

# **STRATEGY FOR CHILDREN, FAMILIES AND ADULTS SERVICES IN CAMBRIDGESHIRE 2016/17 TO 2020/21**

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

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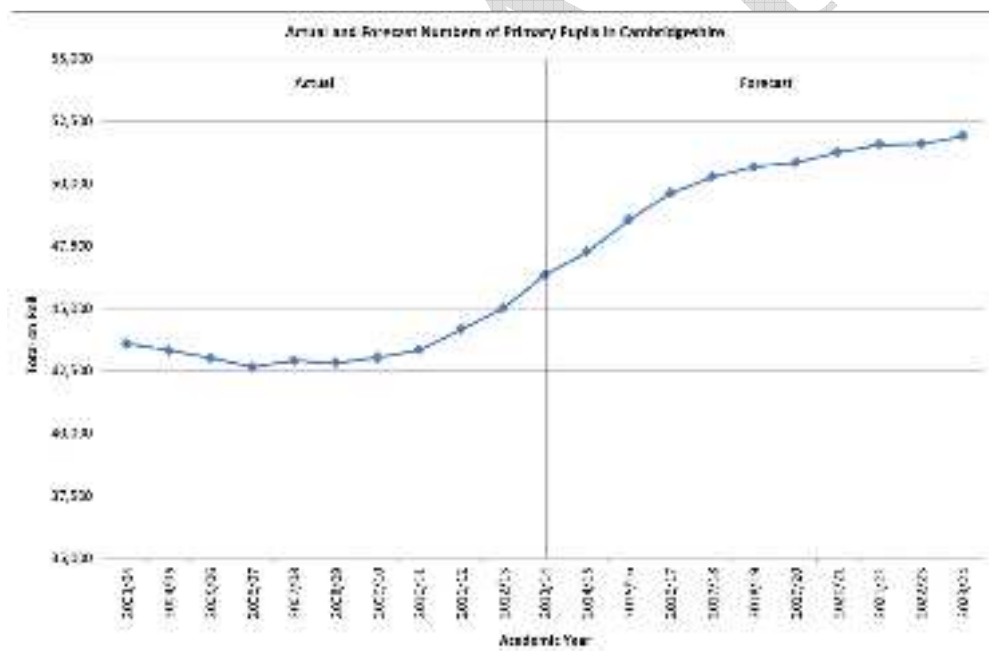
## **Why change is needed**

Across Cambridgeshire, demand for services from people who are eligible for adult social care, older people and mental health services or children and young people's services continues at a level that exceeds the available budget.

### **Increased demand and complexity of need**

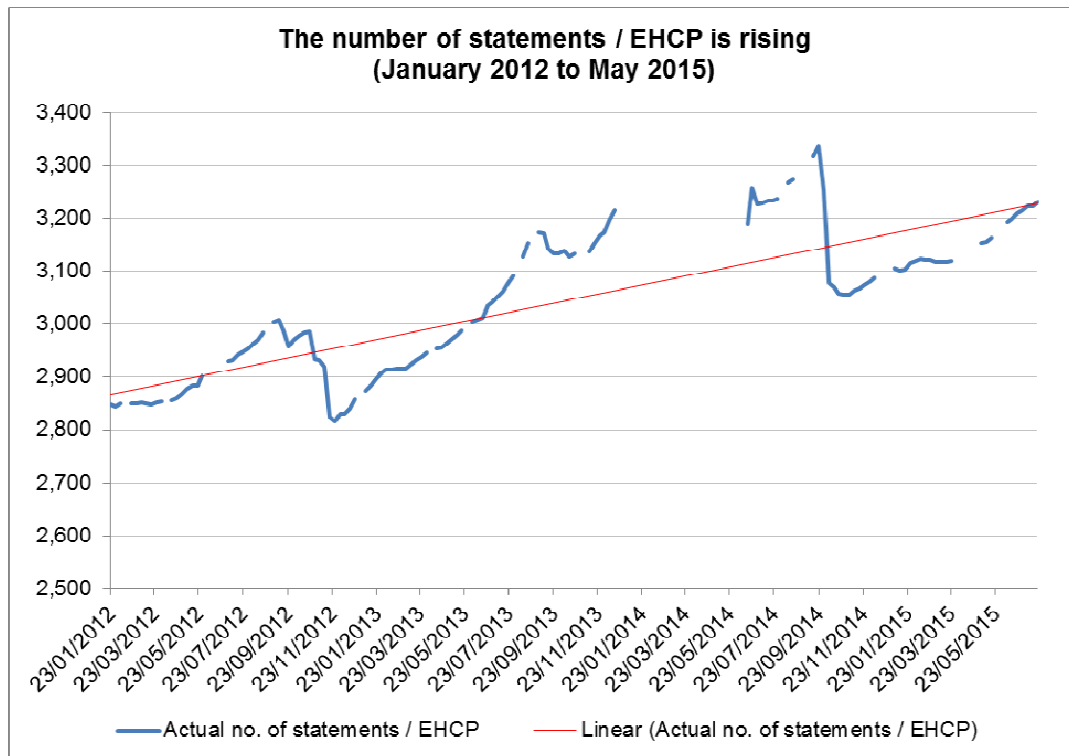
We have a rapidly expanding population of frail older people within Cambridgeshire who have increasingly complex needs and support requirements. We are also seeing an increasing child population and acuity of need. Services at all tiers are experiencing high levels of demand with caseloads increasing, including an increase in the number of Looked After Children and a rise in children with statements of Special Educational Need.

In five years' time, total primary school pupil rolls are forecast to be around 9% higher than current numbers in Cambridgeshire as a whole; and 15% higher in Cambridge City. In ten years' time, this figure for Cambridge City is forecast to be 27% higher than present, followed by 14% higher in Huntingdonshire and 12% higher in Fenland. Growth in total primary numbers in Cambridgeshire is forecast to slow after 2017/18.

