey@hotmail.co.uk</a>
Tel:	01223 715588	Phone	01223 703298

## **1. BACKGROUND**

- 1.1 The Better Care Fund (BCF) creates a joint budget to help health and social care services to work more closely together in each Health & Wellbeing Board Areas. The BCF came into effect in April 2015, this will be the third Cambridgeshire & Peterborough BCF plan (although the first joint plan for the whole area).
- 1.2 The Cambridgeshire & Peterborough BCF plan for 2017/19 must be submitted by 11<sup>th</sup> September. The current draft BCF plan narrative is currently being finalised and therefore not ready for circulation yet. However a detailed overview of the plans contents can be found in appendix A. Formal Sign off of the plan prior to submission will be provided by the Health & Wellbeing Board at an extraordinary meeting to be held on the 8<sup>th</sup> September.

## **2. MAIN ISSUES**

### **2.1 Policy Requirements**

- 2.1.1 New guidance for the 2017 BCF plans were issued in late July and contained two key changes to policy framework; Plans are now required to be developed for a two year period. Secondly, the number of national conditions has been reduced from eight to four.
- 2.1.2 The national conditions require:
  - A locally agreed plan, signed off by the health and wellbeing board, local authority and CCG
  - Maintenance of adult social care spending from the CCG minimum contribution in line with inflation
  - Investment in NHS commissioned out of hospital services
  - Areas to implement the high impact change model for managing transfers of care
- 2.1.3 The reduction in national conditions does not diminish the importance of issues that were previously subject to conditions. Plans should describe how partners will continue to build on improvements locally to:
  - Develop delivery of seven day services across health and social care (note this is one of the high impact changes)
  - Improve data sharing between health and social care; and
  - Ensure a joint approach to assessments and care planning
- 2.1.4 Plans should also set out the joint vision and approach for integration, including how the BCF complements the Next Steps on the NHS Five Year Forward View, STP, Care Act 2014 requirements and wider local government transformation.

## 2.2 Approach

- 2.2.1 The narrative plan Appendix A describes our overall approach to the Better Care Fund (BCF) in 2017/19. Unlike previous years It does not contain detailed costing plans, instead the plan describes the delivery priorities; the approach to the budget; and how our work will meet the BCF national conditions. This approach has been agreed with the Clinical Commissioning Group and will allow the plan to adapt to the local environment over the period of the plan.

## 2.3 Timescales

Milestone	Date
BCF planning submission (with HWB approval)	11 September 2017
Regional assurance	12-25 Sept 2017
Regional moderation	w/c 25 Sept 2017
Cross regional calibration	2 Oct 2017
Approval letters issued	From 6 Oct 2017
Escalation panels for plans rated as not approved	w/c 10th Oct 2017
Deadline for areas with plans rated approved with conditions to submit updated plans	31 Oct 2017
All section 75 agreements to be signed and in place	30 Nov 2017

## 2.4 Financials

- 2.4.1 The Better Care Fund will see some changes in the financial arrangements for 2017/19, the main being the addition of the Improved Better Care Fund (iBCF) funding stream.
- 2.4.2 Spending contained within the BCF broadly falls into three areas: spending in mainstream services; transformation; and the new iBCF grant.

## 2.5 Mainstream Priorities

- 2.5.1 Mainstream funding will retain the broad categories established in the Cambridgeshire's 2016/17 plan,

- Intermediate Care and Reablement
- Promoting Independence
- Neighbourhood Teams

- Carers Support
- Voluntary Sector Joint Commissioning
- Discharge planning and DTOCs

## 2.6 Transformation priorities

- 2.6.1 Due to the delay in the publication of national guidance there will not be detailed spending plans relating to the transformation priorities in the BCF plan, instead the funding will be allocated internally to best meet the overall 4 priorities with a particular focus on reablement.

## 2.7 Improved Better Care Fund

- 2.7.1 Councils are required to balance use of the Improved Better Care Fund against three areas: Meeting adult social care needs generally; Reducing pressures on the NHS (including DTOC); and Stabilising the care market. A list of initiatives being supported by the IBCF will be submitted as part of the BCF Plan, the areas are summarised below

Initiative	2017/18 Amount (£000)
Repayment to corporate against previous investment in transformation	£2,889
Investment into housing options for vulnerable people	£3,000
Commitment to joint fund with the STP Falls Prevention & Atrial Fibrillation	£150
Costed plan to support delivery of the 3.5% national DTOC target	£2,300
<b>TOTAL</b>	<b>£8,339</b>

## 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

The overall approach described in Cambridgeshire & Peterborough BCF Plan is to promote a shift in how support is provided – towards support that is focused on promoting people's independence and keeping them well.

### **3.3 Supporting and protecting vulnerable people**

BCF budgets encompass a range of social care services and support that are designed to support and protect vulnerable people. Promoting more joined up care for residents across social care and health also presents opportunities to better support residents receiving care from a variety of different services.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

The BCF encompasses a small but significant and gradually increasing proportion of adult social care budgets. Decisions on allocation and use of these resources remains with the County Council; however resources will be best used across the health and care system if planning is carried out jointly across health and social care. Similarly, the BCF enables the County Council greater insight into linked CCG spending. Work is currently underway to agree how to align BCF work with the NHS Sustainability and Transformation Plan and associated governance. Business cases have also been developed to underpin the areas where BCF investment has been identified which set out the opportunities and expectations about delivery of savings and transformation in line with CCC's approach.

### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications within this category.

### **4.3 Statutory, Legal and Risk Implications**

The BCF includes budgets that meet the Council's statutory duties relating to the provision of social care services; the Council retains responsibility for the provision of those services and for ensuring that it meets its statutory duties. A pooled budget for the BCF is created under a partnership agreement; this has been designed in such a way as to minimise risk to both parties. The partnership agreement has been developed in consultation with local authority lawyers and finance services

### **4.4 Equality and Diversity Implications**

There are no significant implications within this category.

### **4.5 Engagement and Communications Implications**

There are no significant implications within this category.

### **4.6 Localism and Local Member Involvement**

There are no significant implications within this category.

## 4.7 Public Health Implications

- 4.7.1 The BCF aims to ensure better coordination of services across the health and adult social care system with a focus on prevention, health promotion and empowerment and understanding the needs of local populations, keeping people well and healthy and in the community as long as possible.
- 4.7.2 The BCF will seek to reduce health inequalities evident across Cambridgeshire and Peterborough by using a proportionate universalism approach. Resources will be invested across the area with a scale and intensity proportionate to the level of disadvantage, where possible.
- 4.7.3 The BCF will impact on key health and wellbeing needs identified in a range of Cambridgeshire JSNAs, including the Primary Prevention of Ill Health in Older People JSNA 2014 and Prevention of ill health in Older People (2013).

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

Source Documents	Location
None.	

# Peterborough & Cambridgeshire BCF Approach 2017-19

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August 2017

# What is the Better Care Fund?

*“The Better Care Fund is a **single pooled budget** to support health and social care services to work more closely together in local areas...”.*

*NHS Planning Guidance, December 2013*

## BCF 2016/17 Overview

During the financial year of 2016/17, a Section 75 pooled budget was established in relation to the Better Care Fund (BCF) between Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). This was not new money in the system, but redistributed sums from health and social care.

### View from Peterborough

The sum of £12,613k was invested into the pooled fund to deliver the outcomes of the BCF.

### View from Cambridgeshire

The sum of £48,465k was invested into the pooled fund to deliver the outcomes of the BCF.

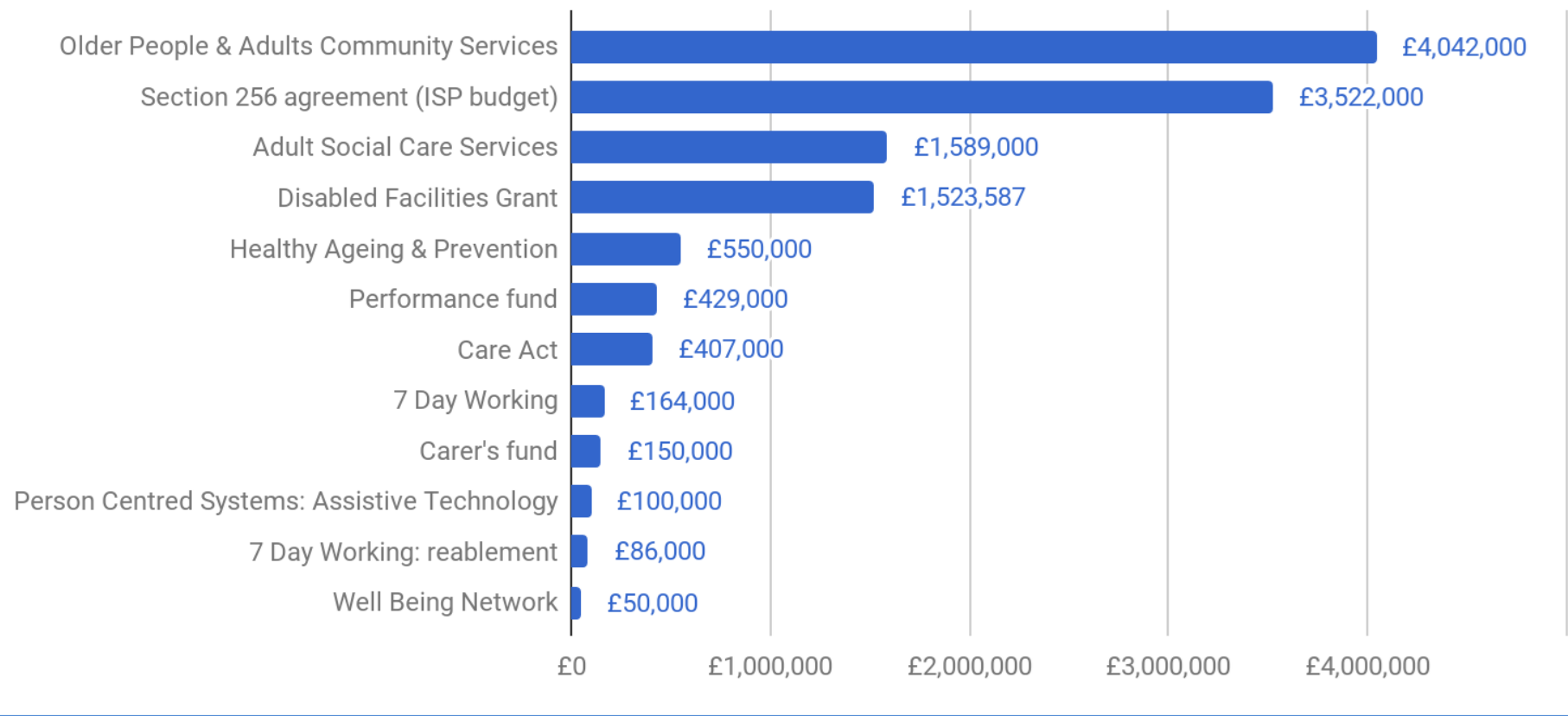
This financial contribution was redirected from existing Local Authorities and CCG budgets.

