

# Business Case

## A/R.7.110 Learning Disability - Joint Investment with Health Partners in rising demand

### Project Overview

<b>Project Title</b>	A/R.7.110 Learning Disability - Joint Investment with Health Partners in rising demand		
<b>Saving</b>	£500,000	<b>Business Planning Reference</b>	A/R.7.110
<b>Business Planning Brief Description</b>	The Council manages and delivers support for people with Learning Disabilities through the Learning Disability Partnership (LDP) – a joint multi-disciplinary service with our health partners. We are working with those partners to respond to the rising demand and level of need amongst people with learning disabilities. As such, the additional investment the County Council is making in disabled people (A/R.3.004) is expected to be matched by investment from the Clinical Commissioning Group.		
<b>Senior Responsible Officer</b>	Charlotte Black		

### Project Approach

#### Background

##### Why do we need to undertake this project?

In order to meet the eligible needs of all people with learning disabilities we need to invest additional funding to cope with rising demand. Analysis of needs within the cohort indicates that health needs and social care needs are both increasing and so we need to work with our partners to invest together to respond to the rising demand

##### What would happen if we did not complete this project?

Budget to meet eligible needs would be insufficient - this is a demand led budget and so we would incur an overspend - ultimately resulting in the need for reactive budget reductions and potentially service reductions elsewhere. If we do not ensure our major care budgets are at a sustainable position we would be forced to disinvest in preventative, early intervention services and other schemes which are of benefit to communities

#### Approach

##### Aims / Objectives

To ensure that sufficient investment is made by both the County Council and our health partners in meeting the needs of people with learning disabilities.

To ensure the LDP care budget is set at a realistic and sustainable level - allowing for all care needs to be met

##### Project Overview - What are we doing

The Council manages and delivers support for people with Learning Disabilities through the Learning Disability Partnership (LDP) – a joint multi-disciplinary service with our health partners. We are working with those partners to respond to the rising demand and level of need amongst people with learning disabilities. As such, the additional investment the County Council is making in disabled people (A/R.3.004 £1.7m in 2018/19) is expected to be matched by investment from the Clinical Commissioning Group to ensure people's health and social care needs are both met and that the health element of the increasing cost is reflected proportionally.

This will enable us to continue to deliver an integrated service to people with learning disabilities and their families and make best use of the total resource available. It is important to note that the figure of £500k investment from health is an estimate based on current identified trends rather than an agreed figure with health partners at this stage and so the final amount may vary.

#### **What assumptions have you made?**

At the moment the estimated investments for 2018/19 are based on the trends previously identified for 2017/18 in terms of service user numbers, levels of need and the split between health and social care funding within the cohort

#### **What constraints does the project face?**

This work has to be agreed in partnership with health colleagues - and therefore recognises the significant financial pressure within the NHS as well as existing social care pressures. The amount of investment is therefore constrained by the overall resource envelope open to the system in Cambridgeshire.

### **Delivery Options**

#### **Has an options and feasibility study been undertaken?**

### **Scope / Interdependencies**

#### **Scope**

##### **What is within scope?**

All service users supported within the Learning Disability Partnership - with the health funding being agreed for those who have identified health needs as well as social care needs.

##### **What is outside of scope?**

### **Project Dependencies**

#### **Title**

### **Cost and Savings**

See accompanying financial report

### **Non FinancialBenefits**

#### **Non Financial Benefits Summary**

### **Risks**

#### **Title**

Failure to agree investment with health partners

### **Project Impact**

#### **Community Impact Assessment**

##### **Who will be affected by this proposal?**

People with Learning Disabilities who have eligible social care and health needs and are supported by Learning Disability Partnership services

**What positive impacts are anticipated from this proposal?**

This additional investment will ensure we have sufficient budget available to meet all eligible needs - in particular for the health elements of care which are the financial responsibility of NHS partners

**What negative impacts are anticipated from this proposal?**

None anticipated for service users.

The need for investment will contribute to the financial pressure on the system.

**Are there other impacts which are more neutral?****Disproportionate impacts on specific groups with protected characteristics****Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

This proposal relates specifically to people with learning disabilities - and is intended to ensure they get the care they need by seeking additional investment from health partners to respond to the rising pattern of need.

# Business Case

## 6.115 Retendering for residential, supported living and homecare for people with learning disabilities 2017/18

### Project Overview

<b>Project Title</b>	6.115 Retendering for residential, supported living and homecare for people with learning disabilities 2017/18		
<b>Saving</b>	£100,000	<b>Business Planning Reference</b>	AR/ 6.115
<b>Business Planning Brief Description</b>	We expect to achieve savings through the retendering of our main homecare contracts. From November 2017, new domiciliary care commissioned will be on a new framework which we expect to lead to an average unit cost reduction linked to the introduction of a new ceiling cost.		
<b>Senior Responsible Officer</b>	Will Patten/Mubarak Darbar		

### Project Approach

#### Background

##### Why do we need to undertake this project?

This project is to achieve savings through the retendering of Home Care for clients with Learning Disabilities. This is attached to the wider retendering of Home Care contracts for all customers.

The project is already underway and new contracts will be issued in November 2017

##### What would happen if we did not complete this project?

Arrangements for sourcing an purchasing home care provision for clients would remain as-is and savings would not be realised

#### Approach

##### Aims / Objectives

To reduce the cost of Home Care for people with disabilities through new contracting arrangements

##### Project Overview - What are we doing

From November 2017, new domiciliary care commissioned for people with Learning Disabilities will be on a new framework. We therefore expect new domiciliary care commissioned after that point to be a certain amount cheaper than before.

Within the new contractual arrangements from November we are expecting a drop in unit cost due to the implementation of a ceiling cost of £16.22 per hour to deliver support.

By using the same contracting arrangements across all client groups in need of domiciliary care, we also expect there to be an expanded market in the longer term for the support, therefore bringing about a reduction in cost.

This work should generate a permanent saving over the twelve month period following the new framework starting. As it was mid-year when it commenced, 70k of the saving will be delivered in 2017/18, and 100k in 2018/19 (5 months' and 7 months' worth respectively).

As the work to deliver the saving will have happened by the start of 2018/19, we should be able to remove the 100k of domiciliary care budget from LD teams as budgets are prepared and achieve the saving from the start of the year.