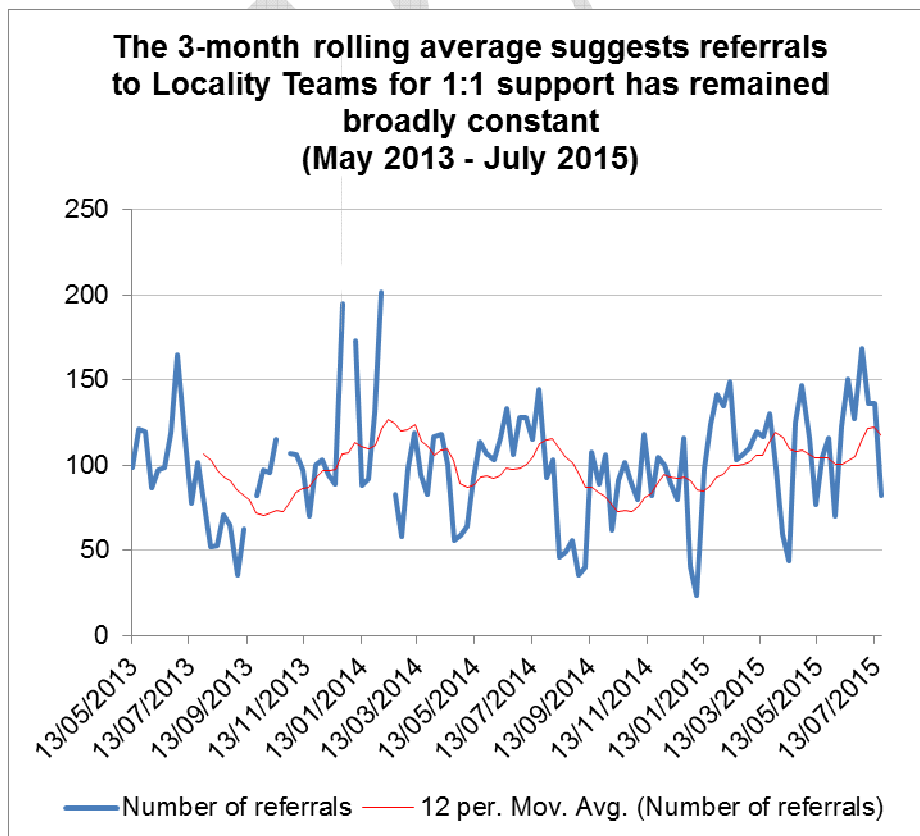


Source: Cambridgeshire LA Annual Pupil Projection, September 2014

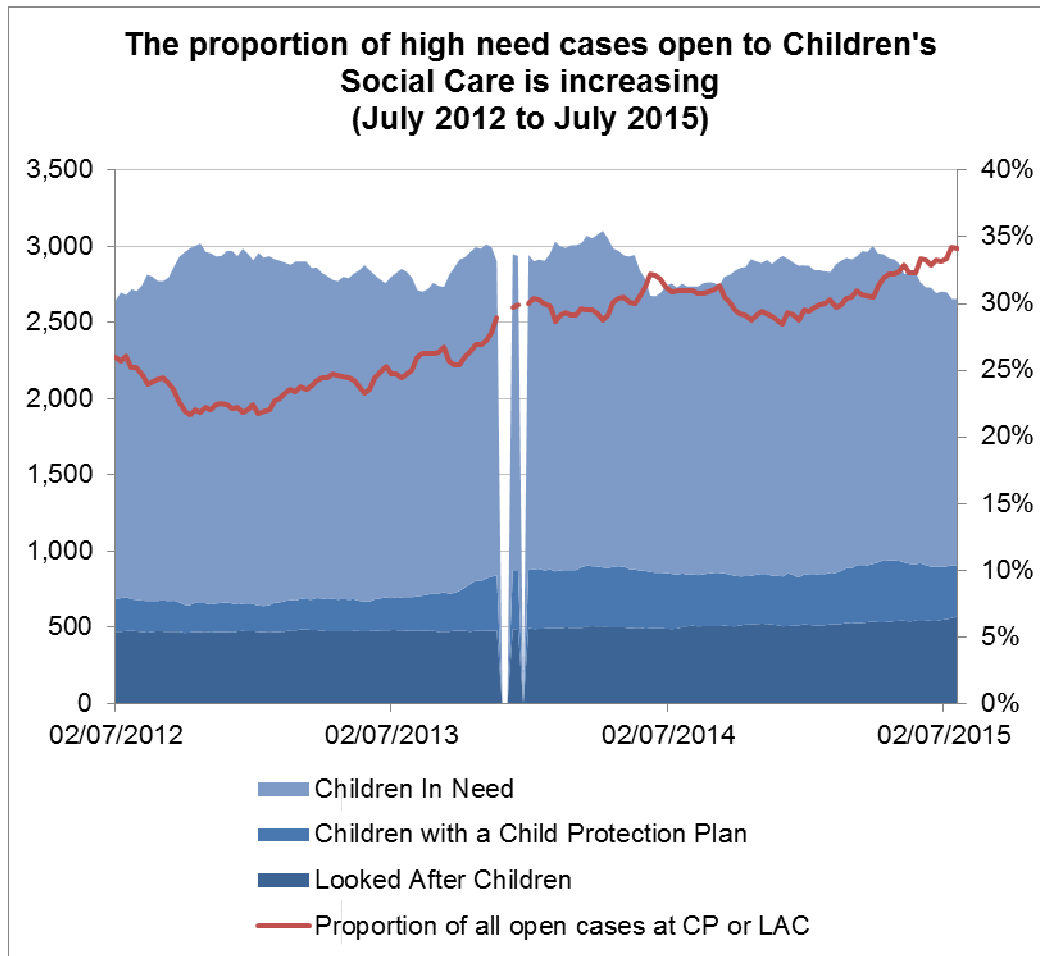
In our services for children and young people, we are seeing demand rise for higher need services. For example, statements of special educational need / Education Health and Care Plan (EHCP), of which there were 2,850 in March 2012 and around 3,150 in March 2015.



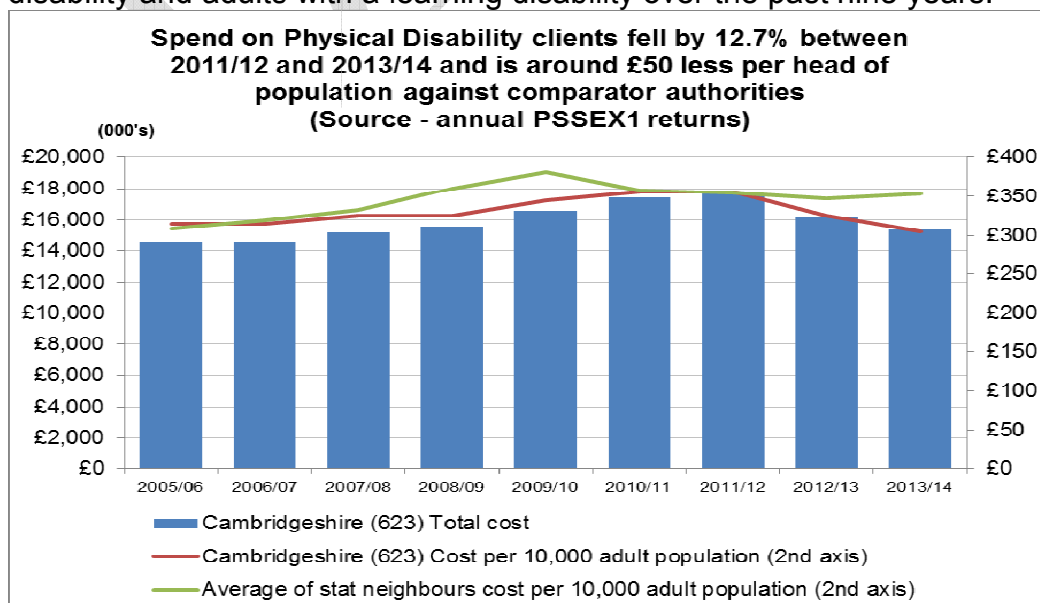
The number of referrals to our children and young people's locality team services for 1:1 support for children, young people and families varies between 75 and 125 (per week (using a 3 month rolling average figure)). However, since 2013 services have been remodelled to meet savings targets and the amount of support has been reduced, so we need to meet the same demand with less resource.

