

# ADULTS COMMITTEE



**Date: Thursday, 08 March 2018**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law and Governance

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

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

## AGENDA

Open to Public and Press

### CONSTITUTIONAL MATTERS

**1 Apologies for absence and declarations of interest**

*Guidance on declaring interests is available at*

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

**2 Minutes – 11 January 2018 and Action Log**

**5 - 16**

**3 Petitions**

### KEY DECISIONS

**4 Joint Commissioning of Floating Support Service**

**17 - 22**

**5 Procurement of care and support services in extra care schemes**

**23 - 28**

<b>6</b>	<b>Procurement of Visiting Support Service for Older People</b>	<b>29 - 34</b>
<b>7</b>	<b>Mental Health Recovery and Community Inclusion Service</b>	<b>35 - 42</b>
<b>OTHER DECISIONS</b>		
<b>8</b>	<b>Finance and Performance Report – January 2018</b>	<b>43 - 98</b>
<b>9</b>	<b>The Cambridgeshire and Peterborough NHS Foundation Trust mid-year report 2017-18 on the delivery of the Council’s delegated duties for people over 18 years with mental health needs</b>	<b>99 - 132</b>
<b>10</b>	<b>Proposed changes to the Fairer Contributions Policy</b> <i>Report to follow</i>	
<b>11</b>	<b>Deep Dive - Domiciliary Care</b>	<b>133 - 148</b>
<b>12</b>	<b>Adult Social Care Service User and Carers 2017 survey results</b>	<b>149 - 176</b>
<b>13</b>	<b>Adults Positive Challenge Programme</b> <i>Oral update and presentation</i>	
<b>14</b>	<b>Appointments to Outside Bodies, Partnership Liaison and Advisory Groups, and Internal Advisory Groups and Panels</b>  <i>Oral</i>	
<b>15</b>	<b>Adults Committee Agenda Plan</b>	<b>177 - 180</b>

The Adults Committee comprises the following members:

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

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

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

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## **ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 11th January 2018

**Time:** 2.00pm to 3.55pm

**Present:** Councillors A Bailey (Chairwoman), A Costello, K Cuffley, J French, N Harrison, M Howell (Vice-Chairman), D Wells and G Wilson

**Apologies:** Councillor D Giles

### **52. APOLOGIES AND DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **53. MINUTES – 7 DECEMBER 2017 AND ACTION LOG**

The minutes of the meeting held on 7 December 2017 were agreed as a correct record and signed by the Chairwoman.

The Action Log was received and updated orally. Members noted that

- for Minute 47
  - Action 1 – complete; slides had been circulated
  - Action 2 – ongoing; clarification of figures on housing-related support was still required
  - Action 3 – ongoing; case studies had been included in the consultation document, and would be included in the March 2018 report to Committee
  - Action 4 – completed; case studies would usually be included in future deep dive reports
- for Minute 48
  - completed; clarification of the Learning Disability Services figures had been circulated to members
- for Minute 49
  - ongoing; the revised Gantt chart had not yet been circulated.

### **54. PETITIONS**

No petitions were received.

### **55. ADULTS POSITIVE CHALLENGE PROGRAMME UPDATE**

The Committee received a report and appended presentation updating it on the work of the Adults Positive Challenge Programme. In attendance to present the report and respond to questions were

- from Capgemini, Richard Haynes, Vice President
- from iMPOWER, Jeremy Cooper, Director, and Henrietta Curzon, Senior Manager.

Members noted that

- the consortium of Capgemini and iMPower had been working with the Council since late October 2017
- the overall aim of the programme of work was to support Adult Services and Safeguarding to deliver the best possible outcomes for people, whilst meeting the challenges of increases in demand and financial pressures
- activities had included talking to NHS partners
- an Accelerated Solution Environment (ASE) event had been held in December, which had proved helpful in consolidating and finalising the baseline analysis
- some of the changes already identified could be carried out quite soon, while others were more complex and would require longer
- initial findings included that
  - Cambridgeshire's funding was relatively low, but the authority was delivering outcomes in line with the national average
  - demand pressures and inflationary cost pressures on the provider market totalled around £5m a year
  - proportionally low rates were being paid to providers of residential and domiciliary care; if this were to continue, prices were likely to rise
  - a lower proportion of the workforce was employed in care in Cambridgeshire than in other similar counties
  - long-term support services could make better use of assistive technology
  - in 35% of cases, need could have been met by other means than provision of formal Adult Social Care services.
- in summary, Cambridgeshire had been doing well and good changes were being made, but there were further opportunities for improving outcomes and sustainability
- all staff had engaged positively in the work programme process.

In the course of discussion, members

- sought further information about the 35% of cases which included avoidable demand. Members were advised that the programme team had completed case reviews with staff and identified examples of where demand could have been reduced by action being taken differently or more quickly.

The example was given of a man being cared for at home by a family member and with a homecare package of an hour a week. The family carer had their own health problems, but was assessed as not having any care needs. A week later, the opportunity to maximise independence and reduce cost having been missed, the man went into residential care

- noted that an analysis had been undertaken to compare Cambridgeshire with its nearest neighbours, looking at finance and performance. Comparisons had also been made between local practice and outstandingly good practice in other social services, as well as good practice internationally and in sectors other than social care
- welcomed reports of a good staff culture. One member confirmed that this corresponded to her own experience of ASC staff's enthusiasm, intelligent approach and willingness to work together
- asked whether any risk assessments had been done for proposals to save money, observing that some courses of action might prove to be false economies. Members were advised that a major focus of the work was demand management, rather than simply saving money through such means as short-term reductions in care packages. The whole approach of the programme was driven by improving outcomes and reducing risk, and sought to achieve long-term financial sustainability
- in answer to a question about making improvements in the areas of workforce and contracting, noted that the model of direct payments and micro-enterprises might usefully be explored. The hourly cost to ASC for domiciliary care delivered through a home-care agency was around £16. If instead self-employed people were to be engaged to work in their own locality, most of the amount paid could then go direct to the carer.

Ways were also being explored of supporting the workforce and promoting care as a career choice, by for example developing career pathways and working with further education to raise the profile of care work

- asked whether the baseline stage had found anything of which they were not already aware, ASC officers identified
  - the proportion of avoidable demand; at 35%, there was clearly more work to be done on prevention and avoidance
  - the need to develop the Council's website in such a way as to enable the conversation with service users to be constructed differently.

Officers added that staff had valued the opportunity to step back from the daily round, being brought together to have conversations together. The process had helped develop a clearer sense of direction, and had been helpful in challenging existing ways of doing things

- noted the next phase of the work, as set out in the presentation, and that the business case would identify costs, benefits and timescales. The Committee would receive the final report at its meeting on 8 March 2018, along with outline proposals for further investment. The work would not affect the business planning process for 2018-19, as it would be financed through a series of bids to the Transformation Fund
- noted, in answer to a question about how ready citizens were for this change in culture, that nationally a new understanding and approach to care needed to be and was being developed; work locally was including ways of reinforcing the new

approach in individual interactions – even how a phone call was answered, and the wording of the first question to the caller, could reinforce the approach

The Chairwoman thanked the Capgemini and iMPOWER team for all the work they had done so far, and reminded members that they were welcome to talk to team members on an individual basis. She asked that contact details for them be circulated to members of the Committee.

**Action required**

It was resolved unanimously

- a) to note the update contained within the Appendix and comment on the initial findings of the programme.

## **56. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2017**

The Committee received the November 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that the overall pressures had worsened by about £700k since the October report and pressures were expected to continue to worsen in December; there had been no material change in the red performance indicators (PIs).

Discussing the report, members paid particular attention to the position in relation to delayed transfers of care (DTOCs). It was noted that

- all Cambridgeshire hospitals had a target of 3.5% of patients as DTOC, which was proving stretching. It was anticipated that Peterborough and Hinchingbrooke hospitals should meet the target, but it was going to be a challenge for Addenbrooke's to achieve this based on the current position
- Adult Social Care (ASC) staff were working closely with the hospitals to reduce delays. Referrals of patients to ASC had increased from 100 to 150 a week; the DTOC dashboard showed the number of patients delayed and why
- efforts were being made both to reduce the number of admissions to hospital and improve care capacity
- feedback across the region was that other places with a large teaching hospital were experiencing difficulties with DTOC similar to those at Addenbrooke's
- the north of the county appeared to be experiencing a lower number of hospital admissions than the south, and also had more capacity in the care sector.

In further discussion, members

- expressed concern at the continuing red performance rating on the proportion of adults with learning disabilities in paid employment, and noted that officers were reviewing the way in which Cambridgeshire recorded these figures as compared with recording methods used by other local authorities. Officers undertook to provide members with an update on actions being taken to improve performance in this area

**Action required**

- asked what would happen at the end of the financial year if the Adults budget continued to be overspent. Officers advised that any People and Communities overspend would be included in the overall Council financial position, and undertook to check that this would be reflected in the papers for the Council meeting in February 2018.

**Action required**

It was resolved unanimously to review and comment on the report.

## **57. ADULT EARLY HELP DEEP DIVE**

The Committee received a deep dive report on the Adult Early Help Service. The report included an update on performance as well as future plans to continue to provide a holistic and preventative offer. Members noted that the key role of early help was to reduce demand for long-term care; the team had been established to deliver the Council's response to the Care Act requirements to work in a more person-centred and preventative way. Many of the referrals to the team came from family members, with comparatively few self-referrals or referrals from professionals.

Discussing the report, members

- welcomed the case studies as helpful and illuminating
- noted that the team would like to develop self-referral, and would welcome more referrals from GPs; it was important that GPs be aware of the full range of services available to their patients
- noted that the team would act quickly to set up support in cases where a person would otherwise be admitted to hospital
- commented that the work of the Early Help team was not dissimilar to that of Neighbourhood Cares
- reported on local difficulties with heating and hot water supply experienced by tenants of a housing association, and on a delay in installing a bathroom pod outside a resident's home elsewhere. Members commented that such difficulties could undo the good work of the Early Help team, and were advised that where a Community Action Plan had been developed for a service user, the case would be followed up after two to three weeks, to establish whether the support had helped and outcomes had been met
- noted that the team tried to make a home visit where it appeared necessary, if for example a person had difficulty communicating by telephone, or the team wished to assure themselves that all was well. If the number of home visits were to rise much beyond the present level of 17%, this could pose resourcing difficulties
- noted that the team worked closely with the voluntary and community sector, and with health organisations, as part of the quest to provide support for people.

The Chairwoman thanked officers for the report, and expressed the Committee's thanks for all the effort being put into this work and the work going into improving the situation on delayed transfers of care by the Adult Early Help teams. She encouraged members to take up the invitation to visit the Early Help teams and see their work for themselves.

It was resolved unanimously:

- a) to consider the report and provide comments on progress so far and issues raised
- b) to suggest Members visited the Adult Early Help team to learn more about the services it provided to Clients

## **58. CONSULTATION PROCESS FOR PROPOSED CHANGES TO THE FAIRER CONTRIBUTIONS POLICY**

The Committee received a report on the consultation process that was underway to gather views on the proposed changes to the Fairer Contributions Policy that had been agreed for consultation at the Committee's meeting on 9 November 2017. Members noted that the consultation had started in December. Examples of the impact of the potential changes had been embedded in the consultation document; the examples demonstrated that the proposal having the greatest financial impact was that to assess people receiving short-term respite accommodation under the same rules as those in long-term residential accommodation.