In 2017, Peterborough and Cambridgeshire will be required to submit new, jointly agreed BCF Plans, covering a two year period (April 2017 to March 2019).

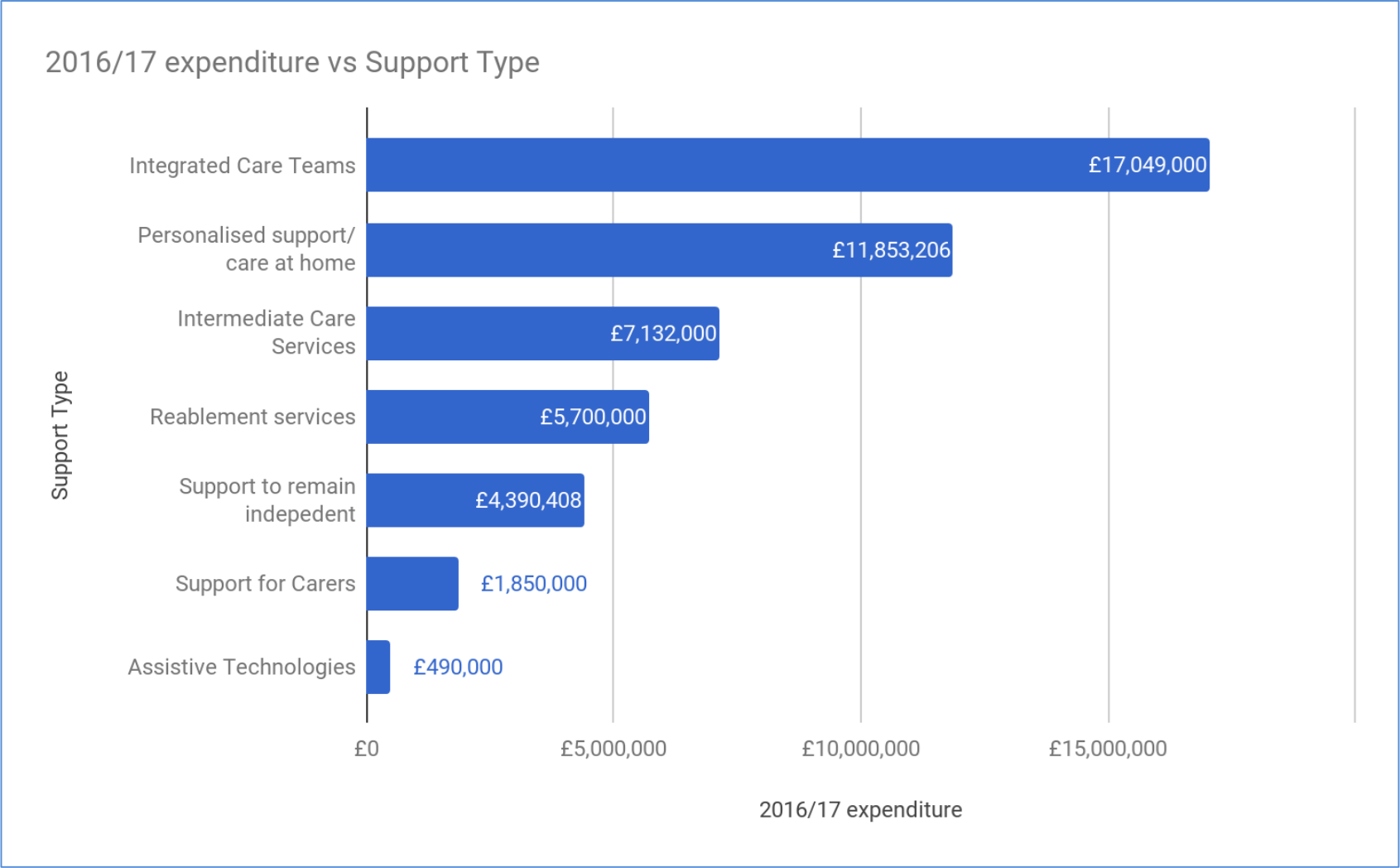


# BCF 2016-17 Local Spend: Peterborough

2016/17 expenditure vs scheme name



# BCF 2016-17 Local Spend: Cambs



# BCF Progress 2016/17

A brief summary of the key progress to date of the five transformation work-streams:

## Healthy Ageing & Prevention

- County wide falls pathway developed
- Falls pilot undertaken and evaluated
- County-wide Dementia Strategy in development
- Joint Wellbeing Commissioning Principles developed and agreed

## Information, Comms & Advice

- System wide data standards developed
- Customer analysis research undertaken
- PCVS mapped and collated
- VCS and community services data
- Technical development of proof of concept search platform to feed data into MiDOS is in development

## 7 day services

- Improvements to the rapid community response service (JET)
- Investment in the reablement pathway to address increased demand
- SHREWD patient flow system implemented in PCH
- 7DS mapping and gap analysis undertaken

## Data sharing

- Local Digital Roadmap developed
- Information governance approach agreed
- proof of concept data sharing tool to support case management was developed

## Person centred systems

- Support for ongoing community health services across Peterborough, - 'Trailblazer' pilot sites established that have been refining the MDT proactive case management model. Wider roll out plans commenced.

# BCF Progress against performance metrics - Peterborough

Metric	2016/17 Actual Performance	2016/17 Planned Threshold Target
Non-elective admissions to hospital	0.05% net reduction (19,229)	2.1% net reduction (18,834)
Delayed Transfers of Care (DTOCs) from hospital	7,174	3.5% occupied bed days (3,366)
Admissions to long-term residential and nursing homes	125	128
Effectiveness of re-ablement services	77%	82.8%
Injuries due to falls in 65+ year <u>olds</u>	563	515
Maintained patient satisfaction with NHS services (Friends and Family Test)	97%	93%

# BCF Progress against performance metrics - Cambridgeshire

<b>Metric</b>	<b>2016/17 Actual Performance</b>	<b>2016/17 Planned Threshold Target</b>
Non-elective admissions to hospital	15,625	15,665
Delayed Transfers of Care (DTOCs) from hospital	35,732	10,886
Admissions to long term residential and nursing homes (per 100,000)	345	486.6
Effectiveness of reablement services	61.20%	81.20%
Maintained satisfaction with NHS Services (Friends and Family Test)	97%	93%
Proportion of adults receiving long term social care (per 100,000)	1,562	1600

# DTOCs Performance 2017-19

- DTOCs were the worst performing target for 2016/17, with targets underperforming by 200% in Peterborough and 300% in Cambridgeshire.
- There is a big focus on DTOC planning in the BCF 2017-19 plan and there is a system commitment to deliver the 3.5% national target by September 2017.
- To deliver we need to:
  - Implement the High Impact Changes across the system in line with national conditions
  - Ensure a robustly agreed and costed DTOC plan to deliver the 3.5% trajectory
  - Focus on the understanding and addressing the key reasons for delays (e.g. assessment related delays)
  - Implement effective Discharge to Assess models
  - Re-design the Continuing HealthCare Pathway to support Discharge to Assess
  - Improve patient flow through the system and ensure appropriate community provision is in place
  - Plan effectively for winter
  - Utilise the Voluntary Sector more effectively for low level supported discharge
  - More effective MDT early discharge planning and organisational accountability for discharges across the system
  - Increased use of the Trusted Assessor model
  - Improved information and advice to patients regarding discharge processes and patient choice

# High Impact Changes

The 8 High Impact Changes (HIC) are:

- 1) Early Discharge Planning -
  - a) In elective care, planning should begin before admission.
  - b) In emergency/ unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected date of discharge to be set within
- 2) Systems to Monitor Patient Flow. Robust Patient flow models for health and social care
- 3) Multi-disciplinary/Multi-Agency Discharge Teams, including the Voluntary and Community Sector
- 4) Home First/Discharge to Assess. Providing short-term care and reablement in people's homes or using 'stepdown' beds to bridge the gap between hospital and home
- 5) Seven-Day Service. Successful, joint 24/7 working
- 6) Trusted Assessor. Using trusted assessors to carry out a holistic assessment of need
- 7) Focus on Choice. Early engagement with patients, families and carers
- 8) Enhancing Health in Care Homes. Offering people joined-up, co-ordinated health and care services

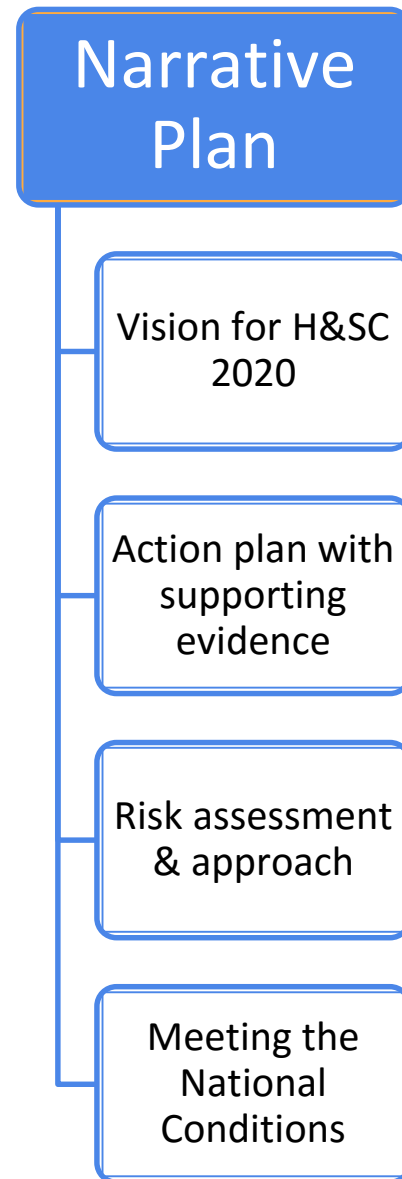
Cambridgeshire and Peterborough have developed costed plans to address the implementation of the 8 HIC. Following system wide self-assessments and workshops, the following 3 areas have been agreed as immediate short term system priorities:

- Discharge to Assess
- CHC Hospital Discharge Process
- Trusted Assessor

# Better Care Fund Planning - 2017-19

## 2017-19 – Guidance:

- 2 year plan – how we will achieve integration by 2020
  - Local vision with patient focus
  - Alignment with STP & local plans
  - Compliance with national conditions
  - A plan of action
  - Use of the iBCF to support DTOCs
  - Engagement with a range of partners, including **housing**





# Better Care Fund 2017-19

## National Conditions

- Plans to be agreed jointly
- Maintain provision of social care
- Investment in NHS commissioned out-of-hospital services
- Managing transfers of care

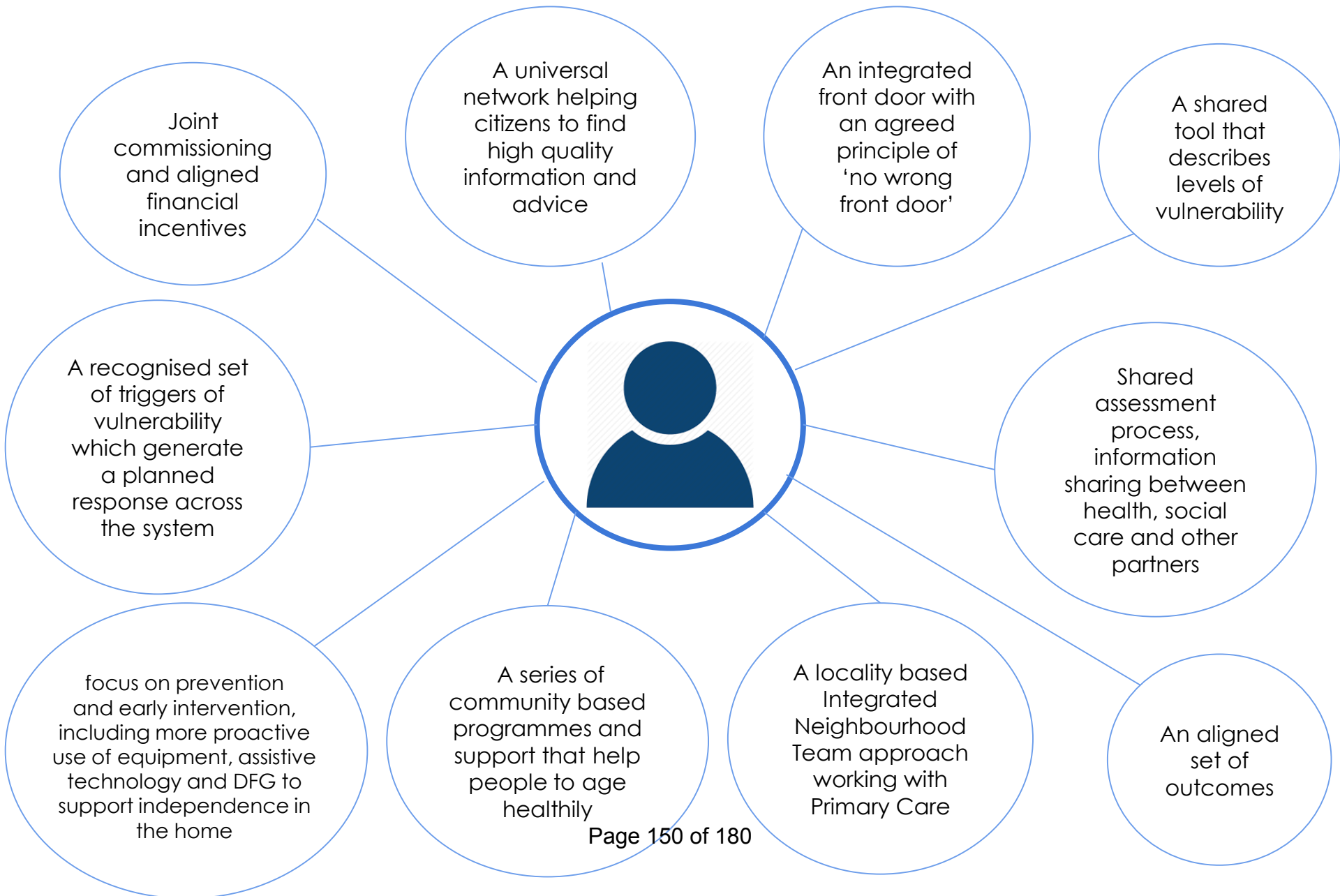
## Performance Metrics

1. Reduce **non-elective admissions**
2. Reduce permanent **care home admissions**
3. Increased effectiveness of **reablement**
4. Reduced **delayed transfers of care**

**Improved BCF (iBCF)** quarterly reporting

The metrics apply to the BCF plan and the monies associated with its delivery. When we monitor against these metrics we need to consider how total BCF spend is helping to improve performance.

# Integrated System Principles



# The Local Vision

## Before people have significant ongoing needs;

- Ageing well
- Eyes & Ears - Indicators of vulnerability
- Clear and joint sources of information
- A real or virtual 'single point of access' for advice and support
- Holistic identification of need with a coordinated response

## Support for people with significant ongoing needs

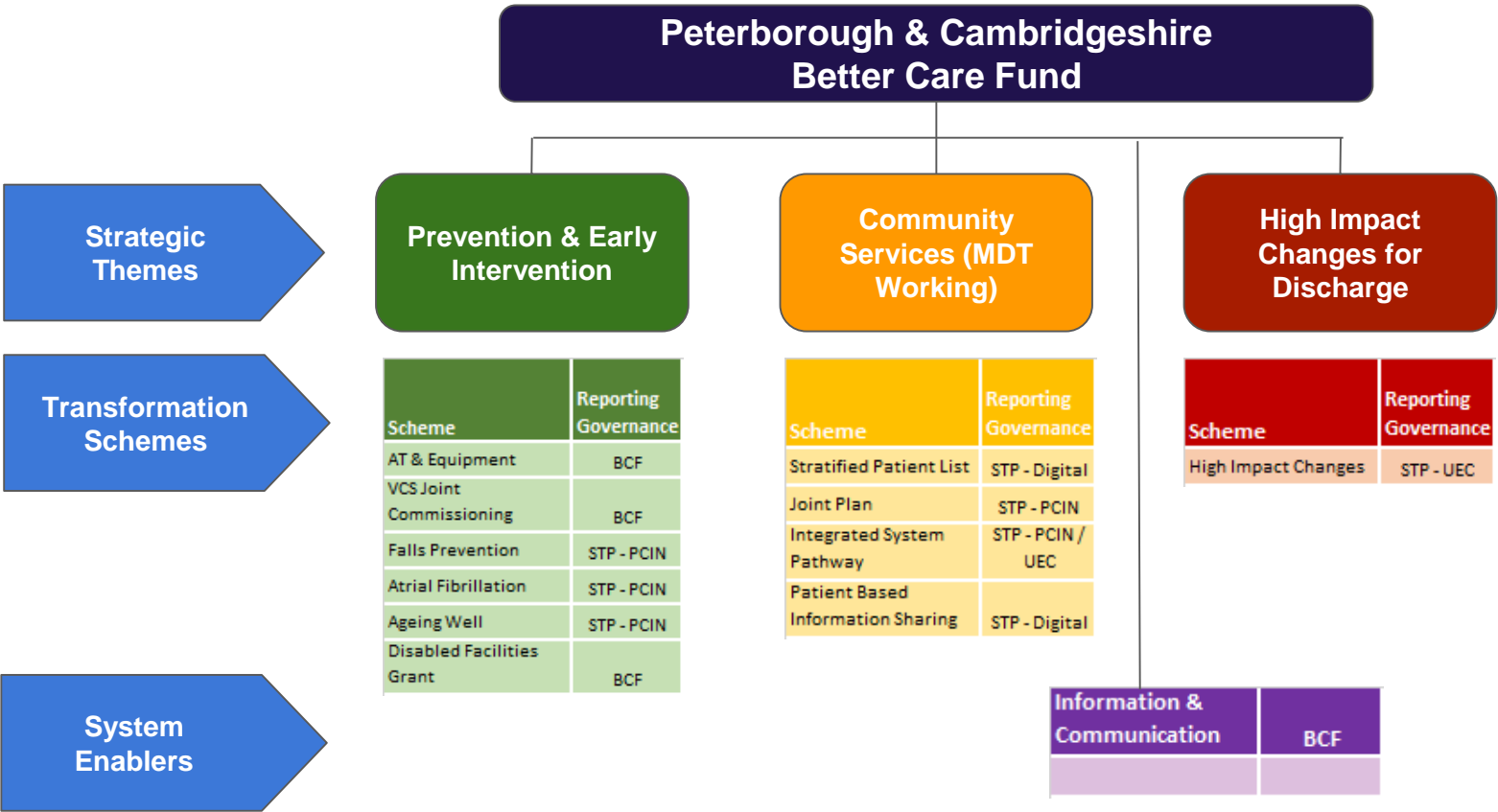
- Clear, coordinated pathways and handovers
- Neighbourhood teams and Multi-Disciplinary Team (MDT) working
- Case finding and case management
- Working with Care Homes
- Working with housing providers
- Enablers – support for delivery
- Joint outcomes
- Information and data sharing
- A common language
- Workforce development
- Property co-location
- Joint commissioning of the voluntary and community sector