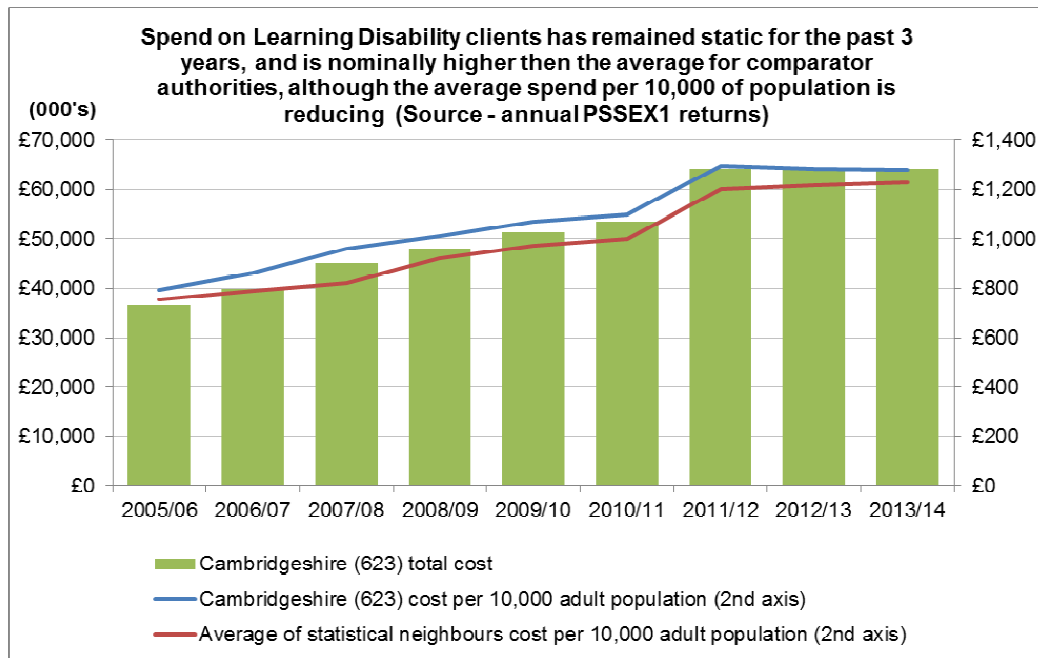


At the highest level of need, open children's social care cases have varied between 2,500 - 3,000 since mid 2012. Over that time however, the proportion of these cases at the highest need categories of child protection and looked after children has grown, from around 25% of all open cases to 35%.

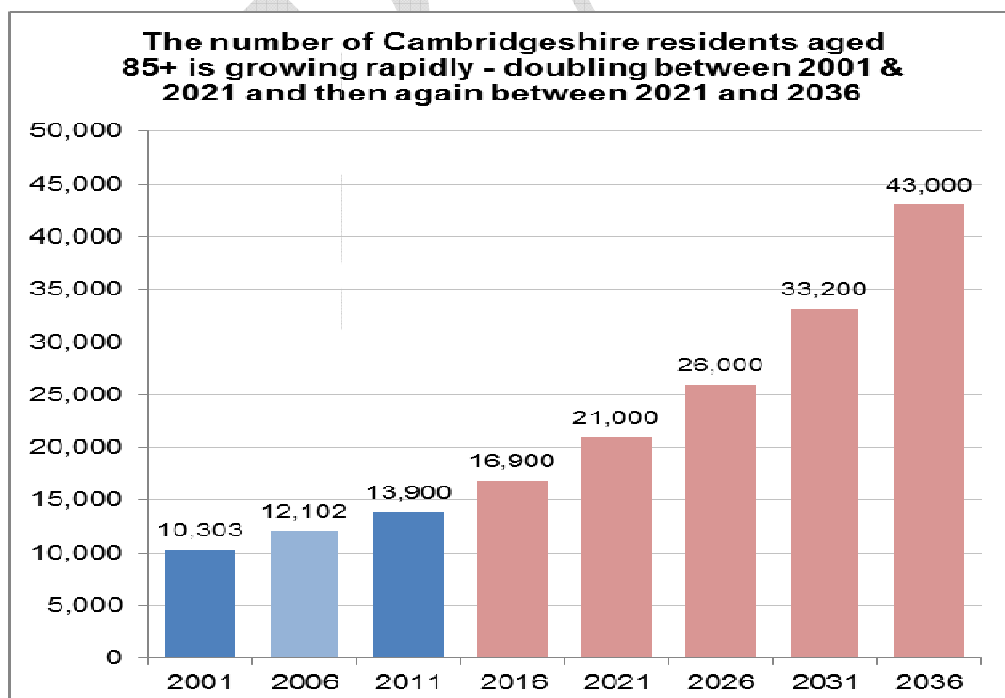


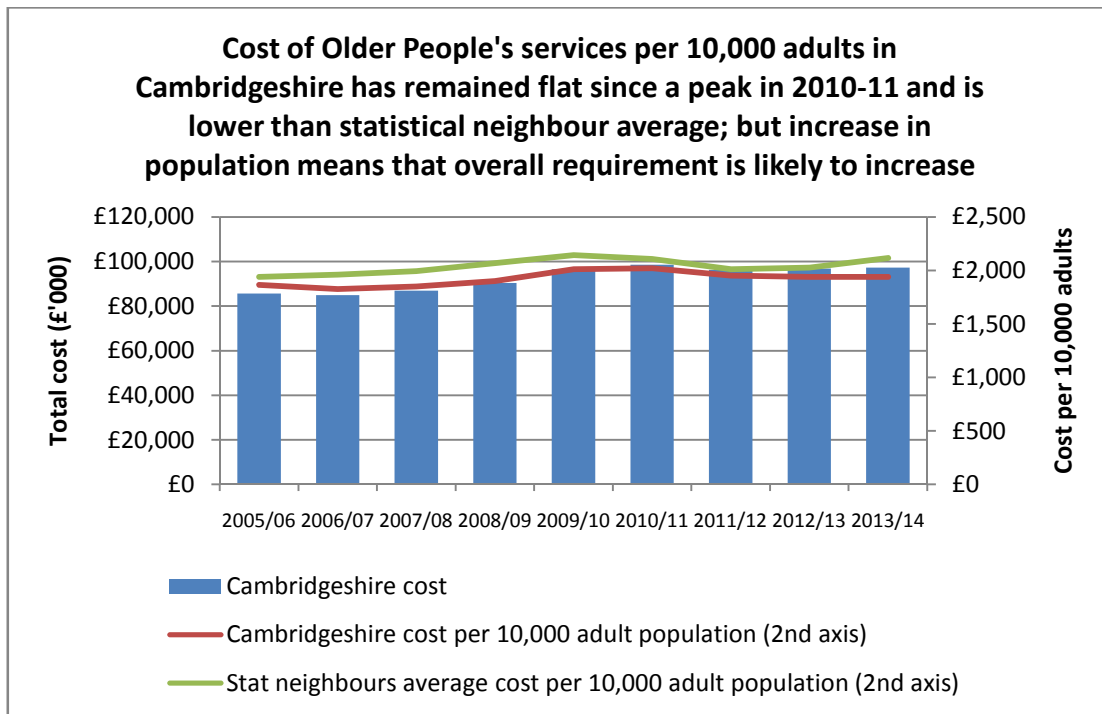
The two tables below show the historical spend on adults with a physical disability and adults with a learning disability over the past nine years.





Older people, particularly those over 85, use health and social care service much more than younger people on average. There has been significant growth in the number of over 85 year olds in the county since 2001, likely to be in the region of 50% increase, and it is possible that the pressure on the system shown by the increase in delayed transfers is caused, at least in part, by this population change. Over the next 20 years, we are expecting the over 85s population to grow exponentially, doubling from 2001 levels by 2021 and then more than doubling again by 2036.





### Changing legislative requirements

In adult social care and support for older people, the Care Act is driving significant change for local authorities. It reinforces how important it is to support and work alongside carers to meet the needs of people who are 'cared-for', introduces the expectation that authorities will work more broadly to support people's overall wellbeing and sharpens the expectations around safeguarding duties. These reforms are well aligned with our strategy but in many areas they will create new costs pressures by widening the number of people we both work with and provide assessments for and by establishing new expectations in relation to carers.

The newly announced living wage expectations and expectation around paying the 'fair cost of care' will significantly increase the cost of commissioning domiciliary care, residential homes and other care for older people and those with disabilities and mental health needs. These budget pressures are likely to run to multi-million pound additional costs.