In the course of discussing the report, members further noted that

- at the end of 10 January, 107 completed surveys had been submitted, 83 on paper and 24 online; a further 40 responses had been partially completed online
- this represented a reasonably good response rate for the time of year, and so far seemed to be better than the rate for an earlier policy consultation
- the intention was to send letters to all those potentially affected by the changes, using information held by the Council's financial assessors to identify people receiving Disability Living Allowance and Personal Independence Payments (PIP); over 1,000 letters had been sent to service users or their representatives
- based on the responses received to date, the indications were that taking into account the enhanced rate of PIP was the least popular proposal, with the revised policy for charging for respite care also unpopular. There was some support for charging for the appointee function, and considerable support for making direct debit the default payment method
- all comments made at face to face meetings and drop-in sessions would be captured, and Cambridgeshire Alliance for Independent Living would be promoting the consultation; the consultation would also be prominent on the Council's website.

The Chairwoman thanked officers for their efforts to gather consultation responses. Members were asked to convey to officers any comments of which they became aware.

It was resolved unanimously:

- a) to note the consultation process that would run until 23 February 2018.

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

It was resolved unanimously to note that no appointments to outside bodies were required.

**60. ADULTS COMMITTEE AGENDA PLAN**

The Committee received an updated agenda plan and noted the following changes:

- the layout had been modified to list standing items in the introductory text
- the provisional meeting scheduled for 1 February 2018 had been cancelled
- on 24 May 2018, the deep dive would be on Neighbourhood Cares, superseding the update on Neighbourhood Cares previously planned for that meeting
- on 19 July 2018, the deep dive would be on the social care labour market.

It was resolved unanimously to note the agenda plan.

Chairwoman





## ADULTS COMMITTEE

### Minutes Action Log



**Agenda Item No: 2a**  
**Cambridgeshire**  
**County Council**

#### Introduction:

This log captures the actions arising from the Adults Committee from **7 December 2017 onwards** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 28 February 2018

#### **Meeting of 7 December 2017**

<b>Minute No.</b>	<b>Report Title</b>	<b>Action to be taken by</b>	<b>Action</b>	<b>Comments</b>	<b>Status</b>
<b>47.</b>	<b>Adults Committee Review of Draft Revenue and Capital Business Planning Proposals for 2018-19 to 2022-23</b>	W Ogle-Welbourn	Executive Director to send the business planning presentation slides to all members	Presentation slides have been circulated to members.	<b>Completed</b>
		W Ogle-Welbourn	Executive Director to clarify the apparent discrepancy between the figures given in the main report for the number of clients benefitting from accommodation-based housing-related support, and the number quoted in the business case for the review of supported housing commissioning	The figure of 1725 refers to the number of individuals in receipt of accommodation based housing related support across all areas. The figure of 750 quoted in the Business Case came from a Support Housing Review relating to homelessness only.	<b>Completed</b>
		C Bruin	Case studies to be included in the update on the Fairer Contributions Policy consultation process planned for January 2018	Case studies have been included in the consultation document, and would be included in the March 2018 report to Committee.	<b>Ongoing</b>

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
		C Bruin	Officers to share with members some of the case studies arising from work to reassess care needs in line with the Transforming Lives model and revised policy framework	Case studies would usually be included in future deep dive reports.	<b>Completed</b>
48.	<b>Finance and Performance Report – October 2017</b>	T Kelly	Officers to check the figures for Learning Disability Services cost and number of service users budgeted as compared with the annual budget	Clarification of the Learning Disability Services figures has been circulated to members	<b>Completed</b>
49.	<b>Development of Affordable Care Home Provision</b>	S Torrance	New version of Gantt chart and key times when developments could be expected to be circulated to Committee; Working Group to be asked to advise when a further report on affordable care home provision should be brought to Committee	Gantt chart and timeline have been circulated to members	<b>Completed</b>

# Meeting of 11 January 2018

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
55.	Adults Positive Challenge Programme update	C Black / R Yule	Supply members with contact details for Capgemini and iMPower report presenters	Officers' email addresses have been circulated to members	Completed
56.	Finance and Performance Report – November 2017	C Black	Provide an update to members on actions being taken to improve performance on the proportion of adults with learning disabilities in paid employment.	A written update will be circulated.	Completed
		M Wade	Check that the position on the Adults budget overspend was reflected in in the papers for the Council meeting in February 2018	<p>Section 3.8 of the Council's Business Plan and Budget Proposals 2018-23 report referred to the County Councils overall forecast overspend which includes the Adults position.</p> <p><i>“3.8 We are currently projecting to end 2017/18 with an ongoing overspend position of 4.2m which has had to be accounted for within the 2018/19 savings requirement. In this context, although we have developed an impressive portfolio of savings, efficiencies, transformations and income proposals which if delivered will return a balanced budget in 2018/19, we should not underestimate the risks in delivering a balanced outturn for the year.”</i></p>	Completed



**JOINT COMMISSIONING OF FLOATING SUPPORT SERVICE**

**To:** Adult Committee

**Meeting Date:** 8 March 2018

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

**Electoral division(s):** All

**Forward Plan ref:** 2018/025      **Key decision:** Yes

**Purpose:** To inform Members of the findings from a Commissioning Review carried out across Housing Related Support Services and to request approval for the joint commissioning of a Floating Support Service with Peterborough City Council (PCC).

**Recommendation:** The Committee is being asked to:

- a) Note the findings of the Commissioning Review
- b) Support a wider Supported Housing Review to take place during 2018/19
- c) Approve the joint commissioning of the Floating Support Service as the preferred delivery model for housing related support.

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Trish Reed</b>	Names:	Cllr Bailey/Cllr Howell
Post:	Interim Commissioner – HRS	Post:	Chair/Vice-Chair
Email:	<a href="mailto:Trish.reed@cambridgeshire.gov.uk">Trish.reed@cambridgeshire.gov.uk</a>	Email:	<a href="mailto:annabailey@hotmail.co.uk">annabailey@hotmail.co.uk</a> / <a href="mailto:mark.howell@cambridgeshire.gov.uk">mark.howell@cambridgeshire.gov.uk</a>
Tel:	07979 868676	Tel:	01223 706398

## 1. BACKGROUND

- 1.1 A recent Commissioning Review considered Cambridgeshire County Council's (CCC's) current investment in housing related support services around homelessness and homeless prevention. Currently a variety of small contracts exist with different outcomes, costs, end dates and contract management arrangements. These have largely continued to be tendered individually since the previous Supporting People contracts came to an end a few years ago.
- 1.2 The Review considered the two models of support – accommodation based and visiting (known as floating) support – and whether a more rational strategic approach can be taken to commissioning across County Council departments, and whether there are opportunities to jointly commission with Peterborough CC. A summary of the findings is given below.

## 2. MAIN ISSUES

- 2.1 The current CCC investment in the services covered in the Commissioning Review is £3.1m, (excluding investment in services for young people) supporting over 750 homeless and vulnerably housed people. Peterborough invests £1.12m in similar services supporting 362 people. This is across three support areas:
- Services for rough sleepers
  - Homeless hostels/refuges
  - Floating support services – homeless prevention/support
- The first two consist mainly of accommodation based and outreach services.
- 2.2 Accommodation based supported housing is currently subject to new Government proposals that will change the way it is funded. The original proposal was to restrict housing benefit payments to the same level as Local Housing Allowance rates from April 2019. The Government has recently issued a new consultation with fresh proposals that will come into effect in April 2020. The intention is to provide a separate pot of funding to upper tier authorities to fund short term supported housing. The fund will be ring-fenced to fund supported housing and Councils must work together with providers to develop a Supported Housing Strategic Plan.
- 2.3 **Key Finding 1 – Accommodation based supported housing is currently at risk until the Government's final proposals are known. It is recommended that a full Supported Housing Review be carried out during 2018/19 with district councils and supported housing providers. The Review will also explore whether support could be delivered through floating support model to achieve savings in 2019/20.**
- 2.4 Floating support services are not affected by these changes. Three current services exist across Cambridgeshire and Peterborough for this client group:
- a) Two Cambridgeshire Multi-disciplinary Floating Support Contracts end in June 2018. These provide excellent value for money (average £40 per week per client rather than £145 for supported housing). Current providers report 100% increase in demand over the last four years with many households with complex problems also suffering from mental health issues. Around half the households supported are families with children.
  - b) The mental health visiting service provides a stronger focus on mental health than housing issues, although the criteria for acceptance into the service is that a person's housing must be at risk. Although it is a countywide service, numbers supported are low (30) and there is significant confusion for clients (and agencies) about what this service delivers as opposed to the floating support service.

- c) Peterborough CC also Grant funds visiting support services for offenders, substance misuse and mental health and is keen to develop a shared approach.

- 2.5 **Key Finding 2 – There are a number of floating support services commissioned or grant funded separately. It is recommended that these services are jointly commissioned to deliver one Cambridgeshire & Peterborough Floating Support Service including a number of specialisms. This has the potential to allow providers to develop additional capacity though efficiency savings in order to meet the increasing demands on the service. It is recommended that the Floating Support model is the preferred model for delivering housing related support**
- 2.6 The Joint Commissioning Board considered the findings of the Review and agreed that Officers should progress discussions with colleagues at PCC around joint tendering. These talks were successful and Member approval is being sought from both authorities for the joint commissioning of one countywide service including across Peterborough. The total budget will be £952,922 and will support a minimum of 458 clients.
- 2.7 CCC and PCC officers recommend that the tender be offered for one service across both authority areas in order to deliver economies of scale and increase capacity. This will also enable one provider (or consortium of providers) to develop a single point of access for referrals. CCC will be the lead commissioner on behalf of both authorities as the main funder. This will be subject to a legal agreement (see 4.3)

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

The County Council has adopted a Transforming Lives approach over the last couple of years with the aim of supporting people to be more independent by taking a 'spend to save' approach. This has included establishing the Adult Early Help Team and other prevention initiatives including the remodelling of older people's support services. This service fully supports this priority.

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

There are no significant implications for this priority.

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

The following bullet points set out details of implications identified by officers:  
Floating support service outcomes will include:

- Improved quality of life and feeling of wellbeing
- Maintain independent living and avoid homelessness
- Better manage physical and mental health without the need to access secondary mental health services.

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

The following bullet points set out details of implications identified by officers:  
Floating support activities include support with:

- Finding a home and setting up a tenancy
- Keeping the home safe and secure
- Setting a budget and paying bills
- Developing life skills to sustain living in the home
- Accessing education, training and employment

- Living a healthy lifestyle and engaging with primary health services
- Support to develop emotional wellbeing and coping strategies improving Mental Health and resilience

#### **4. SIGNIFICANT IMPLICATIONS**

##### **4.1 Resource Implications**

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

- The CCC budget for the service is £896,389 to support 418 households
- This model provides the best value for money in terms of housing related support.
- Joint tendering across CCC and PCC will deliver efficiencies of scale.
- Establishing a robust service delivery model will allow for support to be delivered this way in future delivering savings.

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

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

- This procurement complies with the Council's Contract Procedures Rules.
- A contract of 3 years (+1) is to be offered

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

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

- While this is not a statutory service, it supports a large number of households at minimal unit cost and ensures that households avoid the need for more costly statutory Council services.
- In order to jointly commission the service across both local authorities a Delegation Agreement has been drafted and has been agreed by both parties' legal teams.
- There is a risk that if this service is not commissioned then the opportunity to deliver further savings by delivering support in this way in future will be lost.