# BCF 2017-19: Alignment with Local Strategic Objectives

1. Cambridgeshire County Council: Transforming Lives, our approach to social work, emphasising the need to support people to stay fit & well
2. Peterborough City Council: Vision for Social Care - ensure that people in Peterborough can live in a strong and vibrant community that protects the vulnerable and most at risk
3. Fit for the Future - our STP, which emphasises three key messages:
  - a. **'At Home is Best';**
  - b. **'Safe and effective hospital care, when needed'**
  - c. **'We're only sustainable together'**

There is a strong overlap between BCF priorities and those of the STP and one of the core principles of the 2017-19 plan is to align the approach to governance and implementation as much as practical across the BCF and STP programmes to ensure an integrated and coordinated response to maximise opportunities and reduce duplication across the system (*the BCF Plan for Delivery on Slide 14 highlights the overlap with the STP delivery groups and where STP has been agreed as the primary governance*).

# BCF Plan for Delivery



# BCF 2017-19: Managing Transfers of Care

‘High Impact Change Model’ – to support systems reduce DToC:

**Change 1 : Early Discharge Planning.** In elective care, planning should begin before admission. In emergency/unscheduled care, robust systems need to be in place to develop plans for management and discharge, and to allow an expected dates of discharge to be set within 48 hours.

**Change 2 : Systems to Monitor Patient Flow.** Robust Patient flow models for health and social care, including electronic patient flow systems, enable teams to identify and manage problems (for example, if capacity is not available to meet demand), and to plan services around the individual.

**Change 3 : Multi-Disciplinary/Multi-Agency Discharge Teams, including the voluntary and community sector.** Co-ordinated discharge planning based on joint assessment processes and protocols, and on shared and agreed responsibilities, promotes effective discharge and good outcomes for patients

**Change 4 : Home First/Discharge to Access.** Providing short-term care and reablement in people’s homes or using ‘step-down’ beds to bridge the gap between hospital and home means that people no longer need wait unnecessarily for assessments in hospital. In turn, this reduces delayed discharges and improves patient flow.

**Change 5 : Seven-Day Service.** Successful, joint 24/7 working improves the flow of people through the system and across the interface between health and social care, and means that services are more responsive to people’s needs.

**Change 6 : Trusted Assessors.** Using trusted assessors to carry out a holistic assessment of need avoids duplication and speeds up response times so that people can be discharged in a safe and timely way.

**Change 7 : Focus on Choice.** Early engagement with patients, families and carers is vital. A robust protocol, underpinned by a fair and transparent escalation process, is essential so that people can consider their options, the voluntary sector can be a real help to patients in considering their choices and reaching decisions about their future care.

**Change 8 : Enhancing Health in Care Homes.** Offering people joined-up, co-ordinated health and care services, for example by aligning community nurse teams and GP practices with care homes can help reduce unnecessary admissions to hospital as well as improve hospital discharge.

# Improved BCF (iBCF)

- New non-recurrent social care grant allocation
- To be used for:
  - Stabilising the social care market
  - Meeting adult social care needs
  - Reducing pressures on NHS
  - Meeting High Impact Change model
- Must be pooled into BCF
- Working with CCGs and providers
- Quarterly reporting to the Department of Communities and Local Government (DCLG)

## **Quarterly Reports:**

- Project/initiatives progress update
- HIC progress (LA perspective)
- Other metrics

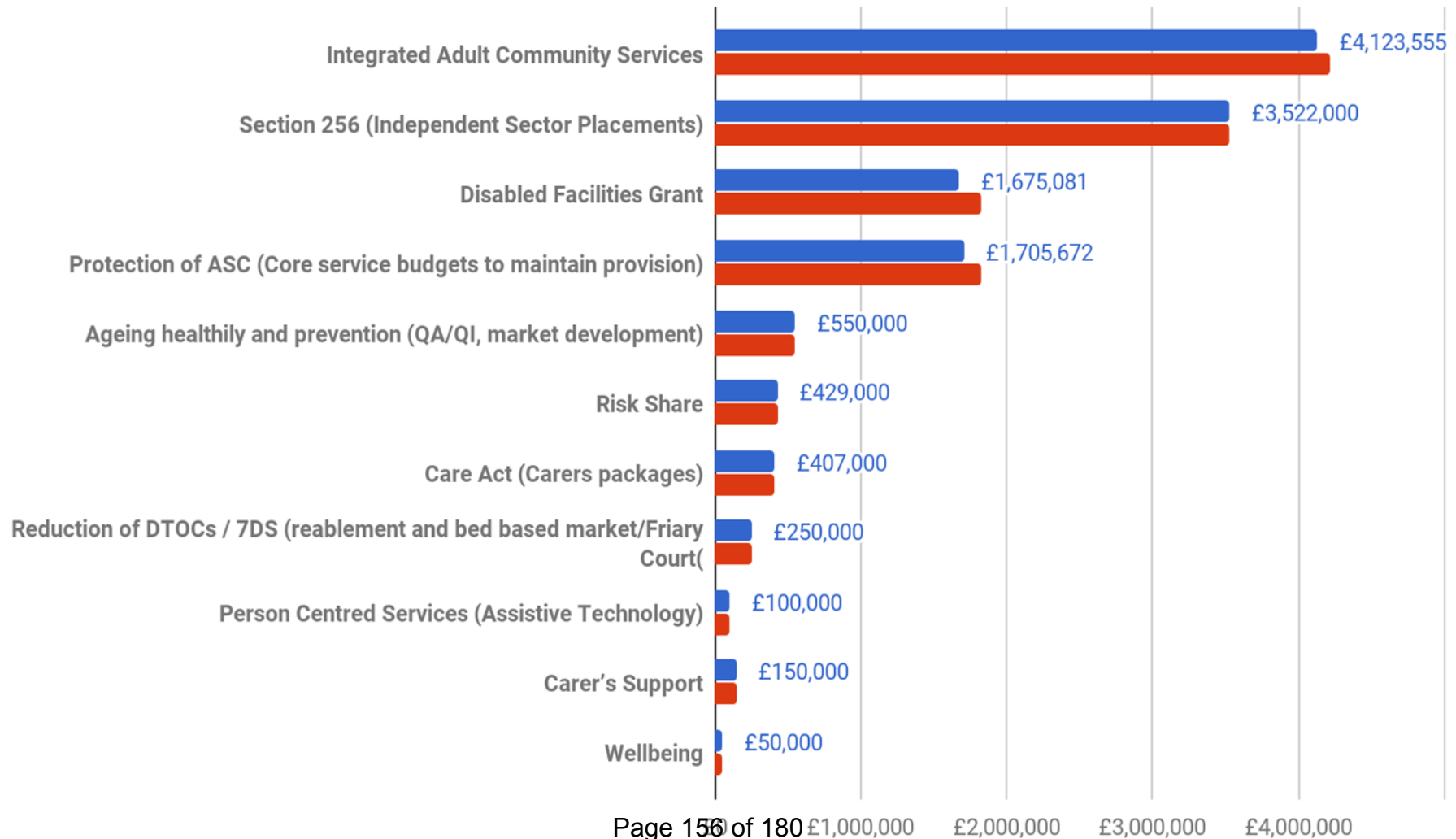
## **Impact on:**

- Number of care packages
- Hours of homecare provided
- Number of care home placements