#### **What assumptions have you made?**

The ceiling's that have been set for standard and specialist domiciliary care for LD customers are a price that providers will be able to bid at and that these ceilings will achieve the savings.

#### **What constraints does the project face?**

### **Delivery Options**

#### **Has an options and feasibility study been undertaken?**

### **Scope / Interdependencies**

#### **Scope**

##### **What is within scope?**

This proposal relates to contracts for services for people with learning disabilities.

##### **What is outside of scope?**

Other client groups such as older people and people with mental health needs are covered by separate contracts, not within the scope of this proposal

### **Project Dependencies**

#### **Title**

### **Cost and Savings**

See accompanying financial report

### **Non FinancialBenefits**

#### **Non Financial Benefits Summary**

### **Risks**

#### **Title**

### **Project Impact**

#### **Community Impact Assessment**

##### **Who will be affected by this proposal?**

This proposal relates to care for people with learning disabilities who have eligible social care needs. However the proposal focusses on the efficiency in the contracting process and so changes to the care people receive are not anticipated.

**What positive impacts are anticipated from this proposal?**

Review of current provisions and tender process. If financial efficiencies can be secured within contracts for provision then this will directly benefit social care service user who pay for their care – in part or in full – as they will need to contribute less as the overall cost will be reduced.

**What negative impacts are anticipated from this proposal?**

Whilst there are risks identified there are no current negative impacts.

**Are there other impacts which are more neutral?**

N/A

**Disproportionate impacts on specific groups with protected characteristics****Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

N/A

# Business Case

## A/R.6.111 Supporting people with physical disabilities and people with autism to live more independently

### Project Overview

<b>Project Title</b>	A/R.6.111 Supporting people with physical disabilities and people with autism to live more independently		
<b>Saving</b>	£440,000	<b>Business Planning Reference</b>	A/R.6.111
<b>Business Planning Brief Description</b>	This business case is the second year of a two-year process of reassessing Autistic Spectrum and Physically Disabled service-users. The focus of activity to achieve the savings will be on assessing and reassessing social care needs in the context of the Council's Transforming Lives Model. This is a three tier approach; Tier 1, helping people to help themselves, Tier 2, offering help when it is needed and Tier 3 the provision of statutory support service; the tiers are not exclusive of each other		
<b>Senior Responsible Officer</b>	Linda Mynott		

### Project Approach

#### Background

##### Why do we need to undertake this project?

This business case is the second year of a two-year process of reassessing Autistic Spectrum and Physically Disabled service-users. The focus of activity to achieve the savings will be on assessing and reassessing social care needs in the context of the Council's Transforming Lives Model. This is a three tier approach; Tier 1, helping people to help themselves, Tier 2, offering help when it is needed and Tier 3 the provision of statutory support services; the tiers are not exclusive of one another.

##### What would happen if we did not complete this project?

### Approach

#### Aims / Objectives

This assessment and re-assessment activity will reduce the care budget that is spent on support for people with physical disabilities and those on the autistic spectrum. Support that is currently commissioned for these service users can be divided into three areas:

- Residential and Nursing Home placements
- Supported living/24hour support in the community
- Domiciliary Care and activities

Support that is currently commissioned for these service users can be divided into three areas:

#### Project Overview - What are we doing

The Physical Disability and Adult and Autism Teams will review/reassess need where it is clear that a person could benefit from short and medium term goals to maximise their independence and where there is significant opportunity to meet personal care needs more cost effectively and/or to renegotiate support costs.

Practitioners will also seek community resources to negate/remove the need for long term statutory funding.

### What assumptions have you made?

- Transforming Lives Model of working produces the level of savings required
- Numbers of new users of the Physical Disability Service remains relatively static.
- Number of people entering the Adult and Autism Service is as expected to transfer from Children's Services.
- Income revenue is as predicted
- Staff retention
- Expansion of the Adult Early Help Team

### What constraints does the project face?

Reducing staffing costs and preventative services (contracts with Third Sector Organisations) have not been chosen as main options for delivering the required savings (although efficiencies have been found and set out in other Business Cases wherever possible).

A reduction in staffing would reduce the ability to work in a transformational way.

At this point it would be counterproductive to reduce contracts currently in place that are directly linked to prevention and avoiding/delaying the need for statutory service – specifically contracts supporting Carers and people on the Autistic Spectrum.

The only option that remains is therefore to manage demand for care budgets and ensure care plans meet people's needs at lowest possible cost.

In order to change the care provision made for service users we need to do a re-assessment of need and review the support plan – this is done in collaboration with service users, their families and involves independence advocacy where appropriate.

The review of the support plan can include the consideration of a range of options for meeting need, and cost-effectiveness can be the determining factor where options that meet need exist. In order to generate different options from those currently found in support plans, we need to work differently in line with the Transforming Lives model.

## Delivery Options

### Has an options and feasibility study been undertaken?

## Scope / Interdependencies

### Scope

#### What is within scope?

- All expenditure on meeting the needs of people with a Physical Disability, Autistic Spectrum and people who are vulnerable and deemed eligible for services.
- Contracts governing the provision of such services.
- The expansion of the Adult Early Help Team; phase 3,4 and 5
- Relevant policies and procedures about implementing savings or Transforming Lives.

#### What is outside of scope?

- Staffing costs
- The Double Up Care Project
- Contracts with providers offering preventative services



## Project Dependencies

Title
First Contact Project Group
Transforming Live and Care Act Board
The 'Double Up 'Care Project
Development of Reablement services
Adult Social Care Brokerage – Residential Home and Nursing Home and continued expansion to include Domiciliary Care
Retendering of ASC provider contracts

## Cost and Savings

See accompanying financial report

## Non FinancialBenefits

### Non Financial Benefits Summary

## Risks

Title
Spend on people with a Physical Disability in Cambridgeshire is already below the National average.
That there is not enough capacity in the team to do the reviews
Savings depend on doing follow up activity to identify and arrange alternative services
Some service users may challenge the package of support offered to them following a review to implement new policy.