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

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

- This service is designed to support those in our communities who may be vulnerable or marginalised as identified in the Equalities Act.
- Support is provided for disabled households to ensure the correct benefits are received (i.e. Personal Independence Payment)
- A previous service review (in 2015) highlighted that a wide range of vulnerable households from all relevant groups would be significantly impacted were funding for the service reduced.
- Stakeholders report that the preventative nature of the support has real impact on maintaining independence and avoiding the need for crisis intervention by statutory services.
- A Community Impact Assessment has not been carried out in relation to this exercise as the budget has been maintained.



#### 4.5 Engagement and Communications Implications

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

- During the Commissioning Review views were sought from providers and the district councils about the service and the model of delivery.
- Support was received for the recommendations from the Cambridge sub-Regional Housing Board, especially around having one service provider.
- The public haven't directly been approached although feedback from service users is included in performance monitoring and is very positive.
- Providers (both existing and potential new providers) have been consulted at a Provider Event in January and a lot of interest in the service was shown.
- TUPE will apply to all staff currently delivering the service so service users should see no impact on the individual support they receive.

#### 4.6 Localism and Local Member Involvement

The following bullet point sets out details of significant implications identified by officers:

- Members have not yet been consulted on this re-tendering exercise.

#### 4.7 Public Health Implications

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

- The proposal will have a positive impact on the health of Cambridgeshire residents
- The service aims to meet the needs of people to prevent a crisis and thereby meeting the needs of those most in need in a timely manner.
- Homelessness is a growing problem and has a significant impact on the health of those affected. It is therefore important to take preventative action where possible.
- It will be important to monitor and evaluate the floating support service going forward to ensure it is delivering effectively, providing good value for money and is being delivered equitably across Cambridgeshire and Peterborough.

Implications	Officer Clearance
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Tom Kelly
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?</b>	Yes Name of Financial Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Allis Karim
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Adrian Chapman

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Adrian Chapman
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
<b>Commissioning Review of Housing Related Support Services.</b>	<a href="https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/crhb-commissioning-review-oct-2017.doc">https://cambridgeshireinsight.org.uk/wp-content/uploads/2018/02/crhb-commissioning-review-oct-2017.doc</a>

**PROCUREMENT OF CARE AND SUPPORT SERVICES IN EXTRA CARE SCHEMES**

**To:** Adults Committee

**Meeting Date:** 8 March 2018

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

**Electoral division(s):** All

**Forward Plan ref:** 2018/010      **Key decision:** Yes

**Purpose:** To outline the case for tendering the care and support contracts in extra care housing schemes.

**Recommendation:** The Committee is recommended to agree to tender the care and support as flexible 'core and add-on' services in:

- a) Ditchburn Place
- b) Moorlands Court
- c) Dunstan Court
- d) Doddington Court.

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## **1. BACKGROUND**

- 1.1 Extra care housing is defined as specialist accommodation designed to maximise the independence of older people by providing a safe, secure and stimulating environment. Living in an extra care environment enables people to retain the independence of having their own home and, at the same time, benefit from the availability of around the clock social care and housing support. Extra care housing is a cost effective alternative and produces better outcomes than residential care.
- 1.2 The allocations into extra care housing are managed with the aim of developing a balanced and stimulating community that supports and promotes independence. Applications are usually considered by a multi-agency panel which consists of a representative from the respective older people's locality team, the housing provider, a representative from the district council may be involved (but this varies from district to district) and the care provider will usually attend in an advisory capacity.

## **2.0 RECOMMISSIONING OF THE SERVICES**

- 2.1 The Council tenders for a flexible core and add-on contract. Generally this would be for a total of 203 hours per week, which provides 140 daytime hours and 63 hours waking night cover. This ensures that during peak day time hours, more than one member of staff will be available to provide care. Any additional hours above the daytime core of 140 are dependent upon the assessed care needs of the tenants.
- 2.2 Usually there are a healthy number of responses to tenders in extra care schemes and therefore the Council would expect to achieve a competitive rate for the contracts.

## **3.0 DITCHBURN PLACE**

- 3.1 Ditchburn Place is located just off Mill Road in Cambridge. The extra care scheme for older people consists of 36 extra care flats and there are an additional 15 sheltered housing flats within the same complex.
- 3.2 The City Council received support from the Homes & Communities Agency to refurbish Ditchburn Place and £4m has been committed to the project. The refurbishment work started in January 2017 and is expected to take just over 2½ years to complete. Potentially this could expand the provision of extra care beyond the current 36 flats.
- 3.3 The current annual value of the contract is £554,605 and is being provided through a management agreement with the City Council. The extra care service at Ditchburn Place is significantly more expensive than comparable services in Cambridgeshire which are operated by independent sector providers (approximately £175K per year more). Initially there were concerns that the service would not be attractive to the market due to the TUPE (Transfer of Undertakings [Protection of Employment] Regulations) implications but subsequent soft market testing has demonstrated that there is interest.

- 3.4 The response from the soft market testing had some common themes. The organisations stated they could not accept responsibility for any deficits in the Local Government Pension Scheme (LGPS) or liability for redundancy payments. They also advised they would require a longer contract than the usual three years.
- 3.5 The Monitoring Officer has agreed that a 10 year contract could be used for the service with a break clause after 5 years.
- 3.6 Throughout the discussions a strong partnership has developed with the City Council and the County Council has been involved in meetings with tenants at the scheme as well as a staff team meeting to explain the proposed approach.
- 3.7 It is recommended that the Council tenders and care and support contract at Ditchburn Place for 10 years, with a break clause at 5 years.

#### **4.0 MOORLANDS COURT**

- 4.1 Moorlands Court is an extra care scheme which has 35 self-contained flats and the building is well served by communal facilities. The scheme was opened in 2008 and is located in Melbourn in South Cambridgeshire. Day centre services are also available nearby.
- 4.2 The contract value for the core care service of 203 hours is £178,303 per annum. The current contract expires on 31 August 2018.
- 4.3 It is proposed that the following three contracts (Moorlands, Dunstan and Doddington Courts) are tendered at the same time thereby reducing overall procurement costs. It is recommended that the Council re-commissions the contract for Moorlands for 3 years with an option to extend for a further year.

#### **5.0 DUNSTAN COURT**

- 5.1 Dunstan Court has 46 flats and is located in Wulfstan Way in Cambridge. Currently 26 flats are used as extra care and the remaining flats for sheltered housing. In the longer term it is intended that the whole scheme will be used as extra care. The building has been specifically designed for older people and has a number of communal facilities.
- 5.2 The contract value for the core care service of 203 hours is £185,620 per annum. The current contract expires on 31 August 2018.
- 5.3 It is recommended that the Council re-commissions the contract for Dunstan Court for 3 years with an option to extend for a further year.

#### **6.0 DODDINGTON COURT**

- 6.1 Doddington Court consists of 50 self-contained flats and 9 purpose-built intermediate / reablement care flats with 10 beds. The current specification for the service was developed with the then Primary Care Trust (PCT) and the County Council tendered the care and support contract.

- 6.2 Since November 2016 the County Council has had an agreement with the Clinical Commissioning Group (CCG) to use up to 10 beds for reablement to assist with social care DTOC (delayed transfers of care). This enables individuals discharged from hospital to receive further reablement intervention on a short term basis where they are no longer acutely unwell but are not ready to return home.
- 6.3 When the scheme was developed, the CCG agreed a ten year lease with Sanctuary Housing, the landlord for the reablement flats at the scheme. The agreement is for the rent, service charges and meal charges for the reablement flats and is due to end 31 March 2023.
- 6.4 The contract value for the core care service is £207,480 per annum. The current contract expires on 31 August 2018.
- 6.5 It is recommended that the Council re-commissions the care and support contract including the reablement beds for Doddington Court for 3 years with an option to extend for a further 18 months so that it coincides with the expiry of the lease for the reablement flats.

## **7.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

The following sets out the details of the implications identified by officers:

- People will be enabled to live in their own homes for as long as possible
- Potential reduction in the use of residential care.
- Continued use of reablement flats will facilitate timely discharge from hospital.
- Reablement within a supportive environment with its emphasis on activities, daily living skills will increase people's independence enabling them to return home more quickly.

### **7.3 Supporting and protecting vulnerable people**

- 7.4 Extra care housing schemes provide for the availability of 24/7 care to support independent living for some of the most vulnerable members of society.

## **8.0 SIGNIFICANT IMPLICATIONS**

- 8.1 Currently the contract for Ditchburn Place is a block contract and although there are significant TUPE implications, it is envisaged that a flexible core and add-on contract will be more cost efficient for the Council. The services in the other three extra care schemes are already flexible contracts and therefore it is unlikely that there will be any further efficiencies. However, they will be subject to a competitive procurement process.

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

Work is underway with LGSS Procurement to apply Contract and Procurement Rules and Public Contract regulations.

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

There are no significant implications within this category.

## **8.4 Equality and Diversity Implications**

There are no significant implications within this category.

## **8.5 Engagement and Communications Implications**

There are no significant implications within this category.

## **8.6 Localism and Local Member Involvement**

There are no significant implications within this category.

## **8.7 Public Health Implications**

There is an evidence base that suggests extra care housing improves health and well-being outcomes for older people.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Martin Wade
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?</b>	Yes Name of Financial Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Duncan Dooley-Robinson
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Oliver Hayward
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Oliver Hayward
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
None	



**PROCUREMENT OF VISITING SUPPORT SERVICE FOR OLDER PEOPLE**

**To: Adults Committee**

**Meeting Date: 8 March 2018**

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

**Electoral division(s): All**

**Forward Plan ref: 2018/035      Key decision: Yes**

**Purpose: To outline the case for re-commissioning the Visiting Support Service.**

**Recommendation: The Committee is recommended to:**

- a) ratify the recommissioning of the Countywide Visiting Support Services under five district based lots for three years, with an option to extend for a further year:**
  - i. three lots (East Cambs, Fenland and Huntingdonshire) via a competitive tender process**
  - ii. two lots (Cambridge City and South Cambridgeshire) via co-operation agreements with the district councils**
- b) delegate the sign off of the co-operation agreements with the district councils to the Executive Director, People & Communities in consultation with the Chairwoman and Vice-Chairman of the Adults Committee.**

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## **1.0 BACKGROUND**

- 1.1 Five years ago, following a County Council led review of Older People's Housing Related Support, a strategic decision was made to radically transform the Council's approach to meet current and future challenges. The conclusions of that review were very much in line with the "Transforming Lives" initiative. Although at times challenging, the review benefitted from wide-scale stakeholder involvement, including providers and users of the service.
- 1.2 Prior to April 2014, the housing related support services for older people were only focussed on sheltered housing schemes in the public sector and yet only 5% of older people lived in sheltered housing. While sheltered housing tenants benefit from living in a communal environment with access to support, older people living in the wider community are often isolated with more limited access to services.
- 1.3 The primary aim of the project was to remodel the service, to use the funding more effectively to benefit older people living in Cambridgeshire and to re-distribute funding to address inequality of provision as previously the funding had been ring fenced against sheltered housing schemes.

## **2.0 HOUSING TENURE**

- 2.1 The support service had its origins in sheltered housing and it would be fair to say that it took longer than anticipated to achieve a tenure neutral service i.e. one that was available to all older people including owner occupiers and people privately renting. The services in Fenland, Huntingdonshire and South Cambs have worked particularly hard to promote the support service to owner occupiers and private sector tenants and their current caseloads comprise of 52%, 39% and 26% owner occupiers respectively for these housing tenures. The housing tenure in Cambridgeshire varies across from 49% owner occupiers in Cambridge City to 73% in South Cambs.