# Local Better Care Fund Financials 2017-19 - Peterborough

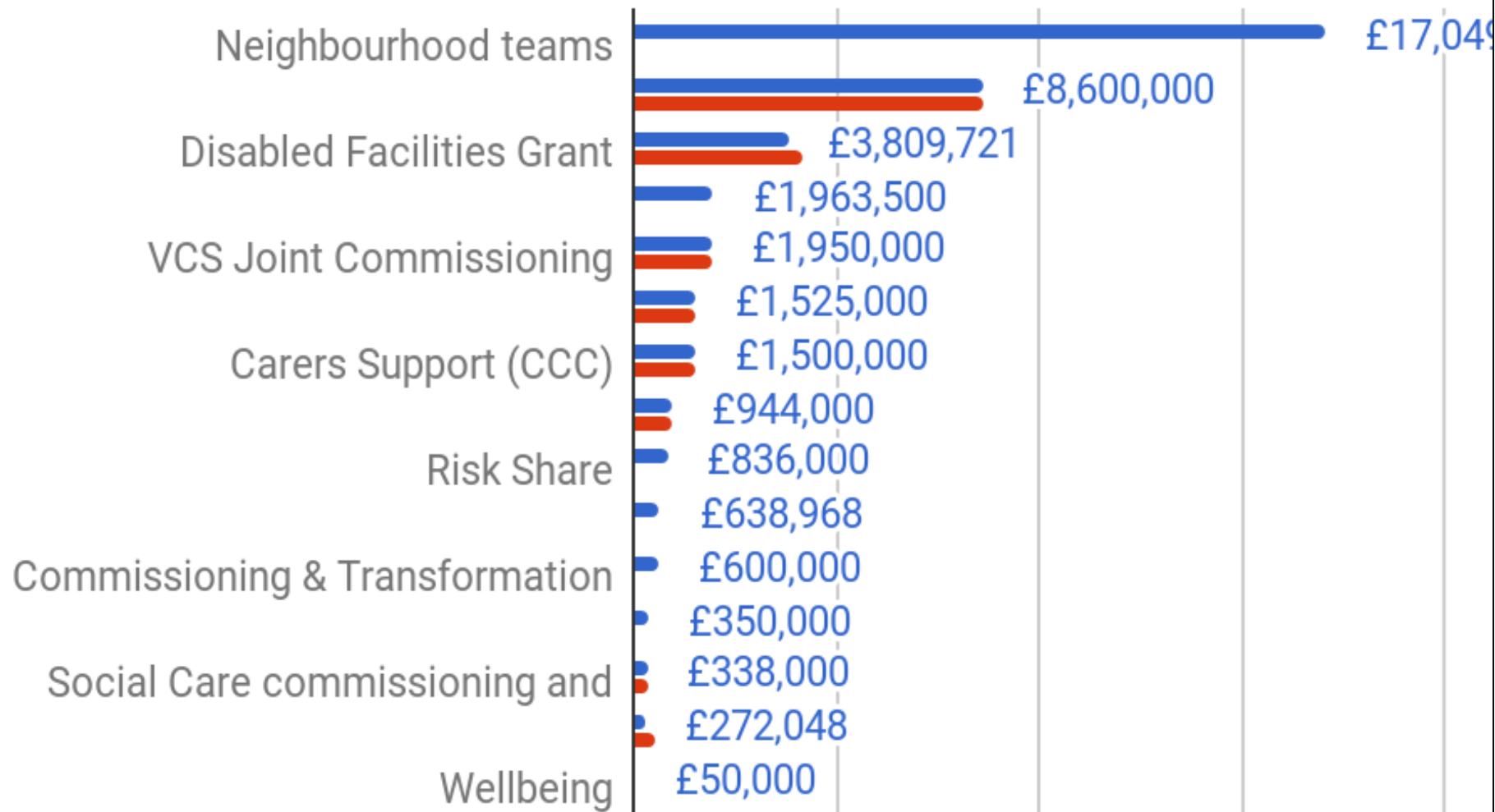
■ 2017/18 Amount  
■ 2018/19 Amount



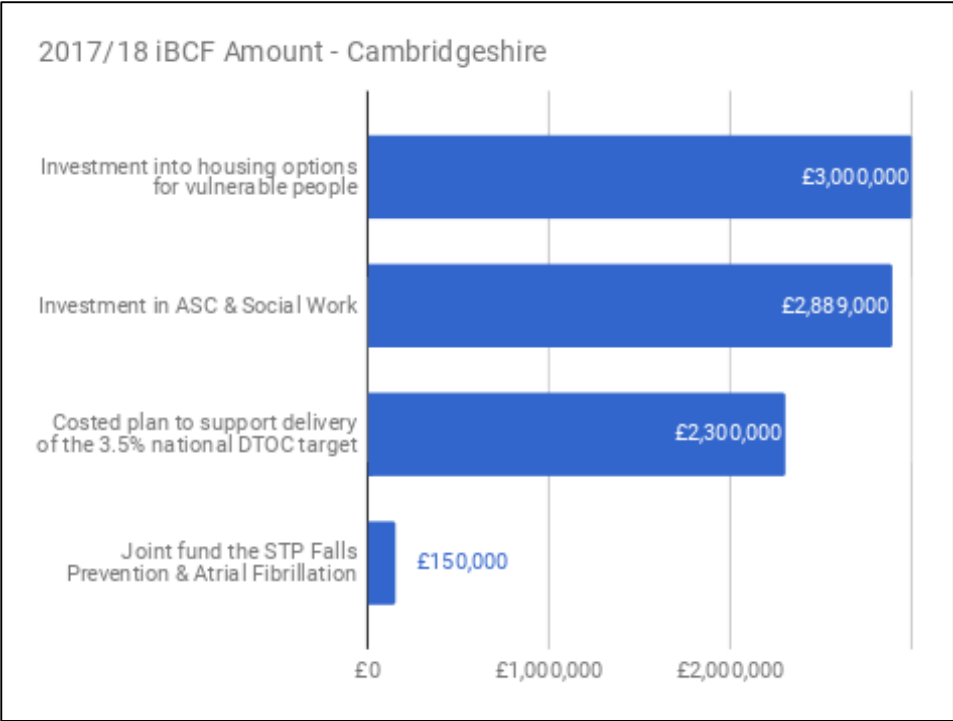
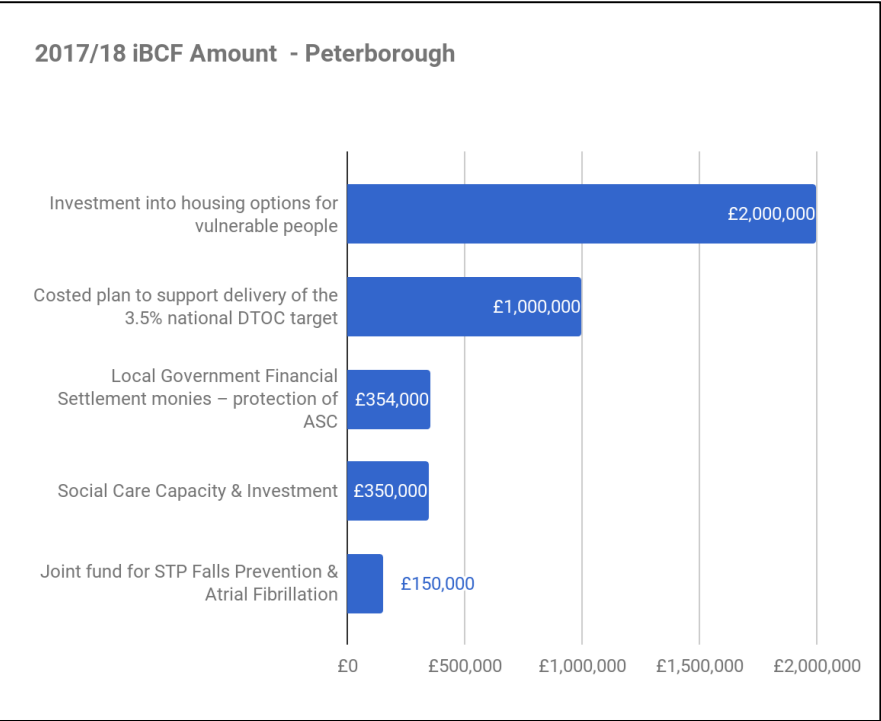