## Project Impact

### Community Impact Assessment

#### Who will be affected by this proposal?

People with physical disabilities with eligible social care needs

#### What positive impacts are anticipated from this proposal?

As with all of our social work proposals, the focus is on supporting people to build on their strengths and live more independently – with a reduced reliance on formal care. Where people are identified as having eligible health needs and appropriate health funding is secured there may be a financial benefit to the individual as social care services are subject to contributions from service users – whereas health needs are provided free at the point of use as part of the National Health Service.

#### What negative impacts are anticipated from this proposal?

None are anticipated

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. Decisions about the best care plan and setting for an individual will of course always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and

making judgements about the level of independence and support required.

**Are there other impacts which are more neutral?**

**Disproportionate impacts on specific groups with protected characteristics**

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

# Business Case

## Increasing independence and resilience when meeting the needs of people with learning disabilities 2018/19 (A/R.6.114)

### Project Overview

<b>Project Title</b>	Increasing independence and resilience when meeting the needs of people with learning disabilities 2018/19 (A/R.6.114)		
<b>Saving</b>	£3,600,000	<b>Business Planning Reference</b>	A/R.6.114
<b>Business Planning Brief Description</b>	Continuing the existing programme of service user care reassessments which requires each person's care needs to be reassessed in line with the Transforming Lives model and with the revised policy framework. The programme identifies ways to meet their needs at reduced overall cost and with a stronger focus on promoting independence and a strengths based approach.		
<b>Senior Responsible Officer</b>	Claire Bruin		

### Project Approach

#### Background

##### Why do we need to undertake this project?

This saving is the full year effect of the existing reassessment work. The 500 highest cost placements for people with learning disabilities have been reassessed and this is the full year effect of the reassessment work that has taken place in 2017/18.

##### What would happen if we did not complete this project?

Some people with learning disabilities may be over-supported. Assistive technology may not be used to its full potential and some people with learning disabilities may be less independent than they could be.

### Approach

#### Aims / Objectives

Ensure that all placements for people with learning disabilities are appropriate to meet the needs of the people with learning disabilities and offer value for money for the Council.

#### Project Overview - What are we doing

Continuing the existing programme of service user care reassessments which requires each person's care needs to be reassessed in line with the Transforming Lives model and with the revised policy framework with a view to identifying ways to meet their needs at reduced overall cost and a stronger focus on promoting independence and a strengths based approach.

#### What assumptions have you made?

Savings are estimated based on an approximate £10k saving per case.

The saving for 18/19 is based on a set of assumptions about the phasing of the reassessment work - this is being monitored and may be subject to change.

#### What constraints does the project face?

The main constraint relates to the capacity of the team delivering the reassessment work. There have been a number of difficulties recruiting social workers to the team and this has affected the pace of delivery.

## Delivery Options

**Has an options and feasibility study been undertaken?**

## Scope / Interdependencies

### Scope

**What is within scope?**

Social care for people with learning disabilities.

**What is outside of scope?**

Care packages which have already been reassessed within the previous 6 months will not be looked at again through this programme of work.

## Project Dependencies

**Title**

Transforming Lives

PR000018 Reassessment Work 2017/18

## Cost and Savings

**See accompanying financial report**

## Non Financial Benefits

**Non Financial Benefits Summary**

## Risks

**Title**

## Project Impact

### Community Impact Assessment

**Who will be affected by this proposal?**

People with learning disabilities with eligible social care needs receiving a funded care package.

**What positive impacts are anticipated from this proposal?**

The intention is to meet people care needs whilst maximising their independence. The care model focusses on building on people's existing strengths, their natural support networks, the use of technology and new care models to meet needs.

Reducing the overall cost of care packages will also produce a financial benefit for people who contribute to the cost of their own care (in full or in part). Social care costs can be substantial for families and so making

care more cost effective can produce very significant financial benefits for families.

**What negative impacts are anticipated from this proposal?**

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. Decisions about the best care setting for an individual will always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.

**Are there other impacts which are more neutral?**

**Disproportionate impacts on specific groups with protected characteristics**

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

# Business Case

## A/R.6.129 - Russell Street Learning Disability Provision Re-design 2018-19

### Project Overview

<b>Project Title</b>	A/R.6.129 - Russell Street Learning Disability Provision Re-design 2018-19		
<b>Saving</b>	£70,000	<b>Business Planning Reference</b>	A/R.6.129
<b>Business Planning Brief Description</b>	Provide the existing permanent residential provision through an external provider as a supported living project and develop a traded in-house service that can respond to immediate needs for carer and support using the vacated residential provision. This will support the work to move people from 'out of county placements' back into Cambridgeshire bringing them closer to family and friends.		
<b>Senior Responsible Officer</b>	Claire Bruin		

### Project Approach

#### Background

##### Why do we need to undertake this project?

There is a lack of emergency or interim provision for people with learning disabilities within Cambridgeshire. The existing out of area placements project A/R.6.127 will require moving people with learning disabilities and complex needs back into Cambridgeshire, where appropriate. Having a service in Cambridgeshire to provide interim support will enable the flexibility needed to support people to move back into Cambridgeshire and closer to their existing networks of support.

##### What would happen if we did not complete this project?

The overarching savings programme for adults with learning disabilities may not be delivered. In particular, we may not be able to move people with learning disabilities back into Cambridgeshire when it would be beneficial and more cost-effective to do so.

#### Approach

##### Aims / Objectives

The overarching aim of this work is to ensure that our in house service at Russell Street is operating as efficiently as possible and is providing the right sort of provision to support our strategic direction for people with learning disabilities.

The secondary aim of this work is to support people placed out of Cambridgeshire to move back into Cambridgeshire as smoothly as possible. This will involve reshaping the existing provision to provide interim support for people moving back into Cambridgeshire.

##### Project Overview - What are we doing

The expectation is that we will provide the existing permanent residential provision through an external provider as a supported living project. This will be done through mini-competition through the existing Supported Living Framework for both the care and the home. This will release capacity in our in house service

as well as providing some cost savings through the 'hotel' costs for the existing residential provision.

The released capacity in our in house services and the vacated residential service will be used to respond to immediate care needs as well as providing interim support for people returning to Cambridgeshire.