There have been, and continue to be, a number of significant changes to the education system in recent years. These changes include the expansion of the academies and Free Schools programme and raised Ofsted expectations of schools, settings and Councils. These changes have resulted in an increasingly diverse and autonomous school system, a changed role for the Council and an even greater need for schools to work together

### Budget reductions

Alongside the increasing and changing demands on services, we are tasked with making over £100m in savings over the next five years. This is 29% of the gross budget for children, families and adults services over this period.

**If we do not make any changes to our services or the way we deliver them, we will not be able to meet the increasing demand for those who need our support.**

**Across our services for children, families and adults, we need to have fewer service users, reducing through preventative and earlier help the total number of higher cost service users we support. Overall, we need to provide less support to people (in time or cost), focussing our interventions on short-term support where possible, so that people don't need as much help for as long. We also need to reduce the cost of what we do, stop doing some things and raise income where we can.**

This is a massive challenge and involves very difficult choices in terms of where budget reductions will fall, mitigating the impact of these reductions requires us to transform the support we provide to a better model and improve outcomes quickly and efficiently. People do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead they want to live with and be supported by their family and friends at home in the community, and remain connected to their communities and interests. These are goals we share and **if we can work with people to maintain their independence and capacity we will make significant cost efficiencies whilst improving outcomes at the same time.**

#### *Building on solid foundations*

We are not starting from scratch. Over the past few years, we have taken steps to transform the way we work to both improve outcomes for people so that they are supported and safe within their families and communities, and to reduce the cost to the public purse.

There are some similarities in our current service delivery models across our children and adults services. Adult Social Care and Older People and Mental Health services are focused on supporting people to live well independently through making sure people are connected to their communities, providing them with reasonable or other support to maximise independence, and building progression into long-term packages where they are absolutely necessary. Our services for children and young people are focused on making sure children are connected to their communities and attending a good school, making sure there is family support before a crisis or risk develops, and supporting where risk is intolerable with specialist Children's Social Care or other services.

Through the implementation of Transforming Lives (our new model of adult social work), our social work will be more proactive, preventative and personalised and will aim to enable residents to exert choice and control and ultimately to live healthy, fulfilled, socially engaged and independent lives. We will work with our partners to facilitate support for people, families and communities to be socially and economically productive. Our joint Older People's Strategy (with partners across the health and care system) sets out



the significant opportunities to design and implement a better system of services for older people. The collective vision is for older people to be more independent, more active and more engaged in their communities for as long as possible, knowing that if they need them, they can rely on services which are flexible, creative, coordinated and focused on keeping them well. Similarly, within Adult Mental Health we are embarking on transformative change through personalised care that enables individuals to remain as independent as possible within their communities.

Our approach to early help for children and families seeks to reduce the number of people requiring costly specialist services through preventative activity and enabling families and communities to take control and succeed independent of ongoing public services. It has a specific focus on making sure children are ready for and attend school and make expected progress, young people have the skills, qualifications and opportunities to succeed in the employment market, and the number of families who need intervention from specialist or higher threshold services is minimised.

Our work with early years settings and schools seeks to create a sector-led, self-improving and sustainable educational system that delivers the best outcome for every child in Cambridgeshire. The Local Authority's role is to be a champion for children and parents/carers, ensuring that the school system works for every family. In particular, we aim to accelerate the achievement of disadvantaged groups so that all children in Cambridgeshire have similar chances of success compared to their peers. Increasingly, we commission and broker support that is provided by settings and schools themselves.

#### Working in partnership to transform care and support

The Council operates within a wider system of services across the health and care and voluntary and community sectors. These services support people across Cambridgeshire and face similar, significant challenges for the future delivery of services. We must work together – as a system and to scale – to improve the care and support for vulnerable people and further realign our resource towards preventing need and the escalation of need. We need to design a more sustainable system over the next five years, so that as many children, families and adults as possible live independently and safely in Cambridgeshire within strong and inclusive networks of support. Work has begun to drive this agenda, but more needs to be done over the coming years.

The Cambridgeshire Executive Partnership Board is leading the development of a person-centred and integrated system of support across the adult social care and health system. The shared 'Better Care Fund' with health partners is allowing us to consider how we can redesign all of the care and health services in Cambridgeshire into the most coherent system and in particular shift the support into community-based and preventative early help and away from high-cost, acute specialist and crisis management support. The programme is driving work focused on data sharing across organisation,

ensuring care and support is available seven days a week, ageing healthily and prevention, information and communication and person-centred support.

Across children's services, Together for Families (from the Troubled Families national programme) is driving a new collaborative approach to support families with complex needs. This work brings together the efforts of local authorities, the police, voluntary organisations, health partners and others to help families overcome the most challenging issues such as substance misuse, worklessness, criminality, anti-social behaviour, domestic abuse, mental health difficulties and many others. The 'think family' concept is at the heart of this partnership model and is helping develop new ways of working. We need to extend this concept and the Together for Families approach to other areas of need. For example, our work with vulnerable adults through the *Making Every Adult Matter* project and work to reduce the number of frequent attenders to emergency hospital facilities.

How we will continue to work in partnership with others to transform support for people is set out in more detail within this strategy.

**This strategy sets out new service models to transform the way we work as part of a system over the next five years, alongside where we will seek to reduce and/or shift our available budget to support our strategic intentions. It also sets out the work that will need to take place over the next five years to deliver this change – how this will be delivered and what the impact will be. In some instances, how this is delivered will be dependent on the presenting need, and therefore determined at a more local level.**

## **What will be different by 2020**

All services for children, families and adults are going to be affected given the significant savings required and considerable reductions to all services will be necessary.

Over the next five years, we will significantly reduce the available budget for high cost care and support for vulnerable people.

We will maximise the impact of our preventative work and will work with people to prevent need and prevent an escalation of need for our high cost services and care packages. Where possible, resource in early help and preventative activities will reduce by less to help prevent the demand for high cost care. That may mean that our preventative activity has a very different focus to now.

We recognise that problems cannot always be solved quickly and some people will require ongoing support over the course of their lifetime. Where this is the case, we will continue to provide a safety net for vulnerable people and will support them through our specialist services. We will strive to make sure that the support provided is of good quality, improves the quality of their life and is cost effective. However, it is likely that our current performance levels of service will get worse and more people will be unhappy about not receiving a service or receiving a reduced service.

The scale of the task means that it is not possible to set out with exact precision how we will achieve this change over the next five years. The principles we have set out within this strategy will guide the approach we take, but we must be realistic. It is inevitable that as we better understand the impact of the changes we are making, we will need to react to different pressures and/or change the direction of travel accordingly over the next five years.

### *Key principles of our approach*

- All our work will be focused on promoting people's independence and progression, based around people's strengths, improving their outcomes and reducing spend on high cost support.
- We will promote the responsibility of individuals for their own health and for the care arrangements of older and younger generations in their families and communities.
- We will build strength and capacity within people's relationships and the networks available to them (be that in their families and/or wider communities) so that they can meet their own needs.
- We will change the way that people can access our services in order to ensure a timely response to need.

- We will proactively look for people who need specific additional support, to address problems which have arisen, to reduce their impact and/or to prevent them from getting worse.
- Our work will be better focused on short term interventions and better aligned to reduce the level of need that requires the most resource. It will be arranged and delivered locally and we will coordinate and integrate the support that people of all ages need (recognising that the intervention may be different depending on need).
- We will promote the use of professional judgement and flexibility in how we work to and use resources to create more tailored support for people that focuses on long term solutions and costs.
- Where people do require high cost support, we will make sure that the support provided improves the quality of their life and is cost effective.
- Our models of delivery for services will be based around what is most likely to improve outcomes for service users and what will work best within our wider partnership arrangements to deliver support.
- Where we have statutory responsibilities for institutions (e.g. maintained schools), interventions will be as targeted and as brief as possible with the aim of building capacity, promoting self-improvement and achieving a quality, self-sustaining system.