# Local Better Care Fund Financials 2017-19 - Cambridgeshire

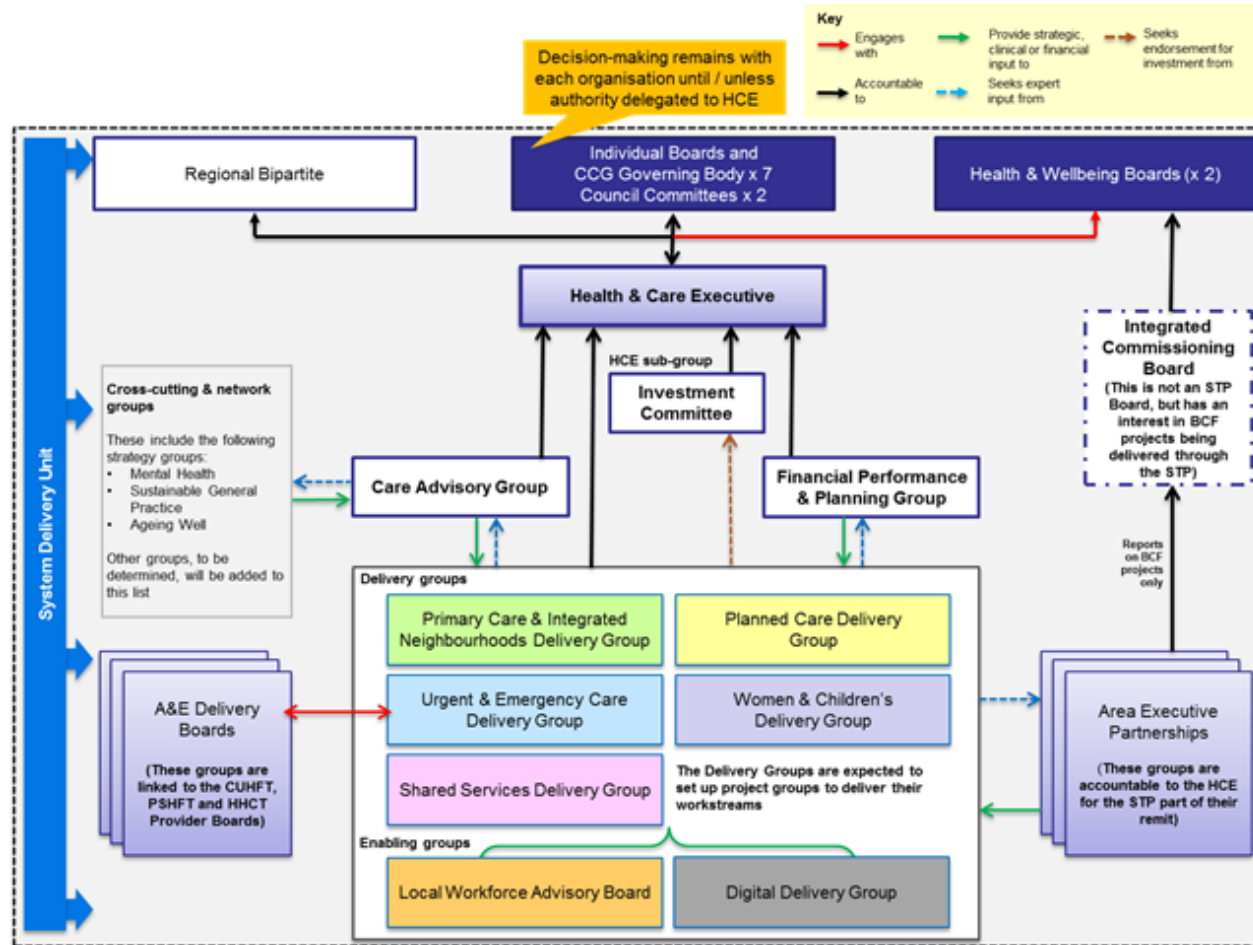
■ 2017/18 Amount  
■ 2018/19 Amount



# 17/18 iBCF proposed funding split

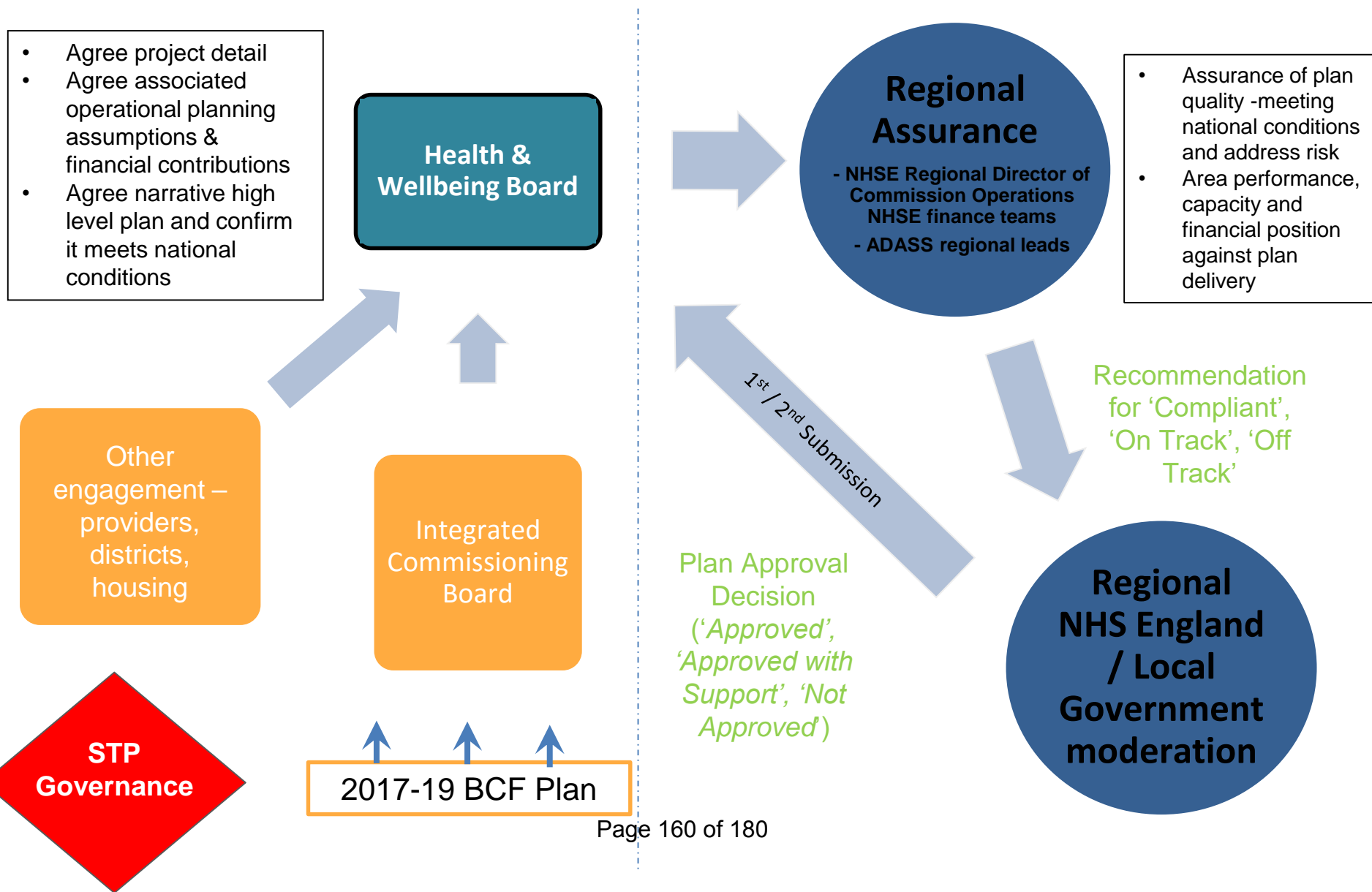


# BCF Governance



The Health & Wellbeing Board is accountable for the BCF. They have delegated authority to the Integrated Commissioning Board (ICB). The ICB will oversee the BCF plan and delivery and review opportunities for joint investment opportunities. The ICB has been aligned with the STP governance structure, which is depicted below. We are merging the Local Health and Wellbeing Partnerships with Area Executive Partnerships to create Living Well Partnerships to join up the two tier LA system.

# 2017-19 BCF Approval Process



**OLDER PEOPLE CARE HOME DEVELOPMENT TIMELINE**

*To:* **Adults Committee**

*Meeting Date:* **14 September 2017**

*From:* **Will Patten - Service Director: Commissioning  
Cambridgeshire and Peterborough Councils, People and  
Communities**

*Electoral division(s):* **All**

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

*Purpose:* **The Committee is asked to note the timelines associated  
with Cambridgeshire County Council expanding the  
current level of Care Home provision in Cambridgeshire**

*Recommendation:* **The Committee is asked to note the key timescales  
associated with expanding the current level of Care Home  
provision in Cambridgeshire**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Richard O'Driscoll</b>	Names:	Cllr Bailey/Cllr Howells
Post:	Head of Commissioning – Adults	Post:	Chair/Vice-Chair
Email:	Richard.o'driscoll@cambridgeshire.gov.uk	Email:	annabailey@hotmail.co.uk/
Tel:	01223 729186	Tel:	01223 706398

## **1.0 BACKGROUND**

- 1.1 The Care Homes project is part of the Older People's Accommodation Strategy and focusses on current and future requirements for residential and nursing home care in Cambridgeshire. There is currently a shortfall of bed spaces of all types, which results in limited choice for purchasers, including the Council, and leads to escalating cost.
- 1.2 During 2016, analysis was carried out to identify current and future demand for residential and nursing beds across Cambridgeshire, taking into account demographic pressures. This analysis identified the need to create an additional market capacity of around 450 beds in order to secure affordable placements in the right places over the next five years.
- 1.3 In January 2017, the Adults Committee resolved to:
  - support the principle of using Council assets to intervene in the Care Home market to increase capacity and secure affordable provision for Cambridgeshire residents;
  - commence engagement with service providers.
- 1.4 Over the last six months, the project team has engaged with the market through Gleeds Advisory, an external specialist property and construction consultancy. This provided an initial response from the market which has informed our procurement approach.