## **3.0 OUTCOMES OF THE SERVICE**

- 3.1 This service provides time limited support which is intended to achieve specific outcomes for individuals and once these have been achieved, then people will be signed off the service and the service then moves on to deliver support to other individuals. The service is designed to promote independence and is delivered by support workers who have a high understanding of the specific needs of older people and of local organisations and services within each of the districts. During 2016/17 there were 1,043 departures from the services which equates to an average weekly support cost of £20.53 per person.
- 3.2 In 2016/17 the services were successful in supporting 414 households to maximise their household incomes. This makes a substantial difference to people's lives and means they can self-fund other services to support their independence, which delays and/or prevents access to statutory services.

2016/17	City	East Cambs	Fenland	Hunts	South Cambs	Totals
Attendance Allowance - Low	27	6	47	103	13	196
Attendance Allowance - High	46	22	22	72	25	187
Carers Allowance	0	2	7	6	16	31
AA Low - Annual Value	£78,133	£17,363	£136,009	£298,061	£37,619	£567,185
AA High - Annual Value	£198,775	£95,066	£95,066	£311,126	£108,030	£808,064
Carers Allowance - Annual Value	£0	£6,521	£22,823	£19,562	£52,166	£101,072
TOTAL (Annualised)	£276,908	£118,950	£253,898	£628,750	£197,816	£1,476,322

In addition, 25 people received one-off grants totalling more than £20,000 from a range of sources.

- 3.3 At the time this information was compiled 879 people were being supported by the services and the numbers and age distributions is shown in the table below.

	No. of people	%age split
Under 65	77	9%
Age 65 - 74	279	32%
Age 75 - 84	305	34%
Age 85+	218	25%

Of the 879 people that were being supported, 25% were aged 85 years and older. This age group is much more likely to be frailer and suffer from mobility issues and therefore supporting this group to live independently is helping to reduce and/or delay access to statutory services.

- 3.4 Increasingly, the services are receiving referrals from Discharge Teams to support people to leave hospital. Many have multiple issues, such as poor or inappropriate housing, hoarding issues, no furniture, no access to money etc. Often these people would not be eligible for other services and would be passed around by different agencies. Whilst this might not result in direct savings to the Council, by supporting people to leave hospital the 'whole system benefits'.

#### 4.0 FEEDBACK FROM STAKEHOLDERS AND PEOPLE USING THE SERVICE

- 4.1 Stakeholders were asked to complete an on-line survey about the services. There was a wide range of responses from professionals as well as those working in the voluntary sector. They were asked to comment on what they thought was working well. Responses included, *"They are responsive and will look at any additional support they can provide, as well as what has been referred for"*, *"very helpful with housing issues"*, *"I have referred older people who need assistance with completing benefit claim forms in their own home...claiming additional benefits has enabling them to access clubs and start to make new friends"*.
- 4.2 Stakeholders were also asked how the service could be improved. A number of stakeholders advised that knowledge around social care services and eligibility criteria could be improved, as well as a more streamline system to feedback on referrals made to the service. Currently each of the services have different names and some stakeholders observed that it would be helpful if the services had one name. This has been incorporated into the procurement process.

- 4.3 Feedback from people using the services is included in the contract monitoring information. The comments about the services are very positive and include, *“I am very pleased with (the service) and my only thought is ‘if only I had contacted you earlier’ when I was in a desperate state, struggling to survive” (Mrs D – Fenland); “I can now shower without fear of falling, I feel more independent as I no longer need help. Now I have extra money, I can pay my daughter-in-law for doing my cleaning and shopping. I can buy my lunches from Wiltshire Foods now” (Mrs G – East Cambs).*

## **5.0 CONTRACT DETAILS**

- 5.1 The services are divided into 5 district based lots. Previously, three of the lots were tendered, as the provider of the services were Housing Associations to which the Council housing stock was transferred. The services in the City and South Cambs services are provided through a Co-operation Agreement. This was as a result of problems with TUPE (Transfer of Undertakings [Protection of Employment] Regulations), as the cost of the staff group declared for TUPE for Cambridge City Council was greater than the budget available for the service. In addition, the City Council were contributing around £100K additional funding from their own resources, on top of the County Council contract value.
- 5.2 LGSS Law advised that “contracts which establish co-operation between public entities with the aim of ensuring that a public task is carried out fall outside the public procurement rules insofar as such contracts are concluded exclusively by public entities and implementation of that co-operation is governed solely by considerations and requirements relating to the pursuit of objectives in the public interest”. Accordingly, the same Co-operation arrangement was offered to South Cambs District Council.
- 5.3 There are criteria that have to be met to comply with the rule. Our advice is that these criteria could be met within the current arrangements and the approach should be used with the City Council and South Cambs District Council.

- 5.4 The total funding for all five services is £1,113,500 per annum.

## **6.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

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

There are no significant implications for this priority.

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

The following set out details of implications identified by officers:

- People are supported to live in their own homes for as long as possible.
- See paragraphs under section 3 and 4.

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

The following set out details of implications identified by officers:

- See paragraphs 3.3 and 3.4.

## **7.0 SIGNIFICANT IMPLICATIONS**

7.1 The services are subject to a competitive tender process to ensure that the Council achieves best value.

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

Tender process has been undertaken in compliance with EU procurement rules.

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

There are no significant implications within this category.

### **7.4 Equality and Diversity Implications**

There are no significant implications within this category.

### **7.5 Engagement and Communications Implications**

There are no significant implications within this category.

### **7.6 Localism and Local Member Involvement**

There are no significant implications within this category.

### **7.7 Public Health Implications**

There are no significant implications within this category.

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Martin Wade
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?</b>	Yes Name of Financial Officer: Paul White
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Duncan Dooley-Robinson
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<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Oliver Hayward
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
None	

**MENTAL HEALTH RECOVERY AND COMMUNITY INCLUSION SERVICE**

*To:* **Adults Committee**

*Meeting Date:* **8 March 2018**

*From:* **Commissioning Director**

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

*Forward Plan ref:* **2018/007** *Key decision:* **Yes**

*Purpose:* **To request approval for a joint procurement exercise for a county-wide Mental Health Recovery and Community Inclusion Service**

*Recommendation:* **The Committee is being asked to:**

**a) Approve joint procurement exercise for a county-wide Mental Health Recovery and Community Inclusion Service**

**b) Agree a further 4 month exemption for the current Recovery and Wellbeing service**

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## **1. BACKGROUND**

- 1.1 Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) currently commission a range of statutory and non-statutory Wellbeing, Prevention and Recovery Services (WPR services) which are due to be re-tendered. Work has been undertaken with stakeholders and service users to understand and assess the potential benefits of a joint commissioning approach, with all Mental Health WPR services commissioned across Cambridgeshire and Peterborough being viewed as a single entity.
- 1.2 This service has been discussed at the Cambridgeshire and Peterborough Joint Commissioning Board, with support being given for the recommendation that resources should be brought together to provide recovery and inclusion services that will work as an integrated part of the mental health pathway to improve outcomes for people with mental health needs by reducing social isolation and giving people the skills and support to better manage their mental health and live independently with/without support in the community.

## **2. MAIN ISSUES**

- 2.1 Cambridgeshire County Council currently invests in the following voluntary sector services for the delivery of mental health recovery and wellbeing support:
  - Richmond Fellowship/Cambridgeshire, Peterborough and South Lincolnshire Mind (CPSL Mind) - £412,721 annually
  - Lifecraft - £42,710 annually
- 2.2 In addition approximately £444,773 annually is invested in the delivery of support for specialist mental health needs through statutory Home and Community Support care packages. There are currently 127 packages of care commissioned through this service delivering approximately 480 hours of support per week. There are two providers who deliver the specialist mental health provision across Cambridgeshire – Metropolitan and CPSL MIND. The interventions delivered to this client group closely align to recovery, wellbeing, social inclusion and increasing independence.
- 2.3 Total annual investment from Cambridgeshire County Council is £900,204 across all of the above elements.
- 2.4 PCC invests £115,000 annually in mental health recovery and support for people with mental health needs to access welfare advice.
- 2.5 The CCG invests £141,546 in a range of services which provide recovery focussed interventions for people with mental health needs across Cambridgeshire and Peterborough.
- 2.6 The contracts above have been jointly reviewed by mental health commissioners in CCC, PCC and the CCG. The resources invested have been brought together under a single specification which will be tendered during March/April 2018.



- 2.7 Work has been undertaken with stakeholders and service users to understand the issues and difficulties of the currently commissioned service profile as well as to seek opportunities for innovation, efficiencies and economies of scale. Several events have been held to fully explore these areas and the following issues were identified with the current service profile:

<b>Area for Improvement</b>	<b>Proposed Service Criteria</b>
Inequity of service across the county with more provision focussed around urban centres	Providing an equitable service – both geographically across Cambridgeshire and Peterborough and to under-represented groups
Service eligibility criteria that don't work across the newly developing mental health pathways	Aligning with mental health services to improve community capital, ensuring that the interface and transition between services is seamless and places the person's needs first
Service Users aren't at the heart of service design	Involvement from people and carers who use mental health services is at the heart of service design and development and there is a person-centred approach to support
Service Users feeling they are 'bounced' around the system	A 'right door – every time' approach to access and supported signposting providing a stepped approach to support
Duplication of service provision	A strategic overview of provision to ensure that the service provides a stream-lined, joined up approach to interventions facilitating move-on (and out) of the service with duplication minimised.
Ability to innovate	Using whole system approaches to identify and support gaps in provision, as well as seeking efficient service delivery and delivering savings

- 2.8 The commissioning of a county-wide Mental Health Recovery and Community Inclusion service for mental health will provide an opportunity to address the issues which have emerged as a result of historical commissioning of services, creating greater capacity by reducing duplication and ensuring that pathways are clearly defined and improved experience and outcomes. The new service will help to address the challenges that are being experienced across mental health pathways including addressing the increasing number and complexity in presentation of people requiring support and improving parity of esteem.

- 2.9 Joint working with PCC and the CCG offers the opportunity to:
- Align current investment within a new Recovery and Community Inclusion service which delivers improved outcomes for individuals
  - Re-design service models/delivery to enhance outcomes across the mental health system in line with wider systems changes. This includes the emerging PRISM (enhanced mental health service in primary care) model which aims to deliver clinical care closer to home, intervene early in the course of people's illness and reduce the incidence of crisis
  - Reduce and minimise service duplication
  - Identify and address gaps
  - Improve equity - both geography and under-represented groups
- 2.10 During the recommissioning exercise, the opportunity arose to consider whether further efficiencies and improved outcomes could be achieved by looking outside of the boundaries of current service user groups. Commissioners for Mental Health and Substance Misuse services took the opportunity to engage with the market and explore our ability to commission a community based recovery service which met the needs of people across both cohorts. This option was explored in depth at the Cambridgeshire and Peterborough Joint Commissioning Board. An options appraisal concluded that the current timeframe does not allow for the development of this ambition, but that work should continue to explore the short-term opportunity for the delivery of interventions for people with co-occurring substance misuse and mental health needs through both drug and alcohol treatment services and the proposed Recovery and Community Inclusion service. The providers of both the Drug and Alcohol services and the Mental Health Community Inclusion and Recovery Service will be required to work together and with commissioners to develop a joint care pathway. Commissioners will explore the potential of this proposal with the market and service users to develop a more detailed analysis of the viability of this direction of travel.
- 2.11 In order to develop the new service and achieve the benefits outlined above, it is recommended that the following procurement approach is followed:
- To jointly procure a county-wide service which operates across Cambridgeshire and Peterborough.
  - Finances for Cambridgeshire will be aligned with Cambridgeshire and Peterborough CCG and a Partnership Agreement put in place.
  - Finances for PCC are ring-fenced and delegated to CCC through a Delegation Agreement or similar mechanism.
  - Tender bids should show how efficiencies and savings will be delivered year on year through transformation and effective development of the service.
  - To issue a contract length of 7.5 years – comprising 3.5 years plus possible extensions of +2 year and +2 year, to provide a longer term opportunity to procure a co-produced community service which will deliver effective interventions across both mental health and substance misuse client groups.