#### Responding to demographic pressures within existing budgets

Through the delivery of this strategy we plan to respond to and mitigate the demographic pressures which would otherwise stretch our budgets unsustainably. We know that if we do not change our services and ways of working, significant demographic pressures will occur between now and 2020. These pressures would fall primarily on our high cost, specialist and demand-led care budgets and allocating demographic funding as we have previously it would continue to shift resource away from prevention and early intervention activity. This is out of step with the central theme of this strategy to invest in prevention and in doing so reduce the demand on high cost care budgets.

**Wherever possible, we will avoid allocating extra funding to demand-led care budgets, and instead develop strategies and work to absorb these pressures within existing resources or mitigate them with successful prevention.** This represents a major challenge, requiring new thinking and new or increased preventative activity. Importantly, the amount of 'savings' we plan to make in each area will be informed by our understanding of how much demographic pressure each of the services are working to absorb.

The scale of housing development within the county is considerable. Over the next twenty years we expect 50,000 additional homes to have been built in Cambridgeshire. We have considerable experience of the high needs that originate in new communities as they become established. Working with

partners and the emerging new communities will be essential in order to avoid this trend. We will consider how we will use the available resource to provide preventative services within new communities with a focus on supporting the development of self-supporting communities from early occupations of these sites. For example, in preparation for the new town of Northstowe, a multi agency group was established to empower and support families and reduce the amount of public sector support they required.

### *Responding to inflationary pressures*

Year on year, inflation increases the real costs of providing and commissioning services for children, families and adults. These increased costs are not currently matched by increased funding from central government and so represent an additional financial pressure. As part of this strategy, we are considering the approach we take towards inflation over the next five years and whether and/or where it is possible to manage inflationary pressures within existing budgets or at lower rates.

This approach would create considerable challenges and risks for Council services and those we commission through independent providers and the voluntary and community sector. This impact is most significant when considering the costs of packages of care support for older people, vulnerable adults and children in care and for our transport responsibilities. These are the biggest areas of spend for our children, families and adults services, and care is primarily delivered by independent providers who bear the cost of any under-funding of inflation and are required to run as a business. The Council has not been in a position to fully fund estimated inflationary costs of providers for the last five years, some of which saw actual reductions in fees paid. Continuing this trend potentially threatens the financial sustainability of some providers at a time when demand for care is increasing. However, the financial position makes funding inflationary costs extremely difficult. There are some opportunities to address this, but it is our biggest risk in terms of securing adequate supply of care in terms of the budget we have.

We will continue to work with our providers to identify further ways in which we might reduce costs and therefore future inflationary pressures. This includes ensuring that we scale our contracts to secure economies of scale and also provide downward pressure through competition. We will work with partner agencies to jointly procure services and ensure that our service specifications reflect the reality of the resources that we have available, whilst ensuring that safe provision is secured. A Procurement Strategy will be developed that will set out our work in this area in more detail.

## **What the impact of our approach will be for children, families and adults in Cambridgeshire**

In the context of increasing demand for our services, reduced budget and rising consumer expectations, we must be clear with local people that difficult choices will need to be made over the next five years in terms of the support that the Council can provide. We need to be clear what the impact of this will be for children, families and adults across Cambridgeshire, and also for the professionals who work with them.

Decisions about the support people receive will be made within the context of the overarching vision and principles set out within this strategy. **It will mean that the Council will pay for less care for vulnerable people than now and we will shift our budgets towards preventative activity, to reduce the need for as many people to access costly services.**

Whilst we will strive to improve outcomes for people where possible, promoting independence and building on networks of support, we recognise that we will not be able to mitigate the impact of a reduced budget on the people we work with, who will receive less support from us than they do now. This is also likely to result in more complaints to the Council and the Local Government Ombudsman, for example, as people seek to challenge the difficult decisions we will be making.

A person centred response, with greater focus on support within individual communities and/or networks of support, makes it inevitable that there will be greater differentiation in terms of the support people receive from our services. This is an uncertain environment and we have developed the following commitment to residents of Cambridgeshire, which sets out what children, families and adults can expect from us when they need support. It also sets out what people in Cambridgeshire can do to support the ambitions of this strategy.

### **Our commitment to you**

**We will listen to you and work with you to plan ahead, building on your strengths and any support available to you from family, friends and the wider community.** We will be clear about the amount and type of any support that we will provide, which will be personalised and will make a positive difference to you. We will intervene to keep you safe if you are unable to protect yourself.

### **What you can do**

- ***Get involved in your community.*** You could volunteer with a local community group, charity or sports club.
- ***Get online.*** Access Council services or check information online. Our website is easy to use and will save you time.
- ***Create opportunities to help protect the vulnerable in our communities.*** Check on or help a vulnerable or lonely neighbour. If you

are concerned about the welfare of a child or vulnerable adult, report it straight away. Consider fostering or adopting a child to provide a stable start in life for them.

- **Be healthy and active.** Take personal responsibility for your own health. Keep physically active and exercise regularly.
- **Plan** for the care of older generations and young ones in your families.
- **Have your say.** Tell us if we get it wrong and if you feel you could help the Council with the services we provide, get in touch and talk to us.

This strategy includes case studies to exemplify the support that some of our more vulnerable children, families and adults in Cambridgeshire might receive by 2020 and how that differs from now.

We will constantly review the impact of the changes we are making to the way we work with children, families and adults over the next five years. Some of the ways in which we will measure the impact are set out below.

- Reduced spend on residential / nursing and other high cost packages;
- More children, families and adults are supported to return to independence, or cope with only a little help, after a period when they have needed lots of support;
- Fewer referrals to high-cost services;
- Fewer children in care;
- Fewer internal referrals between Local Authority departments;
- Fewer re-referrals after an initial Local Authority involvement; and
- Reduced spend on Home to School Transport

Ultimately, it is inevitable that over the next five years many services for children, families and adults will reduce, people will either have to wait longer for a service or will receive no service at all. Our current performance levels for services we provide will be at risk. Decisions about the support people receive will be made within the context of the overarching vision and principles set out within this strategy.

We will also be clear with the professionals who work with children, families and adults across Cambridgeshire about what we will expect from them and how we will support them to transform the way they work over the next five years. This is set out in more detail within this strategy.

**How we will achieve our vision: We will align our resource to prevent need and prevent the escalation of need for high cost services**

We will maximise the impact of our preventative work over the next five years and beyond. We will work with people to both prevent a need and prevent an escalation of need (through early help) for our high cost specialist services. Over the next five years we will significantly reduce the available budget for high cost care packages of support for vulnerable people and will invest resource in early help and preventative activities.

**We will support communities to meet the needs of vulnerable people**

We will shift our focus from meeting all the needs of the individuals we work with, to building strength and capacity within communities and their wider networks (or potential networks) of support to do so. Our preventative work will consider both what communities can do to support people to be safe and independent for longer, alongside how the community can provide some of the support for vulnerable people that is currently provided through our services. This might mean that there are fewer people in receipt of direct preventative services from the Council over the next five years.