#### What assumptions have you made?

- There is an external provider who will take on the existing residential service at Russell Street through a Supported Living model.
- There is an appropriate property near enough to Russell Street to enable transfer of the residential service to a supported living model.
- There will be sufficient interim and immediate demand to necessitate a dedicated service.
- The in house team will be able to meet the interim and immediate demand that is created.

#### What constraints does the project face?

There will need to be a procurement process to obtain an external provider to take on the residential service as a supported living project.

Once the capacity has been released for interim and immediate care, the work to bring people back from outside Cambridgeshire will provide a significant proportion of the demand. If that work has not proceeded at pace, there may not be sufficient demand for the service.

#### Delivery Options

Has an options and feasibility study been undertaken?

#### Scope / Interdependencies

##### Scope

What is within scope?

What is outside of scope?

#### Project Dependencies

##### Title

A/R.6.127 - Care in Cambridgeshire for people with learning disabilities

#### Cost and Savings

See accompanying financial report

#### Non Financial Benefits

Non Financial Benefits Summary

#### Risks

##### Title

Lack of suitable property.

Lack of financially viable setting costs.

Lack of demand for the service

## Project Impact

### Community Impact Assessment

#### Who will be affected by this proposal?

People with learning disabilities living at the Russell Street residential scheme.

People with learning disabilities returning to Cambridgeshire through the work from A/R.6.127

People with learning disabilities with immediate care needs.

Providers of supported living services in Cambridgeshire.

Parents/carers of the above groups of service users.

#### What positive impacts are anticipated from this proposal?

- Provide a provision which that can support the process of service users returning to county from out of county placements ensuring the service users are closer to their existing networks of support.
- Offer a transitional setting for services users to enable progression towards independence.
- Parent/carers are able to visit and support people with learning disabilities more easily.

#### What negative impacts are anticipated from this proposal?

There may be some disruption for the existing service users at the residential provision in Russell Street. This is likely to be short-lived and there will support available to mitigate any negative effects.

#### Are there other impacts which are more neutral?

N/A

### Disproportionate impacts on specific groups with protected characteristics

#### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

This is a project focused on people with learning disabilities, therefore people with learning disabilities are likely to be disproportionately impacted. The overall impact is expected to be positive for this group.



# Business Case

## BP - Learning Disability - Converting Residential Provision to Supported Living

### Project Overview

<b>Project Title</b>	BP - Learning Disability - Converting Residential Provision to Supported Living		
<b>Saving</b>	£694,000	<b>Business Planning Reference</b>	A/R.6.126
<b>Business Planning Brief Description</b>	The opportunity has been identified to work with providers of residential care and to consider whether any individuals they support could have their needs met by supported living arrangements instead of residential care. Where this is the case we will work with the providers to convert the provision from residential to supported living. This approach can be beneficial for all parties with a lower cost of care for providers and commissioners and service users holding their own tenancies and having access to additional flexible income as a result of changes to benefit entitlements.		
<b>Senior Responsible Officer</b>	Mubarak Darbar - PAT Team Lead Tracey Gurney - LDP Head of Service Claire Bruin - Director of Adult Social Care		

### Project Approach

#### Background

##### Why do we need to undertake this project?

Savings identified leading to better outcomes for people with learning disabilities.

##### What would happen if we did not complete this project?

Savings would not be achieved.

### Approach

#### Aims / Objectives

Aims are as follows;

- 8 services to convert from residential to supported living.
- Financial benefits to the council as housing costs are met through housing benefit.
- Social benefits for people as they can hold their own tenancies, enabling them to have better control over the support they receive.

#### Project Overview - What are we doing

We are identifying existing residential care provision where there is potential to work with the provider and the service users to convert the model to supported living settings.

There is a staged process for each provider

- initial service viewing.

- initial benefits estimates
- reassessments of service users
- negotiation with out of area commissioners.
- families meeting takes place.
- financials are finalised.
- feedback requested by families.
- submit de-registration plan to CQC.

#### What assumptions have you made?

1. Providers/Service users/Families are in agreement in principle with this idea.
2. Assumption is that our calculations are correct in that this is better value for council.
3. OOA commissioners will be in agreement.
4. CQC will be in support of the de-registration plans.
5. All 8 services can be de-registered by the end of the year.

#### What constraints does the project face?

1. There is no potential to extend the project.
2. Dependent upon unanimous agreement from Service Users/Families/providers.

### Delivery Options

#### Has an options and feasibility study been undertaken?

### Scope / Interdependencies

#### Scope

##### What is within scope?

8 residential units identified as potentially suitable are in scope at this stage.

##### What is outside of scope?

### Project Dependencies

#### Title

### Cost and Savings

#### See accompanying financial report

### Non FinancialBenefits

#### Non Financial Benefits Summary

### Risks

#### Title

### Project Impact

#### Community Impact Assessment

#### Who will be affected by this proposal?

People with learning disabilities currently living in residential settings.

**What positive impacts are anticipated from this proposal?**

The model of supported living will be more focused on empowerment and independence and choice and control than residential provision

In most cases service users will experience a positive financial impact as benefit entitlements will change meaning they will have improved disposable income.

Supported living arrangements also offer service users greater security of tenure, in residential settings providers are only obligated to offer 28 days notice if they want to end the offer of a place – whereas in supported living the tenure is significantly more secure.

**What negative impacts are anticipated from this proposal?**

No negative impacts are envisaged

**Are there other impacts which are more neutral?**

**Disproportionate impacts on specific groups with protected characteristics**

**Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

# Business Case

## Learning Disabilities – Out of Area Placements 2018/19 (A/R 6.127)

### Project Overview

<b>Project Title</b>	Learning Disabilities – Out of Area Placements 2018/19 (A/R 6.127)		
<b>Saving</b>	£315,000	<b>Business Planning Reference</b>	A/R.6.127
<b>Business Planning Brief Description</b>	This will enable people with learning disabilities who have been placed 'out of county' to move closer to their family by identifying an alternative placement which is closer to home. This will not only reduce cost but will also mean that it is easier for family and friends to visit and supports the Council's commitment to build on assets and take strengths based approach. This will be approached on a case by case basis and will involve close work with the family and the person we support.		
<b>Senior Responsible Officer</b>	Mubarak Darbar - to March 2018 - PAT team lead Tracy Gurney - LDP Head of Service Claire Bruin - Director of Adult Social Care		

### Project Approach

#### Background

##### Why do we need to undertake this project?

The programme of work will achieve improved outcomes for people with learning disabilities and financial efficiency for the local authority by identifying and providing suitable care arrangements in Cambridgeshire for people who are currently living in other counties.