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

The County Council has adopted a Transforming Lives approach over the last couple of years with the aim of supporting people to be more independent by taking a 'spend to save' approach. This has included establishing the Adult Early Help Team and other prevention initiatives including the remodelling of older peoples support services. This service fully supports this priority, promoting wellbeing and support, using localised services and personal networks wherever possible. Prevention will be enhanced through a focus on a community based approach. Support through this service will be personalised and based upon the person's own strengths, capacity, knowledge, and networks.

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

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

The Mental Health Recovery and Community Inclusion service will support people to:

- improve their employability skills
- access volunteer opportunities including developing peer support models
- lead to fewer people being excluded from the mainstream, allowing them to participate in local communities and the economy.

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

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

The Mental Health Recovery and Community Inclusion service will support people to:

- improve/maintain their mental well-being
- develop peer support groups
- become more involved in their local communities
- access opportunities to improve their physical health
- make fewer demands on health and social care services.

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

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

The Mental Health Recovery and Community Inclusion service will support people to:

- move out of poverty/financial crisis
- reduce stigma associated with mental health within the local community
- escalate support appropriately (for people whose mental health may be deteriorating)
- develop emotional wellbeing and coping strategies improving Mental Health and resilience.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

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

- An investment of £800,507 annually from CCC with a requirement of providers to identify year on year efficiencies in their tender bid through the transformation of the current services and Homecare packages
- A business case to be made to Reinvest £100,000 from the current budget to be targeted at identified gaps in other services to support recovery
- Investment by PCC of £145,000 and CCG of £141,546
- Agreements with the CCG and PCC to align budgets to this service to provide economies of scale and consistent and equitable service delivery
- Four current providers will be in scope for the procurement (Richmond Fellowship, Lifecraft, Metropolitan and CPSL Mind). TUPE will apply to the procurement exercise and will be considered as part of any tender bids.
- The tender will invite bids within the outlined maximum financial envelopes and ask providers to identify the projected savings likely to be achieved through the transition of the service. Officers have estimated that likely savings targets a minimum of 2% year on year would be achieved from the Cambridgeshire County Council investment through effective delivery and a step-down, outcomes based approach to the transition of the current social care assessed packages. In addition to a £100,000 re-investment from the outset of the proposed contract a further £53,653 has been identified as a minimum 2% efficiency saving over the first 3 years of the contract.

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

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

- This procurement complies with the Council's Contract Procedures Rules
- The current Richmond Fellowship contract has received a previous 13 month exemption to the end of May 2018 (Value £447,114). A further 4 months exemption (Value £137,573) is required for 1<sup>st</sup> June to 30<sup>th</sup> September 2018 in order to achieve the timelines for the procurement exercise. Total exemption value £584,687.
- Contract length of 3.5 years +2+2 to align with potential to procure a joint recovery service with Drug and Alcohol commissioners within Public Health

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

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

- Vision to deliver quality and more affordable packages of statutory care as part of a joined up approach to service delivery to remove duplication and provide more effective commissioning of support packages for complex mental health needs
- In order to jointly commission the service across Cambridgeshire and Peterborough authorities, a Delegation Agreement will be required and agreed by both parties' legal teams.
- A Partnership Agreement will be required between Cambridgeshire County Council and Cambridgeshire and Peterborough CCG to align budgets to this service
- There is a risk that if this service is not commissioned the opportunity to innovate beyond the current service delivery mix will be lost and savings will be difficult to deliver without detriment to small organisations.
- By commissioning a county-wide service, voluntary sector organisations will need to look at potential partnerships to be able to deliver within this model. Officers are

working with the market to help develop partnership arrangements and have identified organisations where there may be a specific risk and are working with them to improve service models and offer added value.

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

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

- This service is designed to support those in our communities who require support under the Care Act 2014 and Equality Act 2010.
- The service will be committed to reducing the stigma of mental health in local communities participating in and leading local initiatives
- The service will aim to improve the equality of access to services for people with mental health need.

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

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

- This proposal has been developed in consultation with PCC and CCG colleagues
- Views have been sought from providers, stakeholders and service users about the service and the proposed model of delivery.
- A series of engagement events have been held with current and prospective providers as well as local stakeholders within mental health pathways
- The public haven't directly been approached in relation to this procurement although feedback from both carers and service users has been actively sought
- Members haven't yet been consulted on this re-tendering exercise

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

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

- Members have not yet been consulted on this re-tendering exercise
- The service will be designed to meet local needs across the diverse nature of the county, providing an equitable service and adding value to local services rather than duplicating provision that already exists
- The service delivery proposal aims to empower service users and local communities to develop the service in a flexible way to meet local needs

#### **4.7 Public Health Implications**

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

- The service provides a proactive approach to prevent escalating mental health needs supporting Public Health initiatives around anti-stigma and improving physical health needs
- There is a longer term ambition to procure a joint community based service to meet the needs of people with co-occurring mental health and substance misuse needs

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

<b>Source Documents</b>	<b>Location</b>
None	

**FINANCE AND PERFORMANCE REPORT – JANUARY 2018**

**To: Adults Committee**

**Meeting Date:**

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

**Electoral division(s): All**

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

**Purpose: To provide the Committee with the January 2018 Finance and Performance report for People and Communities Services (P&C), formerly Children's, Families and Adults Services (CFA).**

**The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of January 2018.**

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

<b>Officer contact:</b>		<b>Member contacts:</b>	
Name:	Stephen Howarth	Names:	Cllr Bailey/Cllr Howell
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Tel:	01223 714770	Tel:	01223 706398

## 1.0 BACKGROUND

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

<b>Forecast Variance Outturn (Nov) £000</b>	<b>Directorate</b>	<b>Current Budget £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance Outturn (Jan) £000</b>
3,744	Adults & Safeguarding	146,310	633	444
-55	Adults Commissioning (including Local Assistance Scheme)	18,415	-107	146
0	Communities & Safety – Safer Communities Partnership	1,589	23	0
<b>3,689</b>	<b>Total Expenditure</b>	<b>166,314</b>	<b>549</b>	<b>590</b>
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-22,022	0	0
<b>3,689</b>	<b>Total</b>	<b>144,292</b>	<b>549</b>	<b>590</b>

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

## 1.4 Financial Context

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

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

## 2.0 MAIN ISSUES IN THE JANUARY 2018 P&C FINANCE & PERFORMANCE REPORT

- 2.1 The January 2018 Finance and Performance Report is attached at Appendix 2. At the end of November, P&C forecast a pressure of £6,774k. This is a worsening position from the previous position reported to the committee in November when the forecast was £6,259k. The position within Adults Services noted above has improved, but this is a technical adjustment to the reporting of a re-prioritisation of grant funded activity which was previously reported against the Executive Director line. Without this, the underlying position has worsened by around £500k.



Within Adults Services, as well as making significant savings through transformation, the Council faces significant demand pressures within both Learning Disability, as a result of increasing needs, and Older People services, particularly as a result of increased demand in the NHS and improved performance in reducing delayed transfers of care.

In many cases, planned transformation and demand management strategies are in progress and will deliver the significant savings required although to a delayed timescale. Financial mitigations continue to be identified each month across the directorate, with a major one off grant deployment now reported within Adults and Safeguarding.

## 2.2 Revenue

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

- In Adults and Safeguarding, the year-end forecast on the Learning Disability Partnership has increased by £528k. Overall this is due to higher than expected demand pressures throughout the year and lower levels of savings than required. A detailed review of expected saving delivery in the last quarter has resulted in a reduction in the projected savings for the year. This reduction is due to capacity being needed to negotiate with providers around fee uplifts (reducing potential costs), the speed of reassessment work not being as high as anticipated, and delays caused by providers and the NHS in other regions not engaging sufficiently with savings work.
- In Adults and Safeguarding, the forecast position in Older People's Services has improved by £427k, reflecting a reduced number of service-users receiving care over several months compared to the trend of the first half of the year. This will be kept under review in light of any pressures during the winter period.
- In Commissioning, a £200k pressure is reported as a result of lower income from the NHS from Funded Nursing Care than budgeted. This reflects a lower number of in-county nursing placements than budgeted for, and so less overall contribution from the NHS to nursing care (out of county nursing care is funded separately). This is partially offset by the reduction in the forecast in Older People's Services noted above.
- A technical adjustment has been made to the reporting of an underspend relating to the assumed re-prioritisation of grant funded activity in response to Adults Services pressures as they emerge. This was previously reported against the Executive Director line, and is now reported under Strategic Management – Adults, reflecting the reducing of pressures in that area. In addition, this underspend has increased by £326k.

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

<p><b>Strategic Management - Adults</b></p> <p>Forecast year-end variance: <b>-£4,067</b></p>	<p>The key reasons for the underspend in this area are:</p> <ul style="list-style-type: none"> <li>• £193k on vacancy savings as a result of difficulties in recruiting to posts across the Directorate.</li> <li>• £100k of efficiencies from the provision of services relating to social care needs for prisoners.</li> <li>• £48k of efficiencies in respect of efficiencies in the adults Central Transport team</li> <li>• Substantial, one-off additional funding from the re-prioritisation of grant funding</li> </ul>
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<b>Autism and Adult Support</b>  Forecast year-end variance: <b>-£130k</b>	The key reason for the underspend in this area is: <ul style="list-style-type: none"> <li>• Lower than expected service-user needs, and efficiencies that have been made in existing care packages as a result of shorter-term interventions being put in place in line with the Transforming Lives approach.</li> <li>• This has reduced slightly since the last report as a result of several new service-users with higher than expected costs</li> </ul>
<b>Learning Disability Services (LD)</b>  Forecast year-end variance: <b>+£2,917k</b>	The key reasons for the pressure in this area are: <ul style="list-style-type: none"> <li>• Demand pressures are higher than expected, despite positive work that has reduced the overall number of people in high-cost out-of-area in-patient placements. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in 2017/18 due to increased needs being identified at reassessment that we have a statutory duty to meet.</li> <li>• Under-delivery of business plan savings as a result of slippage on planned work. This reflects both further slippage on planned work and a lower level of delivery per case than anticipated. This is partially due to the need to devote energy to fee uplift negotiations with providers, which is expected to deliver reduced costs, offsetting the lower savings, as well as staff retention, and out of area CCGs not engaging as we would expect contributing to delays in reaching savings. It is expected that the majority of the work not undertaken this year will be done in 2018/19 instead, delivering some of the planned savings in that year. Overall, £3.1m of savings have been delivered so far this year.</li> <li>• In House Provider services have a pressure resulting mainly from the level of slippage of staff costs as a result of vacancies not being as high as expected. Staffing is used efficiently, but a minimum level of staffing is required to comply with regulations.</li> </ul> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>• The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements.</li> <li>• Using this expertise to share learning with existing social work teams in a different way of working to deliver efficiencies as part of business as usual work, and bringing forward the recruitment of additional brokerage capacity.</li> <li>• Bringing forward work to look at high-cost out-of-county placements and review whether cheaper, more effective, and in-county placements can be found.</li> <li>• Requests from providers regarding National Living Wage pressures and other uplifts are being actively managed and scrutinised – it is expected that the budget for uplifts will underspend by around £100k as a result.</li> <li>• Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services.</li> <li>• Reviewing the level of direct payments clawed-back due to under-use and factoring in some over-recovery against the predicted level.</li> </ul>
<b>Older People's Services</b>  Forecast year-end variance: <b>+£1,431k</b>	The key reasons for the pressure in this area are: <ul style="list-style-type: none"> <li>• Higher demand for placements than anticipated at the start of the year, notably in relation to high cost packages (residential and nursing care).</li> <li>• Increasing package prices as a result of market pressures.</li> </ul>