## **2.0 MEETING THE CURRENT AND FUTURE DEMAND – NEXT STEPS**

- 2.1 Based on the review from Gleeds and feedback from the market, a blended approach to procurement is the most appropriate way forward. This approach acknowledges that different solutions will be needed for different locations across the County and takes into account existing provision, the need to bring on beds over a period of time, interest from the market and local needs. The blended approach may include:
  - 2.1.1 Procurement of a care provider as a long-term strategic partner who would: bring specialist knowledge in relation to the development of care homes; operate the homes on a long lease arrangement; provide a specified number of affordable beds and pay a commercial rent to the Council.
  - 2.1.2 Multi year commissioning arrangements with existing providers who may be interested in extending current provision.
  - 2.1.3 Maximising capacity through existing block contracts.
  - 2.1.4 Commissioning arrangements which maximise a 'one public estate' approach (i.e. Health)
- 2.2 Within this blended approach is an assumption that, to stimulate interest in the market and maximise the financial value of the arrangements to the Council, a multi-year operating agreement based on a number of Council places at an agreed rate with the remainder for the provider to sell at market rates will be negotiated.

- 2.3 To support the next phase of market engagement, the project team has commissioned additional expertise and capacity from colleagues in Cardiff City Council. Over the next three months, they will work closely with the project team and our own procurement team to develop a sourcing strategy and plan which will enable us to move to competitive dialogue with the market in November 2017. The cost of additional specialist commissioning/procurement support is likely to be £75k based on indicative number of days required.
- 2.4 The sourcing strategy will take into account the need to secure beds at different times in different locations to meet demand and the sourcing plan will ensure that additional capacity arrives in the marketplace in carefully managed phases.
- 2.5 The following table shows the key milestones for this project. Please see Appendix A for a flow diagram showing this timeline.

<b>Milestone</b>	<b>Further details</b>	<b>Delivery date</b>
Initial Project roles and responsibilities agreed	Lead Senior Responsible Owner and Project Lead agreed. Transformation Team support agreed.	July 2017
High level plan submitted to Adults Committee	This timeline is the high level plan	14 September 2017
Development of sourcing strategy, procurement plan and contract notice	This work will include the following deliverables: <ul style="list-style-type: none"> <li>• Analysis of Current Supply Arrangements</li> <li>• Analysis of market position</li> <li>• Identification of Business Needs / Requirements</li> <li>• Generation and evaluation of strategic options</li> <li>• Options appraisal</li> <li>• Identification of strategic option and delivery plan</li> </ul>	August 2017  w/c 4th September to w/e 22nd October  6 weeks to develop sourcing strategy / plan
Commence Competitive Dialogue procedure	<ul style="list-style-type: none"> <li>• Develop tender documentation</li> <li>• Supplier selection</li> <li>• Outline Solutions</li> <li>• Detailed Solutions</li> <li>• Final Tender</li> </ul>	November 2017 – September / November 2018  12 Months has been recommended to complete the competitive dialogue procedure
Preferred bidder awarded		December 2018
Post tender contract negotiations	To include designation of appropriate land	December 2018 – February 2019

Planning and construction by award supplier(s)		2019
Phased delivery of options to meet the demand		2020 onwards

### **3.0 ALIGNMENT WITH CORPORATE PRIORITIES**

#### **3.1 Developing the local economy for the benefit of all**

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

- Creating greater choice and affordability in the care home market will provide direct financial benefits to users of services and their carers

#### **3.2 Helping people live healthy and independent lives**

3.2.1 This work is part of a wider strategy developed in partnership with a broad range of services including housing and public health aimed at supporting people to live independently for longer. Where there are opportunities to provide complimentary services that support independence, such as health and community services, these will be incorporated into development plans

#### **3.3 Supporting and protecting vulnerable people**

3.3.1 The purpose of taking this forward is to provide greater choice and affordability for services that are aimed at supporting the most vulnerable residents of Cambridgeshire.

### **4. SIGNIFICANT IMPLICATIONS**

#### **5.1 Resource Implications**

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

- In order to reduce the future financial risk to the Council, capital assets are utilised to provide long term revenue benefits.

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

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

- This work will involve a procurement process and award of a new contract. The Council also need to ensure that any competitive tendering exercise is completed in line with the Public Procurement Regulations 2015 and Local Authority Contract Procedure Rules.



### 4.3 Statutory, Legal and Risk Implications

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

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

### 4.4 Equality and Diversity Implications

4.4.1 The report above sets out details of significant implications in paragraphs 4.2.1 and 4.3.1. In addition, if the Council does not stimulate the market and provide appropriate beds individuals with local social and economic assets and potentially those in rural locations may be disadvantaged.

### 4.5 Engagement and Communications Implications

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

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

### 4.6 Localism and Local Member Involvement

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

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

### 4.7 Public Health Implications

4.7.1 The report sets out the details of significant implications in paragraphs in 4.2.1 and 4.3.1

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer: Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan

<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Christine Birchall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Katie Johnson – Interim Consultant in Public Health

<b>Source Documents</b>	<b>Location</b>
The Older Peoples Accommodation Strategy. V.9	<a href="https://tinyurl.com/yc5jac6v">https://tinyurl.com/yc5jac6v</a>
Care Home Development 19 January 2017 Committee Report	<a href="https://tinyurl.com/y8m4bkzc">https://tinyurl.com/y8m4bkzc</a>

**PEOPLE & COMMUNITIES SENIOR MANAGEMENT STRUCTURE UPDATE**

*To:* **Adults Committee**

*Meeting Date:* **14 September 2017**

*From:* **Executive Director: People & Communities**

*Electoral division(s):* **All**

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

*Purpose:* **To outline the current People & Communities staffing structure**

*Recommendation:* **To update Committee on the final People & Communities structure (previously CFA).**

***Officer contact:***  
Name: **Wendi Ogle-Welbourn**  
Post: **Executive Director: People & Communities**  
Email: [Wendi.ogle-welbourn@cambridgeshire.gov.uk](mailto:Wendi.ogle-welbourn@cambridgeshire.gov.uk)  
Tel: **01223 727993**

***Member contacts:***  
Names: **Cllr Anna Bailey**  
Post: **Chair Adults**  
Email: [Anna.bailey@cambridgeashire.gov.uk](mailto:Anna.bailey@cambridgeashire.gov.uk)  
Tel: **01223 706398**

## **1. BACKGROUND**

- 1.1 In October 2016, the Executive Director for People & Communities in Peterborough was appointed into a joint role to also cover the same role in Cambridgeshire within Children, Families and Adults (CFA) at that time.
- 1.2 During this short time, the benefits and opportunities for joint working across both Authorities have been identified and established. To further enhance joint working, minimise on duplication across both Authorities and to make some savings, Members were asked to consider the arrangements on a more permanent basis, alongside another proposal to create a senior management structure also sharing roles across both Authorities.
- 1.3 During this time, the proposals were presented by Members at both authorities between February – April 2017 and agreement was made at the Staffing and Appeals Committee at the end April 2017. This included:
  - Adults Spokes - 31 January 2017
  - Group Leaders – 7 February 2017
  - CYP Spokes – 7 February 2017
  - CYP Committee – 28 February 2017
  - Adults Committee – 9 March 2017
  - Staffing and Appeals Committee – 21 March 2017
- 1.4 Interviews were held in June and a detailed interview process took place, ensuring Members and external partners were also on the interview panel. All candidates appointed were existing staff within the Local Authorities with one post for Service Director of Education not appointed and is currently vacant with interim arrangements in place. The full structure chart can be viewed Appendix 1.

## **2. ALIGNMENT WITH CORPORATE PRIORITIES**

### **2.1 Developing the local economy for the benefit of all**

There are no significant implications for this priority.

### **2.2 Helping people live healthy and independent lives**

There are no significant implications for this priority.

### **2.3 Supporting and protecting vulnerable people**

There are no significant implications for this priority.

## **3. SIGNIFICANT IMPLICATIONS**

### **3.1 Resource Implications**

The director-level restructure has overall been delivered on a cost-neutral basis and there has been no increased funding to the People & Communities staffing budget. Significant savings have been made on Heads of Service roles across P & C as part of

the restructure. As the shared arrangements embed, and in view of vacancies, there will be enhanced opportunities for some further shared arrangements leading at staff cost reductions, including at Assistant Director level.

### **3.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

There are no significant implications.

### **3.3 Statutory, Legal and Risk Implications**

There are no significant implications.

### **3.4 Equality and Diversity Implications**

There are no significant implications.

### **3.5 Engagement and Communications Implications**

There are no significant implications.