The work programme will achieve 2 outcomes:

1. A comprehensive review of all current out of area placements and a managed programme to organise care in Cambridgeshire where it is in service users' best interests and in line with their wishes.
2. A strategic commissioning review of the sufficiency of care provision in Cambridgeshire now and in the future – and plan to create the additional capacity and improved commissioning processes we will need to minimise the number of new out of area placements in future.

##### What would happen if we did not complete this project?

If this project were not completed, increasing numbers of people with learning disabilities would be placed out of county at a distance from their existing networks of support and potentially at an increased cost for the Council.

#### Approach

##### Aims / Objectives

1. A comprehensive review of all current out of area placements and a managed programme to organise care in Cambridgeshire where it is in service users' best interests and in line with their wishes.
2. A strategic commissioning review of the sufficiency of care provision in Cambridgeshire now and in the future – and plan to create the additional capacity and improved commissioning processes we will need to minimise the number of new out of area placements in future.

##### Project Overview - What are we doing

The request is for investment from the Transformation Fund for two social worker posts for a 12 month period to a total cost of £120k. The work required to achieve the savings is equivalent to two social worker posts for 12 months, but the funding will be used flexibly to achieve savings. The expectation is that the funding will be front loaded to achieve pace in delivering the savings. The overall saving to be achieved is £373k. £60k of the savings achieved through this project will be reinvested on an ongoing basis to provide brokerage support to the Learning Disability Partnership, initially to support this work and then to provide ongoing business as usual brokerage support. Therefore the net saving for 2018/19 is £313k.

It is not necessarily appropriate for every person placed out of county to be brought back to Cambridgeshire. Of the 130 existing people with learning disabilities living out of area 27 have been identified where it would be beneficial for them to move back to Cambridgeshire. There are a further 35 people where more work is required to identify if a move back to Cambridgeshire would be beneficial.

#### **What assumptions have you made?**

The savings identified against this bid are based on the following assumptions:

- a) 5 people will be moved into Glebe Farm by April 2018, a new service being built by Kingsley Healthcare. This cohort is already identified and waiting on the service to be built.
- b) 31 additional people with a variety of sizes of care packages and a confidence level of 50% will be moved back in Cambridgeshire. This is modelled on extending the existing cohort of people identified to move back to Cambridgeshire. The saving modelled is a full year effect, however the introduction of the 50% confidence level will allow account for some slippage relating to timing.

#### **What constraints does the project face?**

Risks and mitigation relating to this saving are therefore:

- a) The Glebe Farm cohort are unable to move in before April 2018. This risk is being mitigated by close communication with Kingsley Healthcare to ensure that we have the most up to date information regarding their service development.
- b) 31 additional people are not able to be moved back into county. This risk is being mitigated by identifying dedicated social workers to work on this. This will enable the social workers to progress conversations with the existing provision, family and advocates at pace to support the move back into county.
- c) There is insufficient provision in county to meet the needs of those moving back to county. This is being mitigated by the reinvestment of some of the saving into 2 people dedicated to brokerage, providing additional capacity in service development and negotiation to meet the needs of those moving back to county.
- d) People are moved back into county but there are fewer savings delivered than anticipated. This will be mitigated by the regular review and re-modelling of the savings to be delivered from the identified cases. The current modelling is based on a conservative estimate of the number of people that can be moved back into county combined with a challenging target for the amount of savings to be delivered from each case. Combined with the confidence level of 50%, this means that there is sufficient flexibility in the modelling for the savings to be delivered even if not necessarily from the originally anticipated people.
- e) There is a risk that savings may be delayed if a number of the cases need to go to Court of Protection. The mitigation for this risk is frontloading the social workers' time to identify cases that may need to go to Court of Protection quickly so that the delay can be minimized.

### **Delivery Options**

#### **Has an options and feasibility study been undertaken?**

See Documents section as above.

### **Scope / Interdependencies**

#### **Scope**

#### **What is within scope?**

What is outside of scope?
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<b>Project Dependencies</b>
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Title
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<b>Cost and Savings</b>
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See accompanying financial report
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<b>Non FinancialBenefits</b>
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Non Financial Benefits Summary
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<b>Risks</b>
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Title
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<b>Project Impact</b>
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<b>Community Impact Assessment</b>
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<b>Who will be affected by this proposal?</b>
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People with learning disabilities placed out of county  
Parent/carers and support networks of people with learning disabilities  
Providers for people with learning disabilities both in and out of county

<b>What positive impacts are anticipated from this proposal?</b>
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People with learning disabilities who it is appropriate to move back into county will be closer to their existing support networks which is associated with better outcomes.

Parent/carers will no longer need to travel significant distances to visit service users.

People with learning disabilities who it is not appropriate to bring back into Cambridgeshire will have a detailed reassessment to ensure that their current placement is meeting their needs.

<b>What negative impacts are anticipated from this proposal?</b>
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There will potentially be some minor disruption in some services due to people moving in or out. This will not be of a greater magnitude than the normal disruption caused by placement moves.

<b>Are there other impacts which are more neutral?</b>
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N/A

<b>Disproportionate impacts on specific groups with protected characteristics</b>
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<b>Details of Disproportionate Impacts on protected characteristics and how these will be addressed</b>
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The project is focused on people with learning disabilities, therefore there will be a disproportionate impact on people with learning disabilities. The impact is expected to be positive.