	<ul style="list-style-type: none"> <li>Recently improved performance in DTOC, resulting in increased expenditure.</li> </ul> <p>The forecast in Older People's services has improved since the last report as a result of a reducing number of service-users receiving care from the Council, and an increasing number of placements ending due to death and hospital admission.</p> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>Increasing the utilisation rate of existing block contracts;</li> <li>Working closely with the Brokerage team to minimise new placement costs;</li> <li>Introducing a new process for Continuing Health Care to help reduce the time between initial checklist and case completion.</li> <li>Reviewing DTOC arrangements to ensure timely reviews following discharge</li> </ul>
<b>Physical Disabilities (PD)</b>  Forecast year-end variance: <b>-£139k</b>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> <li>Revised projections of costs for the remaining part of the year as a result of lower than expected demand and higher than expected clawbacks of unused direct payments.</li> </ul>
<b>Mental Health Central</b>  Forecast year-end variance: <b>-£105k</b>	<p>The key reason for the underspend in this area is:</p> <ul style="list-style-type: none"> <li>The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17.</li> </ul>
<b>Mental Health Services</b>  Forecast year-end variance: <b>+545k</b>	<p>The key reasons for the pressure in this area are:</p> <ul style="list-style-type: none"> <li>Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year.</li> <li>Continuing increases in demand since April has significantly impacted on savings delivery in-year.</li> </ul> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>Identification of underspends elsewhere across Mental Health Services, notably efficiencies achieved on the Section 75 contract, as reported under Mental Health Central.</li> <li>Securing appropriate funding for service users with health needs.</li> <li>Stepping up strategies for move on;</li> <li>Working with the new provider of supported accommodation to increase thresholds thereby reducing the use of more expensive residential care in adult mental health; and</li> </ul>
<b>Central Commissioning – Adults</b>  Forecast year-end variance: <b>+145k</b>	<p>The key reasons for the pressure in this area are:</p> <ul style="list-style-type: none"> <li>Lower than expected income from the NHS for Funded Nursing Care. This is a flat daily rate paid to the Council by the NHS for in-county nursing placements. While the overall number of nursing placements has increased in year, they are proportionately more out-of-county, resulting in lower than expected FNC</li> </ul> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>Other contracts funded within Central Commissioning are being reviewed to ensure they are value for money</li> <li>Agreed use of earmarked reserves to support specific work on a one-off basis.</li> </ul>

## 2.4 Capital

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

2017/18				
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Jan) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %
P&C	-10,305	-8,239	2,066	20.0%
<b>Total Spending</b>	-10,305	-8,239	2,066	20.0%

## 2.5 Performance

Of the twenty-three P&C service performance indicators eleven are shown as green, four as amber and eight are red.

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

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

## 2.6 P&C Portfolio

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

## 3.0 2017-18 SAVINGS TRACKER

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

## 4.0 ALIGNMENT WITH CORPORATE PRIORITIES

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

- 4.1.1 There are no significant implications for this priority.

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

4.2.1 There are no significant implications for this priority

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

4.3.1 There are no significant implications for this priority

## **5.0 SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

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

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

5.2.1 There are no significant implications within this category.

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

5.3.1 There are no significant implications within this category.

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

5.4.1 There are no significant implications within this category.

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

5.5.1 There are no significant implications within this category.

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

5.6.1 There are no significant implications within this category.

### **5.7 Public Health Implications**

5.7.1 There are no significant implications within this category.

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

## **Appendix A**

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

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

Strategic Management – Adults  
Principal Social Worker, Practice and Safeguarding  
Autism and Adult Support  
Carers

#### **Learning Disability Services**

LD Head of Services  
LD - City, South and East Localities  
LD - Hunts & Fenland Localities  
LD – Young Adults  
In House Provider Services  
NHS Contribution to Pooled Budget

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

OP - City & South Locality  
OP - East Cambs Locality  
OP - Fenland Locality  
OP - Hunts Locality  
Discharge Planning Teams  
Shorter Term Support and Maximising Independence  
Physical Disabilities

#### **Mental Health**

Mental Health Central  
Adult Mental Health Localities  
Older People Mental Health

#### **Commissioning Directorate**

Strategic Management – Commissioning – *covers all of P&C*  
Local Assistance Scheme

#### **Adults Commissioning**

Central Commissioning - Adults  
Integrated Community Equipment Service  
Mental Health Voluntary Organisations

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

Safer Communities Partnership

#### **Executive Director**

Executive Director - *covers all of P&C*  
Central Financing - *covers all of P&C*

#### **Grant Funding**

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

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

**Finance and Performance Report – January 2018**

**Appendix B**

**1. SUMMARY**

**1.1 Finance**

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

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

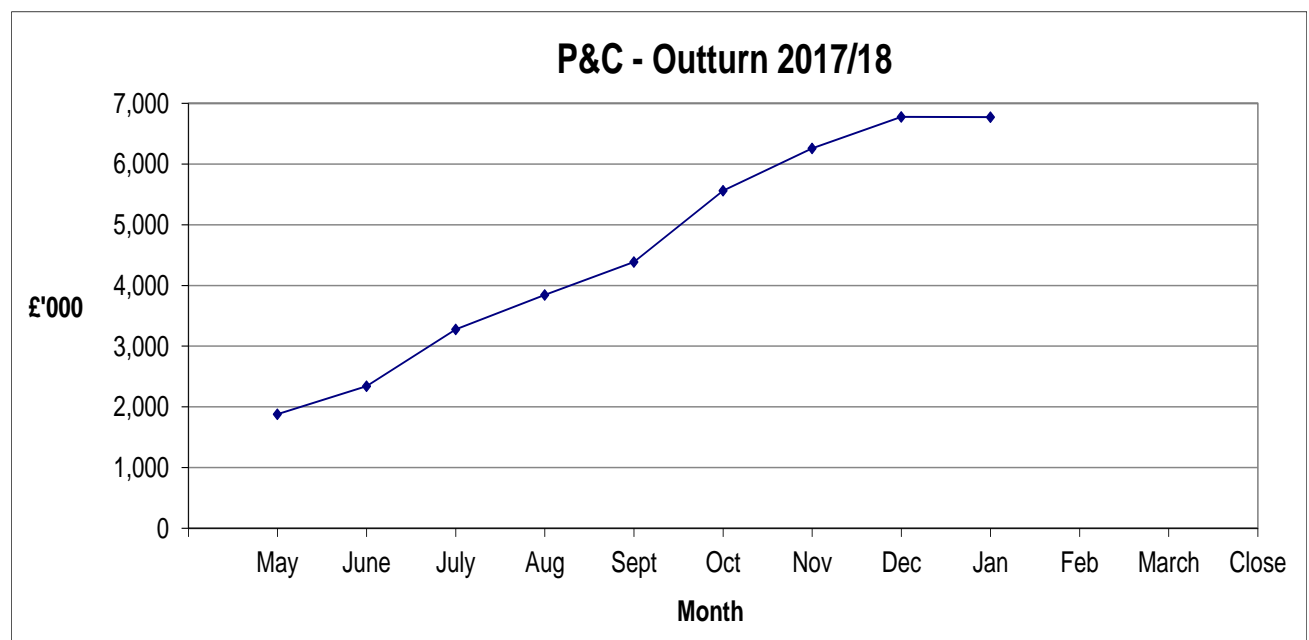
Monthly Indicators	Red	Amber	Green	Total
Dec Performance (No. of indicators)	7	4	12	23
Dec Portfolio (No. of indicators)	0	2	4	6

**2. INCOME AND EXPENDITURE**

**2.1 Overall Position**

Forecast Variance Outturn (Dec) £000	Directorate	Original Budget 2017/18 £000	Current Budget 2017/18 £000	Current Variance £000	Forecast Variance Outturn (Jan) £000	Forecast Variance - Outturn (Jan) %
4,151	Adults & Safeguarding	153,322	146,310	633	442	0.3%
584	Commissioning	26,385	33,708	309	829	2.5%
-113	Communities & Safety	4,517	6,844	4,785	-144	-2.1%
7,375	Children & Safeguarding	103,741	105,263	6,237	7,767	7.4%
-159	Education	10,068	20,031	-124	-227	-1.1%
-3,316	Executive Director	494	-107	80	-96	89.5%
<b>8,522</b>	<b>Total Expenditure</b>	<b>298,528</b>	<b>312,047</b>	<b>11,921</b>	<b>8,571</b>	<b>2.7%</b>
-1,743	Grant Funding	-39,991	-72,543	-1,048	-1,797	2.5%
<b>6,779</b>	<b>Total</b>	<b>258,537</b>	<b>239,504</b>	<b>5,866</b>	<b>6,774</b>	<b>2.8%</b>

The service level finance & performance report for January 2018 can be found in [appendix 1](#). Further analysis of the forecast position can be found in [appendix 2](#).



## 2.2 Significant Issues

At the end of January 2018 P&C is forecasting to be £6,774k over budget at year-end.

As well as making savings through transformation, the service faces significant demand pressures, particularly in children's services related to the rising number of looked after children, a national trend. Similarly, as demand increases on the NHS and the acute sector in particular, combined with improved performance in reducing delayed transfers of care from hospital, so have spending levels on Older Adults.

In many cases, planned transformation and demand management strategies are in progress and will deliver the significant savings required although to a delayed timescale. Financial mitigations continue to be identified each month across the directorate: there is a major *one-off* grant deployment now reported against Strategic Management - Adults.

The decrease in forecast since last month is -£5k. Significant changes are detailed below:

- In Adults and Safeguarding, the year-end forecast on the Learning Disability Partnership has increased by £528k. Overall this is due to higher than expected demand pressures throughout the year and lower levels of savings than required. A detailed review of expected saving delivery in the last quarter has resulted in a reduction in the projected savings for the year. This reduction is due to capacity being needed to negotiate with providers around fee uplifts (reducing potential costs), the speed of reassessment work not being as high as anticipated, and delays caused by providers and the NHS in other regions not engaging sufficiently with savings work.
- In Adults and Safeguarding, the forecast position in Older People's Services has improved by £427k, reflecting a reduced number of service-users receiving care over several months compared to the trend of the first half of the year. This will be kept under review in light of any pressures during the winter period.