Communities that are more connected and resilient need fewer public services, create good places to live and improve outcomes. People are not passive recipients of services. They have an active role to play in creating better outcomes for themselves and others, and will be the starting place for tackling issues. Our first consideration in people focused working will be what support exists already that can help, including within Locality Teams. We need a local preventative presence to identify, create or commission the opportunities for need to be met within communities, that social workers can refer to and that community navigators and local Councillors can signpost to. This local presence will commission and facilitate those opportunities (rather than it existing within our services).

Our preventative work will aim to reduce the number of people needing high cost support, but both will work collaboratively with the voluntary and community sector and networks of support, so that community work is embedded within all services. Examples of the type of work this will entail are:

- Community work to tackle loneliness and isolation in older people would significantly reduce demand for our services.
- Training parents to provide training to other parents to support their children would reduce demand on our services and ensure social workers can be focused on supporting people with high needs.
- Investment in community navigators, foster care for older people and different ways of providing Home Care would promote independence and reduce cost through reducing the need for high cost support.



- Investment at scale in Assistive Technology will dramatically reduce the number and cost of specialist support over people's lifetime.
- The development of a system of social prescribing, so that GPs and community health providers can link patients with community networks, will ensure that early preventative activities can happen through community networks rather than our own service provision.

Our focus on ensuring people can find the help they need within their local communities is a focus shared across the whole of the Council. For example:

- Our libraries will transform the way that they operate so that they are better focused on providing early preventative support to more vulnerable people within their local communities.
- We will make decisions about the use of our buildings and assets based upon a set of clear principles about how to best help strengthen the local community.
- Council Members can play a crucial and proactive role in creating a better climate between the public sector, the voluntary sector and local community leaders, promoting local activity to help local people.

**All our work will be person focused (building on the *Think Family* concept)**

By 2020, all our work will be person focused – starting from an understanding of a person's needs to the wider network of support available to them – and co-ordinating the support people receive to promote independence and progression, improve outcomes and reduce spend on high cost support. Our work will be based around people's strengths and capacity both within their relationships and the networks available to them (be that in their families and/or wider communities) so that they can meet their own needs.

We will shift our resource away from high cost support services and into preventative, short term problem-solving person focused work. We will proactively identify the people we work with, based on who might generate cost to the authority or wider system – and our workforce will be given greater flexibilities to work around barriers that might constrain thinking or a different response, if it can avoid long term cost. We will break down artificial divides within our services based on the age of the people we work with, and will work with people to promote independence and forward planning.

- We will achieve a more coordinated approach for supporting parents when their child is diagnosed with a Special Educational Need and/or Disability. At the point of diagnosis we will make sure support is given to parents and forward planning towards independence is part of that.

- We will work with children and young people with physical disabilities to plan for as much independence as possible in adulthood.
- We will improve co-ordination across our adult and children safeguarding services.
- We will make less of a reduction to our intervention and support services, such as those for vulnerable adults and people with substance misuse issues. These preventative services might need to be very different to how they are now.
- Our work with settings and schools will be led by the educational needs of children and families. Our primary focus will be to secure the best outcome for every child, and in particular for disadvantaged groups to have the same chance of success as their peers.
- There are also some areas where we will consider internal structural changes to make ourselves more efficient and provide professionals with the tools to work in a person focused way. This includes the distinction between Adult Social Care and Older People's services, the benefits of an all age learning service and commissioning arrangements for support to carers (both young and adult).

A person focused response is not solely limited to services provided by the Council. We need to take into account the impact of the wider health and social care system and the experience of service users in the context of that. How we will work in partnership to transform support to people is set out in a subsequent chapter of this strategy.

### **Services will be designed around support within localities and will work for all ages**

We believe that if we have a more organised approach to early help for children, families and adults, we stand more chance of reducing demand on care budgets. We also recognise that we need to work across all ages and break down artificial divides based on the age of people to develop a common skill set in the workforce across all age functions, recognising that the intervention may be different depending on need.

Our services will be grouped within localities, looking at all of the provision, resource and need within a given area and redesigning this flexibly and creatively to improve the experience of service users and reduce cost. They will work flexibly with people of all ages to prevent the escalation of need to a level where a statutory assessment is necessary. They will spot problems and seek primarily to harness the networks of support around individuals and coordinate the delivery of services where appropriate, working with local Councillors in that area.

Early help is not just about people whose need is below statutory thresholds. We will ensure better integration with services for people whose need is

higher, using the same problem-solving approach to care planning and support towards independence.

In older people's services, we will move to more locality-based working which will include improvements to the co-ordination of social care, reablement and Assistive Technology services, and learning lessons from the multi-agency Common Assessment Framework planning process in children's services to focus on achieving outcomes.

We will work closely with settings and schools in this county to make sure that they have the resources and capability to respond to the needs of all the children who live in this area, so that children with disabilities at all levels of need and their families are able to benefit from inclusive education in mainstream schools that helps them become more resilient.

We will focus on forward investment in preventative services in the strategic growth sites and new communities across the county to avoid high demand on services and the tendency for needs to escalate rapidly in this environment. This approach recognises that new communities will incur a cost on the Council; early investment during the formation of a new community will have the ability to limit the scale of these costs in the long term.

**We will improve our use of digital technology, analysis and use of data to better plan, target and commission support**

We will work with partners to improve how we use digital technology to support intelligence gathering and analysis of data. This will be used to provide information and guidance, to help people to support themselves and make use of the networks of support available to them before reaching crisis points. Working in this way will also help us to identify individuals or communities who are at risk or who might be flagged to the voluntary and community sectors as potentially in need of support.

**We will change the way that people can access our services in order to ensure a timely response to need.**

One of the key ways in which demand for services can be managed is by changing the way in which people make contact with us. Our current approach is process-driven and has the effect of pulling people into contact with our services. We will make changes to enhance the role of our first points of contact to enable them to have deeper, strengths-based conversations with people to help them to identify alternative sources of support and help from their own networks of support, from partner organisations, from voluntary agencies and from within their communities, rather than assuming that a social care package is the most appropriate solution in all occasions.

We will transform the information, advice and guidance people receive when they contact our services, so as to focus on the support available within their relationships and the networks available to them.

## **How we will achieve our vision: A focused approach to long term and high cost support**

**Where people need our most specialist and intensive services, we will support them and strive to make sure that the support provided improves the both quality of their life and is cost effective.**

**We will also significantly reduce the cost of provision for those people who need long term support and/or where it is not possible to prevent their need.**

### **What is the current situation?**

Specialist services are costly and often represent a long term commitment. The current most expensive 25% of adult social care packages (2200 packages) cost £97m per year, or 70% of the total committed budget. In children's services, the top 25% (140 packages) cost £13m per year, or 50% of the total committed budget (not including any transport budgets). We need to make sure that the support people receive makes the most efficient use of available resources and achieves the best long term outcomes for those who use them.

Small scale improvements are already being made to consider more sustainable longer term solutions for people who use these services and to reduce spend on the support provided. These include making efficiencies to administrative practice, bulk purchase based on identification of common elements of support, concentrated use of short-term or community based support to reduce long-term support, and lump sum spending, for example making substantial changes to someone's parental home to enable them to live with their support for longer.

We will increase the focus on both improving the long term planning for those in receipt of these services and reducing the cost of the specialist support people receive.

### **What will be different by 2020?**

**We will reduce the amount of budget required to support people with high levels of need by working creatively and intensively in the short term to reduce long-term and ongoing needs.**

**By 2020, our resource will be focused on long term planning with people who requirespecialist, high cost supportto maximise their independence, family and community support, and to minimise the need for formal support provision over their lifetime.We will put more people in control of their care and use of the personal budgets available to them, focusing on independence and progression.**

- We will encourage and expect flexibility and creativity from our professional workforce as to how long people's long term care needs

are met. Budget holding professionals will be expected to make decisions on the basis of the lifetime costs of support for individuals and what can be done early on to reduce that cost over the longer term.