### **3.6 Localism and Local Member Involvement**

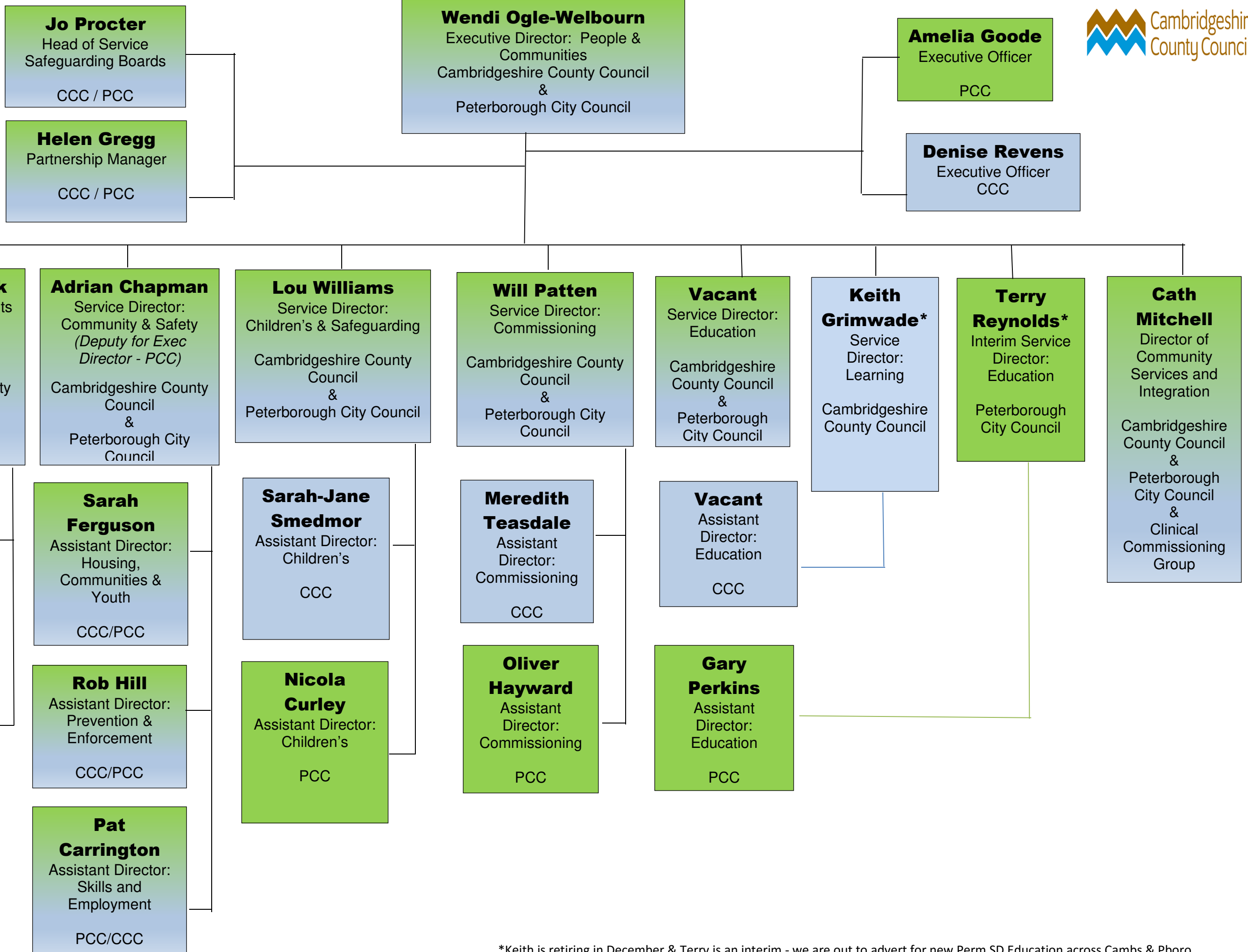
There are no significant implications.

### **3.7 Public Health Implications**

There are no significant implications.

<b>Source Documents</b>	<b>Location</b>
Appendix 1 – People & Communities Structure Chart	Attached





\*Keith is retiring in December & Terry is an interim - we are out to advert for new Perm SD Education across Cambs & Pboro. Theresa Levy interim Service Director in Cambs will remain in post until December to see through the changes to our Children Centre delivery and Children Social Care ICT change to Mosaic.





**MEMBER DELIVERY CHAMPION**

*To:* **Adults Committee**

*Meeting Date:* **14 September 2017**

*From:* **Executive Director: People and Communities**

*Electoral division(s):* **All**

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

*Purpose:* **The purpose of this paper is to set out a proposal for the Adults Committee to nominate a number of Service Delivery Champions in key areas of interest or concern which the Committee wishes to develop a more detailed understanding about.**

*Recommendation:* **Recommendation**

**The Adults Committee is asked to**

- **Agree the proposed role of the Service Delivery Champion**
- **Agree the subject areas**
- **Nominate Service Delivery Champions for Delayed Transfers of Care, Learning Disability, Neighbourhood Cares**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	Charlotte Black	Names:	Cllr Anna Bailey
Post:	Service Director: Adults and Safeguarding	Post:	Chair
Email:	<a href="mailto:Charlotte.black@cambridgeshire.gov.uk">Charlotte.black@cambridgeshire.gov.uk</a>	Email:	<a href="mailto:Annabailey@hotmail.co.uk">Annabailey@hotmail.co.uk</a>
Tel:	01223 727991	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 The proposal is that a number of representatives are nominated from the Adults Committee to act as a Service Delivery Champion on behalf of the Committee.

## **2. PROPOSED AREAS OF FOCUS**

- 2.1 Initial discussions between members and with officers have indicated that there are a number of areas where there are opportunities for transformation or challenges to be addressed by the Adults Committee which would derive benefit from having an identified member acting as a Service Delivery Champion for the next 6 month period for the following areas

- Learning Disability Transformation
- Delayed Transfers of Care
- Neighbourhood Cares
- Adult Social Care budget
- Assistive Technology

- 2.2 As this is a new approach there will be flexibility about subject area, function and timescale and it will be important for the Adults Committee to review this on a regular basis and have a rolling programme. The subject matter and named Service Delivery Champion will change throughout the year and be reviewed as the Adults Committee.

### **2.3 Role of the Service Delivery Champion**

- 2.3.1 The role of the Service Delivery Champion would be to get a different and more detailed understanding and perspective on these issues. There will be flexibility about how the role is fulfilled and the following types of activities are envisaged. It is also proposed that the Service Delivery Champion would produce a brief paper for the Committee setting out their findings. If they wished to be accompanied by a member of the front line team they have been in contact with this could also be arranged as this would also be an excellent development opportunity for the staff member.

- spend time with frontline staff, experiencing their frustrations and garnering their ideas and then coming back to Committee with suggestions for improvements.
- following the typical pathway or 'journey' that might be followed and identifying what works well and opportunities for improvement
- attending key meetings or events that will provide an insight into the issue
- meeting people who use our services their family and carers and local residents to get their perspective
- looking in detail at specific cases
- Researching and being given access to information about best practice, what works, performance and finance data- becoming an 'expert' in their area

- 2.3.2 The role is flexible and the level of involvement will depend on availability of time. The Service Delivery Champion may decide to focus on their own patch or learn about another part of the County.

## **2.4 How the Service Delivery Champion will be supported**

- 2.4.1 The Service Director Adults and Safeguarding will identify a front line manager who will act as a point of contact and will help organise the contact with staff and service users and access to the relevant information. The Council's Finance and Management Information Teams will also identify a named point of contact. The Service Director Adults and Safeguarding can be contacted at any point to discuss the role and help the Service Delivery Champion access the people and information they need to access.

## **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**

This process will enable members of the Adults Committee to identify opportunities to promote independence.

### **3.3 Supporting and protecting vulnerable people**

This process will enable the Adults Committee to identify ways in which the Council can improve outcomes for vulnerable people.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

There are no significant implications within this category.

### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

*There are no significant implications.*

### **4.3 Statutory, Legal and Risk Implications**

*There are no significant implications.*

### **4.4 Equality and Diversity Implications**

*This process will enable members to identify opportunities to promote equality of outcomes.*

#### 4.5 Engagement and Communications Implications

*This process will improve the visibility of the Council within the local community.*

#### 4.6 Localism and Local Member Involvement

*This process will promote localism and local member involvement.*

#### 4.7 Public Health Implications

*This process will enable members to identify opportunities to promote public health and strengthen links to the public health agenda.*

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	Yes Name of Financial Officer: Chris Malyon and Paul White
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Kate Parker

Source Documents	Location
<i>none</i>	

# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st September 2017



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	Deadline for draft reports	Agenda despatch date
<b>12/10/17</b>	Finance & Performance Report	M Wade	Not applicable		04/10/17
	Transformation Programme – Double-up Team Update and ATT	D Mackay	Not applicable		
	Staffing Structures – Benchmarking using CFO insights – move to November	W Ogle Welbourn	Not applicable		
	Accommodation Strategy & Action Plan	W Patton	Not applicable		
	3.5% DTOC Plan	W Ogle Welbourn	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan	D Snowdon	Not applicable		
<b>9/11/17</b>	Finance & Performance Report	M Wade	Not applicable		01/11/17

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for draft reports</b>	<b>Agenda despatch date</b>
	Transformation Programme - Adult Early Help and Reablement	W Ogle Welbourn/Will Patten	Not applicable		
	People and Communities Self-Assessment	C Black	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan	D Snowdon	Not applicable		
<b>7/12/17</b>	Finance & Performance Report	M Wade	Not applicable		29/11/17
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/Will Patten	Not applicable		
	Transforming Lives	C Bruin	Not applicable		
	CPFT 6 Monthly Report	D Cohen	Not applicable		
	Business Planning	W Ogle-Welbourn	Not applicable		
	Adults Committee Agenda Plan	D Snowdon	Not applicable		
<b>11/01/18</b>	Finance & Performance Report	M Wade	Not applicable		03/01/18
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/Will Patten	Not applicable		
	Housing Allowance – Update on national policy	W Ogle Welbourn	Not applicable		
	Adults Committee Agenda Plan	D Snowdon	Not applicable		
<b>[1/02/18] Provisional Meeting.</b>					24/1/18

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for draft reports</b>	<b>Agenda despatch date</b>
<b>8/03/18</b>	Finance & Performance Report	M Wade	Not applicable		28/02/18
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/Will Patten	Not applicable		
	Adults Committee Agenda Plan	D Snowdon	Not applicable		
<i>[12/04/18] Provisional Meeting</i>					04/04/18
<b>24/05/18</b>	Finance & Performance Report	M Wade	Not applicable		16/15/18
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/Will Patten	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](mailto:Quentin.Baker@cambridgeshire.gov.uk)