# Business Case

## A/R.6.132 Mental Health Demand Management

### Project Overview

Project Title	A/R.6.132 Mental Health Demand Management		
Saving	£400,000	Business Planning Reference	A/R 6.132
Business Planning Brief Description	We are working closely with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to transform the social care offer for adults and older people with mental health needs. Savings totaling an estimated £400k are anticipated from a range of approaches, include demand management, staffing restructures, strategic commissioning and the use of technology		
Senior Responsible Officer	Charlotte Black		

### Project Approach

#### Background

##### Why do we need to undertake this project?

This work is being delivered to respond to the financial challenge facing the local authority which means we need to deliver multi-million pound savings from all parts of the business. In order to deliver financial savings whilst continuing to improve outcomes for service users our approach is based around

- Investing in our services to transform them, delivering better outcomes and constrained demand
- Transforming the way we work – making improvements to how we manage our business, our people and our money
- Better managing the contracts we have with suppliers and external providers
- Developing new and deeper partnerships – bringing benefits for all

##### What would happen if we did not complete this project?

We would not deliver the financial savings associated. Ultimately if the County Council is unable to identify sufficient transformation schemes to address the funding gap then it would have to make reactive decisions to reduce services or raise thresholds.

#### Approach

##### Aims / Objectives

To deliver financial savings to the local authority - working estimate of £400k in 2018/19

To drive efficiency savings from externally commissioned care contracts

To increase the use of assistive technology amongst people with mental health needs - supporting them to live and recover more independently and reducing care costs

To secure efficiency savings from within the staffing model at Cambridgeshire and Peterborough NHS Foundation Trust

##### Project Overview - What are we doing

We are working closely with the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) to transform the social care offer for adults and older people with mental health needs. Savings totalling an estimated

£400k are anticipated from a range of approaches.

There is a focus on strategic commissioning of external providers with savings anticipated from the re-tender of a major supported accommodation contract and of domiciliary care.

Through 2018/19 we are looking to significantly increase the use of assistive technology for service users with mental health needs – reducing the cost of care packages.

We are continuing to invest in the range of community based support models for people with mental health needs – helping people to remain living in their own home or a community setting whilst they get support – and reducing the reliance on costly residential and in-patient settings. We are developing preventative services and integrating the vital support provided by the voluntary sector around community and specialist mental health services that will be delivered through the Recovery and Inclusion service. The business case for additional investment in an Integrated Primary Care Mental Health Service - including specialist mental health social workers is in development and is proposed to come forward for Transformation Funding - to support the delivery of the savings highlighted in this draft case

A range of internal efficiencies have been driven out as part of an ongoing restructure within CPFT – returning a saving to the Council.

#### **What assumptions have you made?**

#### **What constraints does the project face?**

There are some diminishing returns from approaches which have delivered savings in previous years - for example

Efficiencies from the residential and nursing home and care packages have been delivered for the previous 3 years and the scope is almost exhausted from this avenue

Additional investment in community-based models will be required if we want to continue to shift care away from in-patient settings to community-based service delivery

all service users will have been reviewed using appropriate funding tools to ensure health funding is appropriately apportioned - no little financial benefit likely from further reassessments

Social Care Service for people with mental health needs are provided on an integrated basis as part of the wider health and care system - therefore to achieve transformational change and drive out all benefits we need to work with our health partners and secure system wide change. For example if the number of admissions to in-patients settings could be reduced (by changing the support model and pathways) it would deliver reduced demand for ongoing social care - this goal is being pursued as joint action with the Clinical Commissioning Group but is not wholly within the gift of the Local Authority.

### **Delivery Options**

#### **Has an options and feasibility study been undertaken?**

### **Scope / Interdependencies**

#### **Scope**

#### **What is within scope?**

This proposal covers the totality of savings from mental health budgets - and so covers service users of working age in Adult Mental Health Services as well as older people with mental health needs age over 65



## What is outside of scope?

Children's mental health services are out of scope

## Project Dependencies

### Title

## Cost and Savings

See accompanying financial report

## Non Financial Benefits

### Non Financial Benefits Summary

## Risks

### Title

Uncertainty of demand-led budgets

## Project Impact

### Community Impact Assessment

#### Who will be affected by this proposal?

This project will impact on adults and older people with mental health needs who are eligible for adult social care support. It will also impact on the various practitioners within the Cambridgeshire and Peterborough NHS Foundation Trust who provide adult social care services

#### What positive impacts are anticipated from this proposal?

The use of assistive technology and development of community-based models of care will hopefully increase the proportion of service users who can continue to live at home or in community settings during and after their period of mental health support. By helping people to remain living in their own homes we can help them maintain relationships with family and friends, retain the confidence to cope with independent (or semi-independent) living and increase their chances of thriving after their period of treatment and support.

#### What negative impacts are anticipated from this proposal?

This proposal does not include any change in care thresholds or reduction in the commitment to meet eligible needs. However it does include the intention to make demand management savings by working with people in a way which supports them to be more independent of care services. It might therefore represent a less risk-averse model. The evidence suggest that service users living within the community and semi-independently supports better outcomes - with the community focus supporting effective recovery and a greater chance of them returning to good mental health sustained over the longer term. However living more independently does by definition mean that intensive help is not available as readily as it would be in a 24 hour setting for example. Decisions about the best care setting for an individual will of course always be made in the best interests of service users with social workers acting to identify the most appropriate care plan and making judgements about the level of independence and support required.

#### Are there other impacts which are more neutral?

We will hope to achieve efficiencies from the re-commissioning of external care contracts - this should not reduce care standards and quality.

## Disproportionate impacts on specific groups with protected characteristics

### Details of Disproportionate Impacts on protected characteristics and how these will be addressed



# Business Case

## Better Care Fund

### Project Overview

Project Title	Better Care Fund		
Saving	£7,200,000	Business Planning Reference	A/R.6.128
Business Planning Brief Description	The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system.		
Senior Responsible Officer			

### Project Approach

#### Background

##### Why do we need to undertake this project?

The Better Care Fund (BCF) is our joint plan with health partners aimed at providing better and more joined up health and care provision and easing financial and demand pressures in the system. Priority areas of focus are protecting frontline services, preventing avoidable admissions to hospital and ensuring people can leave hospital safely when their medical needs have been met. The Cambridgeshire BCF plan includes new schemes around preventing falls, increasing independence, investment in suitable housing for vulnerable people and enhanced intermediate care, Reablement and homecare for people leaving hospital. The Better Care Fund includes an element of funding intended to protect Adult Social Care services, as the revenue support grant has decreased and demand continues to increase. On this basis a proportion of the overall BCF spend is proposed to be taken to savings – helping avoid the need for any service reductions. Cambridgeshire and Peterborough's full BCF plan is contained within the papers for the Health and Wellbeing Board, available at [https://cmis.cambridgeshire.gov.uk/ccs\\_live/Committees/tabid/62/ctl/ViewCMIS\\_CommitteeDetails/mid/381/id/12/Default.aspx](https://cmis.cambridgeshire.gov.uk/ccs_live/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx)