- We will deploy our budgets flexibly and creatively to support the delivery of flexible and creative support plans. This will move us away from purchasing only traditional 'care packages' or 'placements' and towards funding the most cost-effective support plan – whatever it might be.
- We will devolve budgets as much as possible to service users and front line staff, increasing awareness of individual spend and building the opportunity to consider a different approach to reduce long term spend with lump sum upfront funding if required.
- We will put resource into facilitating discussions with the market to provide some of the creative solutions to support people.
- Our services will support people across all ages, so that we work with those open to our services as a child to minimise the need for formal support provision over their lifetime.
- We will review our high cost packages on an ongoing basis, considering where spend has been reduced and the impact that this has had on outcomes for the service user.

This requires a significant change for our workforce and we will develop a five year workforce strategy to support this change. Our workforce will need to be more tolerant of risk and opt for efficient solutions in independence planning, including a focus on good enough recovery and/or progression and increasing the frequency of reviews. This is set out in more detail in a subsequent chapter of this strategy.

### Placements for Looked After Children

We will use the budget to fund support for Looked After Children much more flexibly and creatively in future to meet needs at a lower cost. This means that we will spend significant sums of money on things which are not traditional 'placements', but which allow us to support children at much lower overall cost. This might include funding more support workers to work with families frequently (i.e. once a day, or every other day) to avoid spending thousands of pounds a week on a residential placement. It will include a different approach to budgeting on a multi-agency basis and costing the alternative support-at-home package elements. This flexible approach will be expanded to include the support for children who are being worked with in our Children's Social Care Units or within specialist services, where we see their circumstances deteriorating and need(s) increasing, to avoid a high cost placement.

This change will be delivered by small groups of staff who will undertake detailed work on specific plans for children to provide the evidence that we have tried to manage the situation within normal resources, that if we don't act the child will shortly require an expensive placement, and that the alternative arrangement proposed would be significantly cheaper and better.

#### People with a physical or learning disability

We will change the way that the needs of disabled children and adults are met. For people with disabilities we will model the significant cost of support which will accrue over the lifetime and our work will be focused on re-profiling that spend to provide greater support up-front to reduce ongoing needs. The Disabled Facilities Grant already provides a source of upfront funding to help make life more manageable in the long run. We want to build on and expand this concept, for example, considering whether a house move or major capital works to a family home would allow the family to live much more independently thereafter or whether dedicated support for a period could help people gain the confidence to travel independently, live independently, succeed in employment, make connections in their local community or develop other skills which improve quality of life and reduce ongoing care needs. We would consider commissioning this kind of help by outcomes inviting external providers to take up the challenge of working with families to increase their independence.

We will operate an all age lifecourse disability arrangement to both improve outcomes for people and improve efficiency. Very many of the adults with disabilities supported by adult social care services were previously supported by children's SEND services, and so it is vital that we help children and families plan for their later lives and anticipate the different support they will receive in adulthood. This means starting preparation for adulthood work much earlier than we do at present. In line with our new statutory duties around Education, Health and Care Plans, it also means bringing the education, health (for both children and adults) and social care (for both children and adults) services better together with the family and the child or young person when we are making a support plan.

Our services for people who meet statutory thresholds for support will also be closely integrated with the early help offer described above in locality teams. This means people with a physical or learning disability should expect a school close to them to be able to support their education, to access activities and facilities in their community, and to have a progressive outcome-focused plan focused on increasing their independence.

#### Support for frail older people

We will meet the needs of older people through more creative and alternative arrangements which reduce reliance on residential provision in particular. For example, we are exploring the *Shared Lives* model for older people which will place people with carers (usually retired social care or health staff) who provide care in their own homes.

We will help people to make the right sustainable choices about where they live. The growth in the population of older people is not being caused by migration, but rather by predictions about the number of people who will remain living in their family homes in, for example, villages in rural Huntingdonshire and South Cambridgeshire. We know that living in appropriate housing can help to minimise needs as people grow older. So we need to make sure that for people who are choosing to, there is an attractive and high quality option for moving house that allows their future needs to be met and fits with their lifestyle and plans for their retirement. We also need to make sure that housing discussions are based on a flexible set of accommodation options, ranging from appropriate housing for those without care needs to temporary accommodation for some and higher need permanent accommodation for others.

We will work with partners in housing, health services and the commercial sector to make sure that a wide range of suitable housing options are available and if necessary built. We will make sure that adaptations or repairs that prevent care needs developing or deteriorating are accessible and used appropriately. We will combine information with these partners to ensure that development work we do is guided by evidence about what demand for services there is likely to be in the future and where we can support the market to develop solutions. This is likely to result in mixed developments containing residential care provision, extra care and other specialist accommodation, and more general housing that is built to an appropriate standard to support people to live independently for longer. These developments will be combined with new communities where it is sensible; but we will make the most use of public sector assets wherever we can as it could also provide an income to offset the need for further savings elsewhere.

#### *Home to School Transport (to both mainstream and special schools)*

We have considerable pressures to our budget in delivering our statutory requirement to provide Home to School transport for children and young people to mainstream and special schools. We will reduce this spend over the next five years, whilst fulfilling our statutory obligations.

We will change the way we contract home to school transport, tendering by outcome rather than output. Where it could result in a better value service, e.g. one that incorporates after school activities, we will encourage schools to take on responsibility for procuring their own transport funded by the Local Authority on the basis of a fixed fee per pupil. We will review different forms of provision, including direct provision by the Council and/or looking to better integrate home to school transport resources with community transport.

The expectations of parents will need to change, particularly where children are transported in cost intensive taxis, sometimes individually. Families will be given the freedom to make their own decisions about how best to get their children to and from school through the provision of Personal Transport Budgets that can be used to pay for car travel, public transport, sharing travel with other parents or wider family networks or overcoming barriers that have

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prevented them from accompanying their children to school such as childcare for younger siblings.

We will extend the distances that children and young people will be expected to walk to pick up points so that they are in line with national statutory guidance and we will make routes safe for walking so that funding can be withdrawn.

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## **How we will achieve our vision: We will work in partnership to transform support for people**

Across Cambridgeshire, there is a long record of organisations developing integrated services for children, young people, families, adults and older people. There is much progress to build on and further challenges ahead to build a more sustainable system of services to best support people and reduce demand on high cost services.

It is important to recognise the diverse range of organisations that impact on outcomes for children, families, adults and older people in Cambridgeshire, alongside the critical role for District and City Councils, housing providers, the voluntary and community sector and a high level of dependence on the independent sector. This diversity and local experience suggests that developing an integrated system through functional integration, rather than through creating single organisational structures or one single pooled budget is the way forward. This becomes even more important when considering the challenges faced by all organisations of meeting the needs of a growing population with increasingly complex needs.

It is essential that when we think about how to improve outcomes for vulnerable people, we start from the perspective of the individual, family and community, rather than the perspective of organisational boundaries and specialist services. **A key organising principle is the need to develop our system of support services in a way that is based upon the real experiences and needs of vulnerable people and their families and carers, rather than on organisational arrangements.**

Cambridgeshire benefits from a diverse and well established voluntary and community sector varying from volunteer based organisations to organisations such as Care Network, Carers Trust and Age UK that provide direct services. These services and others already play a key role and could become a more explicit part of our planned system to prevent the need for involvement by specialist or statutory services. It is important to recognise how much of this happens already.