##### What would happen if we did not complete this project?

### Cost and Savings

See accompanying financial report

### Non Financial Benefits

#### Non Financial Benefits Summary

### Risks

#### Title

### Project Impact

#### Community Impact Assessment

**Who will be affected by this proposal?**

See

[https://cmis.cambridgeshire.gov.uk/ccclive/Committees/tabid/62/ctl/ViewCMIS\\_CommitteeDetails/mid/381/id/12/Default.aspx](https://cmis.cambridgeshire.gov.uk/ccclive/Committees/tabid/62/ctl/ViewCMIS_CommitteeDetails/mid/381/id/12/Default.aspx)

**What positive impacts are anticipated from this proposal?****What negative impacts are anticipated from this proposal?****Are there other impacts which are more neutral?****Disproportionate impacts on specific groups with protected characteristics****Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

# Business Case

## Managing Demand in Older People's Services

### Project Overview

Project Title	Managing Demand in Older People's Services		
Saving	£1,000,000	Business Planning Reference	A/R.6.172
Business Planning Brief Description	Across Older People's Services we continue to invest with our partners in new service models which help us respond to the rising demand for care by supporting service users to retain and regain their independence.		
Senior Responsible Officer	Charlotte Black		

### Project Approach

#### Background

##### Why do we need to undertake this project?

We need to respond to the pattern of rising demand for care - driven in large part by the increasing number of older people in Cambridgeshire and the rising cost of care stemming from inflation and capacity shortages. If we do not change the way we meet people's needs, reduce the level of demand through effective preventative action and manage the cost of care package the budgets in social care will become unsustainable. An effective demand management strategy is therefore essential.

##### What would happen if we did not complete this project?

Ultimately if the cost of providing social care to older people and other client groups cannot be effectively controlled it would make the County Council's budget position unsustainable - leading to reactive reductions to services in order to balance the budget.

#### Approach

##### Aims / Objectives

To ensure we manage the level of demand for care in older people's services

To invest in new preventative and early intervention initiatives to help people remain more independent and live healthily in their own homes for longer

To secure financial savings for the local authority - without the need for service cuts or reductions

##### Project Overview - What are we doing

Across Older People's Services we continue to invest with our partners in new service models which help us respond to the rising demand for care by supporting service users to retain and regain their independence. The programme is succeeding – we have seen increasing numbers of people receiving a period of help but then returning to independence, the proportion of services users still living in their own homes rising rapidly, a decreased use of residential and nursing care and consistently strong feedback from service users about the quality of care. We expect to deliver further savings through demand management in 2018/19 of circa £1000k in total. We are working to further improve the Reablement Service offer, reaching more people in the community and improving the proportion leaving the service without ongoing care needs. We are continuing to expand the successful Adult Early Help provision, further widen our assistive technology offer, the use of community equipment and investment in housing related support. We are piloting the Neighbourhood Cares model which we hope will see a reduction in back office costs and reduce the need for high cost care

packages.

Through the Sustainability and Transformation Plan we are investing with our health partners in a range of key demand management initiatives. This includes a significantly enhanced falls prevention programme which will ease the demand for care driven by older people suffering injury as a result of a fall. This joint work is led via our Public Health teams and a range of social care and health partners and will deliver investment in:-

- Enhancement and expansion of strength and balance exercise provision
- Enhancement of the existing specialist Falls Prevention Health Trainer Service
- Strengthening Falls Prevention Delivery and Integration in the Community
- Development and implementation of Fracture Liaison Services (FLS) across all acute Trust areas
- Employment of Public Health Falls Prevention Coordinator

We are also working with STP partners to develop and implement a 'discharge to assess' approach which will enable people leaving hospital to have their needs assessed in the community. This is expected to reduce duplication and result in a more realistic care and support plan reflecting people's potential for independence.

### **What assumptions have you made?**

The modelling for the overall budget reduction is informed by the recent trends in service users numbers in the various client types and the average cost of care packages. There are also underlying assumptions about the impact of Reablement Services, analysis of the impact of Adult Early Help and modelling within the business case for the Falls Prevention Programme.

The estimated savings amount may change as a result of further modelling or if the trends in demand alter as the current financial year progresses.

### **What constraints does the project face?**

Work to address demand pressures in care for older people is constrained significantly by workforce challenges in recruiting to key roles – in particular social workers, reablement staff and homecare providers – all of which are in insufficient supply.

We are also operating in the context of a local health system which is under-substantial pressure – health and care services are working together strategically to address underpinning trends in demand – whilst also having to content with immediate financial pressures, peaks in demand pressure and shared workforce challenges.

## **Delivery Options**

**Has an options and feasibility study been undertaken?**

## **Scope / Interdependencies**

### **Scope**

**What is within scope?**

**What is outside of scope?**

## **Project Dependencies**

**Title**

## Cost and Savings

See accompanying financial report

## Non Financial Benefits

### Non Financial Benefits Summary

## Risks

### Title

Unexpected demand pressures

## Project Impact

### Community Impact Assessment

#### Who will be affected by this proposal?

This proposal relates to all service users supported by Older People's teams - in particular those with eligible needs for social care or where we are working with people to prevent needs escalating. The service age threshold is 65+, but the majority of service users are 80+.

#### What positive impacts are anticipated from this proposal?

Our social work strategy is based around supporting people to live as independently as possible for as long as possible. In this way we can reduce care costs whilst also securing better quality of life for service users. In particular we want to support people to remain living in their own homes for as long as possible and to receive support from their own network of natural support - rather than just a reliance on formal care provision.

This scheme is also about prevention - with the investment in the falls prevention programme in particular offering better preventative work which will reduce the number of people having falls, incurring injuries and losing quality of life as a result. All of our work is about building on individual strengths and community resilience to help people live happily and healthily for longer.

Where service users are paying for their own care (in part or in full) then our work to support a greater degree of independence will also have a direct financial benefit – for example if we can keep people in their own homes for longer rather than requiring residential care, or meet their needs with fewer daily care visits then the amount paid in contributions to the cost of care will be much lower – and the depletion of financial assets will be much slower.

#### What negative impacts are anticipated from this proposal?

There are no negative impacts envisaged and there is no change to the care threshold or service level associated with this saving. The proposal is about working with people in the right way, supporting their independence and acting preventatively.

Care packages will always be designed to meet needs and achieve positive outcomes for service users - but it is important to be clear that in some case this will lead to fewer hours of care being delivered or people being supported to live more independently. All of the evidence suggests that this approach is better for service users - but it is potentially less risk-averse and will represent a change for service users and families. We will work with them to address any concerns they might have about the ability of service users to cope with greater independence - ensuring that contingency plans are always in place and that advice is on hand if questions or concerns arise.

#### Are there other impacts which are more neutral?

## Disproportionate impacts on specific groups with protected characteristics

### Details of Disproportionate Impacts on protected characteristics and how these will be addressed

The above impacts relate specifically to older people - who are the focus on this proposal. The expectation is that our strategy will continue to lead to better outcomes and services for older people as well as financial savings to the local authority.



# Business Case

## A/R.6.143 Homecare re-tendering

### Project Overview

<b>Project Title</b>	A/R.6.143 Homecare re-tendering		
<b>Saving</b>	£306,000	<b>Business Planning Reference</b>	A/R 6.143
<b>Business Planning Brief Description</b>	Re-tendering of home care to develop the market through a number of best practice initiatives including the expansion of direct payments		
<b>Senior Responsible Officer</b>	Richard O'Driscoll - Lead Decision Maker  Claire Bruin		

### Project Approach

#### Background

##### Why do we need to undertake this project?

Cambridgeshire County Council's current Home and Community Support contract comes to an end in November 2017 and as a result the services need to be retendered to ensure continuity of services for Cambridgeshire residents.

Home and community services are currently procured separately for the disciplines of Older People, Physical disability, Learning Disability, Children's and Mental Health Services. This has resulted in some capacity issues for some disciplines and some geographical areas. To address these deficits, create efficiencies and for increased synergy across all service areas a new home and community support contract will be introduced. We aim to improve service availability, user choice, flexibility of provision and further prevent delays in the provision of homecare.

##### What would happen if we did not complete this project?

Without this project we would not have a home and community support service contract in place from November 2017. The current capacity issues would remain and efficiencies would not be delivered.

#### Approach

##### Aims / Objectives

1. To jointly procure home and community support services across Cambridgeshire for children, adults with physical and learning disabilities, older people and people with a mental health need.
2. To improve the availability and flexibility of home care services, whilst ensuring that we maintain a high quality service.
3. Deliver an efficient and cost effective homecare service - effective pricing structure to be implemented, savings achieved and capacity increased.
4. To commence the transition towards an outcomes based approach to commissioning home and community support services for Cambridgeshire citizens.

##### Project Overview - What are we doing

This project will be responsible for delivering the Home and Community Support contracts for:

- Cambridgeshire County Council Children's Social Care
- Cambridgeshire County Council Learning Disability Partnership
- Cambridgeshire County Council Older People and People with a Physical Disability
- CCG Children's Continuing Healthcare (CHC)
- Cambridgeshire County Council Adult Mental Health Services

Work will include:

- Consultation with home care users, community groups and care providers to ask about their views of home care services.
- Development of a new specification for home and community support.
- Financial modelling to provide effective pricing structures.
- Competitive tendering process for homecare services. Providers will be selected on the basis of quality, CQC rating, cost, capacity and ability to meet current and future service requirements.
- Introduction of a procurement model called Dynamic Purchasing system (DPS) which allows successful providers to bid for individual packages of work. As part of this procurement model the Council needs to implement a system capable of advertising care packages, receiving provider's bids and awarding work.
- Development of homecare brokerage service
- Communication and engagement with providers, service users and stakeholders
- Workforce development - to develop the County Council's strategic position and response to supporting the development of the homecare workforce.
- Development of an outcome focused approach
- Rationalisation of CCC and CHC discharge cars

#### **What assumptions have you made?**

We will not be progressing a joint tender process with Peterborough City Council.

Peterborough and Cambridgeshire CCG Continuing Healthcare services will be included in the tender process

#### **What constraints does the project face?**

Recruitment and retention is an ongoing challenge for this sector. A further and specific challenge for the homecare workforce is the impact of Brexit and potential effect on recruitment.

Risk of reduced resources / changes to resources and structures as a result of internal changes (e.g. Corporate Capacity Review, LGSS, Children's Change Programme, CCG changes)

County Council IT systems are currently unable to support outcome based payment models

### **Delivery Options**

**Has an options and feasibility study been undertaken?**

### **Scope / Interdependencies**

#### **Scope**

**What is within scope?**

Home & community support across Older People, Learning Disability Services, Children's services, services for

people with a physical disability and people with a mental health need and for CCG Children's Continuing Healthcare.

#### **What is outside of scope?**

Arrangements at Peterborough City Council

### **Project Dependencies**

#### **Title**

Development of centralised brokerage

### **Cost and Savings**

See accompanying financial report

### **Non Financial Benefits**

#### **Non Financial Benefits Summary**

Increased synergy across service areas.

Improved service availability, user choice and flexibility of provision

Prevent delays in the provision of homecare.

Increased homecare capacity

### **Risks**

#### **Title**

Reduced resources

Risk of successful post award challenge

Current provider failure

CHC providers not meeting standards/quality

Brokerage Service is not in place and operational by 1 November 2017

### **Project Impact**

#### **Community Impact Assessment**

##### **Who will be affected by this proposal?**

Homecare users, carers and providers across Cambridgeshire

##### **What positive impacts are anticipated from this proposal?**

We aim to improve service availability, user choice, flexibility of provision and further prevent delays in the provision of homecare.

##### **What negative impacts are anticipated from this proposal?**

Service users may experience a change in carer.

##### **Are there other impacts which are more neutral?**

#### **Disproportionate impacts on specific groups with protected characteristics**

##### **Details of Disproportionate Impacts on protected characteristics and how these will be addressed**