How we work with partners is often subject to market forces and the pressures we all face trying to respond to increased pressures in a time of budget reductions. However, we must develop a system based approach to improve outcomes for the residents of Cambridgeshire, which goes beyond the traditional models of developing integrated services.

### **Building on strong foundations**

Some examples of work already underway to achieve this are set out below. We need to continue these transformations – to scale and with partners – over the coming years.

*Integrating resource to support high demand or troubled families*

The Together for Families programme has led the way in developing new and more effective ways of working, especially where families have multiple and complex needs and support must be coordinated across teams, specialism and organisations. As set out in the Together for Families strategy, the key components of a Think Family approach are:

- 1. One Lead Professional** – to co-ordinate work with the family.
- 2. One thorough family assessment** – considers needs of the whole family, how the issues inter-relate and the wider context and relationships which surround presenting issues.
- 3. One overarching family support plan** – whilst we recognise that some agencies have to use a particular plan due to statutory requirements, there should be one overarching support plan managed by the Lead Professional and reviewed regularly with the family and professionals involved through team around the family meetings.
- 4. A team around the family** – professionals endeavour to ensure all relevant professionals are involved in their team around the family.
- 5. Limiting transfers of families between services** - one coordinated intervention is more effective than services taking it in turns. Transfers between teams consume time, energy and incur cost.
- 6. Commitment to putting family needs at the centre and overcoming professional difference** – professionals are open and reflective about their thinking and practices understand the perspective of other professionals to enable better multi-agency working.

*Integrating services to improve outcomes for older people*

As set out in the joint Older People's Strategy, the key features of an integrated system to improve outcomes for older people that we must continue to work towards are as below.

- 1. A series of community based programmes and support that help people to age healthily**
- 2. A recognised set of triggers of vulnerability which generate a planned response across the system**
- 3. A universal network helping older people and their families to find high quality information and advice**
- 4. An aligned set of outcomes for older people**
- 5. An integrated front door with an agreed principle of 'no wrong door'**
- 6. Shared assessment process, information sharing between health, social care and other key partners**
- 7. A shared tool that describes levels of vulnerability**
- 8. A locality based Multidisciplinary team approach (MDT)**
- 9. Co-located staff**
- 10. Joint commissioning and aligned financial incentives to deliver on outcomes**

### Partnerships with early years settings and schools

We will reduce the amount we currently spend on support for settings and schools over the next five years.

Our focus will be on preventing children and young people from attending failing or coasting schools and settings. Vulnerable children, more than their peers, need school to be a positive experience for them to support them to live independently of support services. Being in work, education or training is a good tool to prevent many people from needing our more costly services throughout their lifetime.

However, given the national changes in the role of the Council towards schools and settings, along with the required reductions to our budget, the way we work with the education sector to achieve this will continue to evolve.

We will increasingly support others to do things that we have previously done ourselves. For example, by 2020 we will give parents the knowledge and skills to successfully challenge settings and schools and will build the capacity of governing bodies so that they can more effectively hold schools to account. We will also support parents to be better able to support their child's learning.

By 2020, we will be facilitating and brokering (rather than providing) school to school support and school improvement initiatives to improve educational achievement. If provision can be delivered by someone else, then it should be, and if we can stop doing something without escalating medium and long term cost then we should. We will retain a range of provider services to support educational outcomes, but these will be fully traded and structured into arm's length vehicles rather than remaining as 'in-house' services if it is cost-effective to do so.

The financial system of school funding is an important part of our relationship with schools and significantly affects their capacity to develop education for vulnerable children. We already have arrangements where funding is devolved to clusters of schools to improve behaviour and attendance. By 2020, we will redesign the financial system that supports children and young people with Special Educational Needs and/or a Disability (SEND), so that the funding is in the hands of the schools wherever possible. This will mean that support for children and families should be available more quickly, preventing the escalation of need, and children are able to carry on living at home, local to their family and friends, and benefiting from the resilience that creates.

### Partnerships with business

We will shape the market to meet need and build effective coalitions between business, public services and society. We will consider ways to convene a broader dialogue about social responsibility, shared values and inclusive growth.

## **How we will achieve our vision: We will support our workforce to transform**

We will be clear with our workforce about how we will support them to transform the way they work over the next five years.

Our first priority is to further improve the quality of the workforce, supporting staff to hold and manage risk better without recourse to process. Ensuring a high quality workforce will support us to work in this different way to meet increasing need and expectations with reduced budget. To deliver this we are implementing a new recruitment and retention strategy to address the over-reliance on agency workers and ensure we employ and retain the high quality staff we need.

We are also continuing to change our expectations of the workforce through our focus on 'think family' or person-centred principles, which will move the workforce away from teams which focus narrowly on one need or client group and one way of work to a more flexible workforce able to understand and respond to people - their families and network of support - with a much greater variety of needs. This will mean breaking down professional boundaries and helping our workforce to consider, for example, how disability impacts on others in the family and interacts with other needs. Or, how we can ensure our work to keep children safe balances the absolute focus on child safety with an approach which also tackles the wider needs within families. We will develop a common skill set in the workforce across all age functions, recognising that the intervention may be different depending on need.

In addition, this common skill set will include:

- The ability to manage high levels of risk
- Financial management
- Analysis and assessment skills – with a view to working out what the key need is
- Solution and system focused
- Being innovative and resilient
- Ability to influence behaviour change

We will also make efficiencies to our support services within the Council and reduce our available spend on this over the next five years. This includes our back office, strategic and transformation support teams. As changes are implemented to our way of working over the next five years, the need for these functions should reduce over the same timeframe.

## **Appendix: Case studies to illustrate how support to children, families and adults will change by 2020**

It is important that people understand the likely impact of the changes set out within this strategy for the levels of support we will provide for people across Cambridgeshire. The change in the support we will provide by 2020 is exemplified in the examples below.

### **Support for a blind young woman wishing to be independent who is currently living with over-anxious parents**

Currently, this person might have had a significant ongoing care package involving several daily homecare visits. *However by 2020, our changed approach to support will allow us to respond differently. This might include:*

- Time-limited involvement with a focus on progression and independence for the young woman;
- Working with partners around the whole family such as housing provider, independent financial advice, specialist assessor;
- Looking at the 'assets' already around the family e.g. friends and involve them in the care plan; and
- Giving information and linking the family to local voluntary community groups and advocacy (community resilience) and the Carers Trust to develop a contingency plan (for emergencies if the parents can no longer provide care)

### **Support for an older woman who has had several hospital admissions due to falls and other complex health needs and suffers from recurring urinary tract infections.**

It is likely that we would currently support this person through a range of services to manage her needs and inevitable ongoing admissions to hospital. *However, by 2020 our changed approach to support will allow us to respond differently. This might include:*

- Provide brief, preventative continence support to help the woman manage the condition (or prevent occurring in first place) to avoid a larger social care package;
- Provide services as part of a multi-disciplinary team with health partners to avoid the need for support from multiple professionals;
- Commission any homecare on an outcomes basis – setting the goal for the provider to return the person to independence and so avoiding ongoing care costs; and
- Monitor through Assisted Technology to enable families and neighbours to know if she has fallen/ needs support meaning even some crisis situations can be managed independently.

### **A Looked After Child who has been through several disrupted placements.**

We would currently support this child or young person by finding placements with the few organisations that can support children with very complex and challenging needs. Such placements are rare and expensive. *However, by 2020 our changed approach to support will allow us to respond differently. This might include:*

- If it allows risk to be managed properly, to support the child to live at home with a risk management package that could involve workers visiting every day
- To enable the child to attend mainstream school that can offer the support they need; and
- To put together a strong and comprehensive plan that focuses on outcomes and is properly resourced.

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