- In Commissioning, a £200k pressure is reported as a result of lower income from the NHS from Funded Nursing Care than budgeted. This reflects a lower number of in-county nursing placements than budgeted for, and so less overall contribution from the NHS to nursing care (out of county nursing care is funded separately). This is partially offset by the reduction in the forecast in Older People's Services noted above.
- In Children & Safeguarding, the Strategic Management budget has a year-end forecast of £822k over budget. This is a decrease of -£200k since last month following a review of actual and estimated vacancy savings within the service.
- In Children & Safeguarding, the Children in Care budget is forecasting to be £557k over budget, an increase of £150k from last month, as a result of increases across both the under 18 & over 18 Unaccompanied Asylum Seeking Children and 14-25 LAC Team budgets mainly due to the number of clients being supported and latest income expectations from the Home Office, together with an increase in the in-house fostering forecast due to additional placements being made.
- In Children & Safeguarding, the Looked After Children Placements budget is forecasting to be £3,249k over budget, an increase of £300k from last month. The majority of this increase is the result of delayed savings that were forecast for planned placement moves and one new high cost secure accommodation placement that has recently been commissioned.
- A technical adjustment has been made to the reporting of an underspend relating to the assumed re-prioritisation of grant funded activity in response to Adults Services pressures as they emerge. This was previously reported against the Executive Director line, and is now reported under Strategic Management – Adults, reflecting the reducing of pressures in that area. In addition, this underspend has increased by £326k.

### **2.3 Additional Income and Grant Budgeted this Period**

(De Minimis reporting limit = £160,000)

A full list of additional grant income anticipated and reflected in this report can be found in [appendix 3](#).

### **2.4 Virements and Transfers to / from Reserves (including Operational Savings Reserve) (De Minimis reporting limit = £160,000)**

A list of virements made in the year to date can be found in [appendix 4](#).

## 2.5 Key Activity Data

The Actual Weekly Costs for all clients shown in section 2.5.1-2 are calculated based on all clients who have received a service, are receiving a service, or we plan will receive a service. Some clients will have ceased receiving a service in previous months, or during this month, or we will have assumed an end date in the future.

### 2.5.1 Key activity data to the end of January for **Looked After Children (LAC)** is shown below:

	BUDGET				ACTUAL (Jan)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Jan 18	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£143k	52	2,743.20	2	1.23	£168k	2,777.75	0.23	£26k	34.55
Residential - secure accommodation	0	£k	52	0.00	1	0.21	£76k	6,755.00	0.21	£76k	6,755.00
Residential schools	16	£1,160k	52	1,408.53	18	15.87	£1,899k	2,627.67	-0.13	£739k	1,219.14
Residential homes	22	£3,018k	52	2,656.43	37	35.30	£5,721k	3,249.07	13.3	£2,704k	592.64
Independent Fostering	263	£10,304k	52	784.53	260	261.45	£10,883k	803.20	-1.55	£579k	18.67
Supported Accommodation	15	£1,244k	52	1,247.14	28	25.02	£1,795k	1,438.97	10.02	£551k	191.83
16+	25	£608k	52	467.73	9	7.42	£84k	219.81	-17.58	£524k	-247.92
Growth/Replacement	-	£868k	-	-	-	-	£115k	-	-	£754k	-
Pressure funded within directorate	-	£k	-	-	-	-	£147k	-	-	£147k	-
<b>TOTAL</b>	<b>342</b>	<b>£17,344k</b>			<b>355</b>	<b>346.50</b>	<b>£20,593k</b>		<b>4.5</b>	<b>£3,249k</b>	
In-house fostering - Basic	212	£2,053k	56	172.89	195	180.83	£1,845k	182.13	-31.17	£207k	9.24
In-house fostering - Skills	212	£1,884k	52	170.94	195	179.52	£1,651k	178.81	-32.48	£233k	7.87
Kinship - Basic	40	£439k	56	195.84	38	41.03	£410k	190.03	1.03	£29k	-5.81
Kinship - Skills	11	£39k	52	68.78	11	11.00	£39k	68.78	0	£k	0.00
In-house residential	5	£556k	52	2,138.07	3	3.36	£539k	3,083.81	-1.64	£17k	945.74
Growth*	0	£297k	-	0.00	0	0.00	£k	0.00	-	£297k	-
<b>TOTAL</b>	<b>257</b>	<b>£4,674k</b>			<b>236</b>	<b>225.22</b>	<b>£4,484k</b>		<b>-31.78</b>	<b>£190k</b>	
Adoption	376	£3,236k	52	165.51	417	406.52	£3,493k	162.80	30.52	£257k	-2.71
Concurrent Adoption	5	£91k	52	350.00	5	3.20	£58k	350.00	-1.8	£33k	0.00
<b>TOTAL</b>	<b>381</b>	<b>£3,327k</b>			<b>422</b>	<b>409.72</b>	<b>£3,551k</b>		<b>30.52</b>	<b>£224k</b>	
<b>OVERALL TOTAL</b>	<b>980</b>	<b>£25,345k</b>			<b>1013</b>	<b>981.44</b>	<b>£28,628k</b>		<b>3.24</b>	<b>£3,283k</b>	

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

\*Represented potential growth of in-house foster placements to be managed against the LAC Placements budget but unlikely to now occur.

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

	BUDGET			ACTUAL (Jan 18)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Jan 18	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£63k	102	100.24	£6,784k	£68k	4	2.24	£618k	£5k
Hearing Impairment (HI)	3	£100k	£33k	2	2.00	£74k	£37k	-1	-1.00	£26k	£4k
Moderate Learning Difficulty (MLD)	3	£109k	£36k	7	5.26	£114k	£22k	4	2.26	£5k	£15k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£k
Physical Disability (PD)	1	£19k	£19k	5	3.40	£66k	£19k	4	2.40	£47k	£k
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	£41k	£k
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	41	41.91	£2,039k	£49k	6	6.91	£549k	£6k
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	2	2.00	£90k	£45k	-1	-1.00	£74k	£10k
Severe Learning Difficulty (SLD)	2	£180k	£90k	2	2.00	£97k	£48k	0	0.00	£84k	£42k
Specific Learning Difficulty (SPLD)	8	£164k	£20k	7	5.65	£236k	£42k	-1	-2.35	£72k	£21k
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£57k	£29k	0	0.00	£7k	£4k
Recoupment	-	-	-	-	-	£134k	-	-	-	£134k	-
<b>TOTAL</b>	<b>157</b>	<b>£8,573k</b>	<b>£55k</b>	<b>170</b>	<b>164.46</b>	<b>£9,423k</b>	<b>£58k</b>	<b>13</b>	<b>7.46</b>	<b>£850k</b>	<b>£4k</b>

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

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

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

### 2.5.3 Key activity data to end of January for **Adult Disability and Learning Disability** Services is shown below:

		BUDGET			ACTUAL (Jan 18)				Forecast		
Service Type		Budgeted No. of Service Users 2017/18	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of Jan 18	DoT	Current Average Unit Cost (per week) £	DoT	Forecast Actual £000	DoT	Forecast Variance £000
Adult Disability Services	Residential	31	£1,121k	£1,807k	29	↔	£981	↓	£1,620k	↓	-£187k
	Nursing	20	£928k	£965k	20	↓	£995	↓	£1,240k	↑	£275k
	Community	669	£292k	£10,149k	644	↑	£330	↑	£10,448k	↑	£299k
<b>Total expenditure</b>		<b>720</b>		<b>£12,921k</b>	<b>692</b>				<b>£13,226k</b>		<b>£305k</b>
<b>Income</b>				-£1,646k					-£1,668k	↑	-£22k
<b>Further savings assumed within forecast</b>										↔	-£558k
<b>Net Total</b>				<b>£11,275k</b>							<b>-£275k</b>

Learning Disability Services	Residential	313	£1,381	£22,569k	308	↔	£1,368	↓	£22,390k	↓	-£179k
	Nursing	8	£2,133	£889k	7	↔	£1,842	↔	£779k	↓	-£110k
	Community	1,272	£616	£40,626k	1,285	↓	£649	↔	£44,411k	↓	£3,785k
<b>Learning Disability Service Total</b>		<b>1,593</b>		<b>£64,084k</b>	<b>1,600</b>				<b>£67,580k</b>		<b>£3,496k</b>
<b>Income</b>				-£2,825k					-£3,365k	↑	-£540k
<b>Further savings assumed within forecast as shown in Appendix 1</b>										↓	-£194k
<b>Net Total</b>											<b>£2,762k</b>

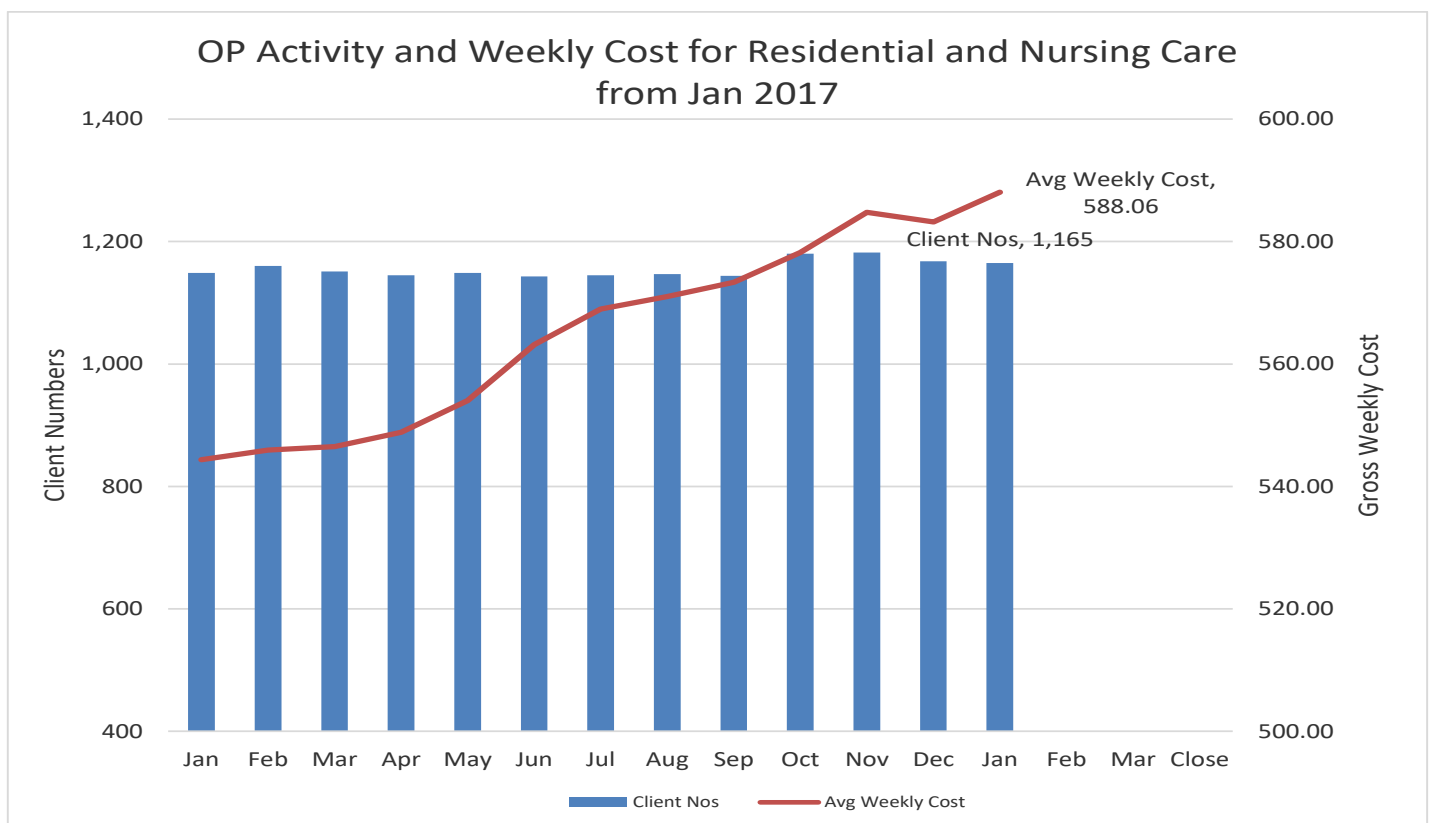
### 2.5.4 Key activity data to end of January for **Adult Mental Health** Services is shown below:

		BUDGET			ACTUAL (Jan)				FORECAST		
Service Type		Budgeted No. of Clients 2017/18	Budgeted Average Unit Cost (per week) £'s	Annual Budget £000's	Snapshot of No. of Clients at End of Jan 18	DoT	Current Average Unit Cost (per week) £'s	DoT	Forecast Spend £000's	DoT	Variance £000's
Adult Mental Health	Community based support	24	£72	£90k	13	↓	£156	↑	£127k	↔	£37k
	Home & Community support	154	£88	£709k	185	↓	£87	↓	£855k	↓	£146k
	Nursing Placement	13	£803	£544k	16	↔	£630	↑	£563k	↑	£19k
	Residential Placement	65	£736	£2,493k	72	↓	£679	↓	£2,623k	↓	£130k
	Supported Accommodation	133	£119	£828k	120	↑	£165	↑	£691k	↑	-£137k
	Direct Payments	20	£235	£245k	13	↔	£247	↑	£179k	↓	-£66k
	Anticipated New Demand										£150k
	Income			-£368k					-£367k		£1k
<b>Adult Mental Health Total</b>		<b>409</b>		<b>£4,541k</b>	<b>419</b>				<b>£4,671k</b>		<b>£280k</b>
<b>Further savings assumed within forecast as shown in Appendix 1</b>											<b>-£483k</b>

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

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

OP Total	BUDGET			ACTUAL (Jan 18)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	447	£483	£11,593k	450	↓	£506	↑	£12,751k	↓	£1,159k
Residential Dementia	347	£536	£9,984k	377	↑	£553	↑	£10,982k	↓	£998k
Nursing	301	£715	£11,694k	281	↓	£724	↑	£11,293k	↑	-£401k
Nursing Dementia	55	£753	£2,253k	57	↑	£798	↑	£2,175k	↔	-£77k
Respite			£1,303k					£1,352k	↓	£49k
Community based										
~ Direct payments	248	£173	£2,239k	226	↓	£272	↑	£2,811k	↓	£571k
~ Day Care			£941k					£927k	↓	-£14k
~ Other Care			£4,976k					£4,644k	↑	-£332k
~ Homecare arranged	1,608	per hour £15.70	£13,265k	1,327	↓	per hour £16.09	↓	£13,726k	↓	£462k
Total Expenditure	3,006		£58,247k	2,718				£60,661k		£2,415k
Residential Income			-£8,306k					-£8,987k	↓	-£681k
Community Income			-£8,099k					-£8,412k	↓	-£313k
Health Income			-£9k					-£14k	↑	-£5k
Total Income			-£16,415k					-£17,413k		-£999k
Further Savings Assumed Within Forecast as shown within Appendix 1										£k



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

OPMH Total	BUDGET			ACTUAL (Jan 18)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	14	£663	£503k	24	↔	£647	↓	£626k	↑	£122k
Residential Dementia	28	£533	£802k	25	↑	£588	↑	£996k	↑	£195k
Nursing	16	£740	£610k	24	↔	£689	↑	£762k	↑	£152k
Nursing Dementia	90	£747	£3,526k	103	↓	£810	↑	£4,404k	↑	£878k
Respite			£10k					£6k	↓	-£4k
Community based										
~ Direct payments	16	£207	£165k	13	↔	£343	↑	£226k	↑	£61k
~ Day Care			£3k					£13k	↑	£10k
~ Other Care			£38k					£45k	↓	£7k
~ Homecare arranged	45	per hour £15.95	£546k	52	↓	per hour £16.34	↑	£627k	↑	£81k
Total Expenditure	209		£6,204k	241				£7,706k		£1,502k
Residential Income			-£862k					-£915k	↓	-£53k
Community Income			-£244k					-£399k	↑	-£155k
Health Income			£k					£k	↔	£k
Total Income			-£1,106k					-£1,314k		-£208k
Further Savings Assumed Within Forecast as shown in Appendix 1										-£494k

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

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

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

### **3. BALANCE SHEET**

#### **3.1 Reserves**

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

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

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

As at the end of January 2018 the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation budget of £10,305k. A forecast outturn will only be reported once slippage exceeds this level. However, in January movements on schemes have occurred totaling £698k. The significant changes are detailed below;

- North West Cambridge Primary School; £145k slippage as the scheme has not progressed to design and planning. Scheme to be rephased when further clarity is known around the commencement of the housing development.
- Ramnoth Junior School; £100k slippage due to a delay on site, actions to mitigate the delay have been taken by the contractor.
- Fulbourn Primary School; £600k accelerated spend as works are progressing ahead of original contractor programme.
- Chatteris New Primary School; £180k slippage, the withdrawal of an approved bid by the sponsor to open the new school as a Free School from September 2018 and recent demographics which show the scheme is needed less urgently than originally thought has required the re-evaluation of options for providing the additional places required. The additional places will now be delivered as an extension of the age range at Cromwell Community College and has meant a new design proposal was required and the scheme has not yet progressed beyond the concept design stage
- Cambridge Additional Places; £685k slippage due to delays in the kitchen refurbishment works at St Bede's and Chesterton element of the scheme not starting on site until next financial year.
- Spring Common Special School; £100k slippage as the SEN review is ongoing and scheme will not progress until the review is concluded and clarity over demand is known.

A detailed explanation of the position can be found in appendix 6.

### **4. PERFORMANCE**

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

The performance measures included in this report are the set agreed by Committees for 2016/17. Following discussion with General Purposes Committee earlier in the current (2017/18) financial year, a revised set of measures are being developed with service leads. These will be reported from October. Following a request from CYP Committee measures in appendix 7 are now ordered by Directorate. The latest available benchmarking information has also been provided in the performance table.

Seven indicators are currently showing as RED:

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

During December, we saw the numbers of children with a Child Protection plan decrease from 538 to 513.

The introduction of an Escalation Policy for all children subject to a Child Protection Plan was introduced in June. Child Protection Conference Chairs raise alerts to ensure there is clear planning for children subject to a Child Protection Plan. This has seen a decrease in the numbers of children subject to a Child Protection Plan.

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

The number of Looked After Children increased slightly from 701 to 703 in December. This figure includes 70 UASC, 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.

Actions being taken include:

A weekly Threshold to Resources Panel (TARP), chaired by the Assistant Director for Children's Services to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. Decisions and Children's Plans are monitored via a tracker which also takes into account the children's care plan-discussed in the Permanency Monitoring Group.

A monthly Permanency Monitoring Group (PMG) considers all children who are looked after, paying attention to their care plan, ensuring reunification is considered and if this is not possible a timely plan is made for permanence via Special Guardianship Order, Adoption or Long Term Fostering.

TARP links with the monthly High Cost Placements meeting, which as of January 2018 will also be chaired by the Assistant Director for Children's Services. The panel ensures that required placements meet the child or young person's needs and are cost effective and joint funded with partners where appropriate.

At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.

- **FSM/Non-FSM attainment gap % achieving the national standard in Reading, Writing & Maths at KS2**

Final KS2 2017 results data was published 25<sup>th</sup> January 2018. It shows that the gap in the performance of KS2 pupils eligible for FSM and those not eligible for FSM has widened by a further 9 percentage points since 2016.

The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential.

- **FSM/non-FSM attainment gap % achieving 5+A\*-C at GCSE including Maths and English**

All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

The 2016 data shows that there is a significant gap in the performance of pupils eligible for FSM in the KS4 tests. Cambridgeshire's gap is currently wider than seen nationally. 2017 data is expected to be released imminently.

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

Performance remains low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams – and there are currently 50 service users identified as being in employment yet to be reviewed in the current year). (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)

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

As of the end of November 2017 there were 5,268 adult social care bed-day delays reported in the Cambridgeshire system, an increase of around 12% in comparison with the same 6 month period in the previous financial year.

Lack of capacity in home care packages and nursing and residential beds is the main driver of bed-day delays for which the Council has responsibility. An increase in admissions and an increase in the level of complexity since last year has compounded the effect of lack of capacity in these areas.

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

In November 2017 there were 680 ASC- attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 991 delays – a reduction of 31%. The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

Delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's remain the key drivers of ASC bed-day delays.

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

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

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



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

Forecast Variance Outturn (Dec) £'000		Service	Current Budget for 2017/18 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance		Forecast Variance Outturn (Jan)	
						£'000	%	£'000	%
Adults & Safeguarding Directorate									
-391	1	Strategic Management - Adults	3,502	7,583	3,972	-3,611	-48%	-4,067	-116%
60		Principal Social Worker, Practice and Safeguarding	1,372	1,147	1,081	-65	-6%	62	4%
-124	2	Autism and Adult Support	835	600	532	-69	-11%	-130	-16%
-35	3	Carers	706	585	521	-65	-11%	-122	-17%
Learning Disability Services									
-106	4	LD Head of Service	5,625	3,974	3,912	-62	-2%	-35	-1%
424	4	LD - City, South and East Localities	33,562	30,022	30,651	629	2%	666	2%
1,598	4	LD - Hunts & Fenland Localities	27,148	22,814	24,385	1,571	7%	1,843	7%
32	4	LD - Young Adults	4,258	3,318	3,337	19	1%	0	0%
442	4	In House Provider Services	5,519	4,733	5,099	366	8%	443	8%
0		NHS Contribution to Pooled Budget	-17,113	-17,113	-17,113	0	0%	0	0%
Older People and Physical Disability Services									
1,067	5	OP - City & South Locality	19,068	16,536	17,296	760	5%	907	5%
146	5	OP - East Cambs Locality	6,024	5,318	5,429	111	2%	-17	0%
261	5	OP - Fenland Locality	9,001	7,647	7,846	199	3%	324	4%
384	5	OP - Hunts Locality	12,459	10,680	11,007	327	3%	217	2%
0		Discharge Planning Teams	2,189	1,827	1,775	-53	-3%	0	0%
51		Shorter Term Support and Maximising Independence	7,131	5,749	5,766	17	0%	51	1%
-150	6	Physical Disabilities	11,818	10,865	10,829	-36	0%	-139	-1%
Mental Health									
-105	7	Mental Health Central	1,363	1,205	1,221	16	1%	-105	-8%
-132	8	Adult Mental Health Localities	6,008	4,983	5,047	63	1%	-197	-3%
729	8	Older People Mental Health	5,836	5,407	5,922	516	10%	743	13%
4,151		Adult & Safeguarding Directorate Total	146,310	127,882	128,515	633	0%	442	0%
Commissioning Directorate									
-154	9	Strategic Management – Commissioning	2,551	1,977	1,724	-254	-13%	-154	-6%
-61		Access to Resource & Quality	1,039	729	694	-35	-5%	-61	-6%
-28		Local Assistance Scheme	321	321	292	-29	-9%	-28	-9%
Adults Commissioning									
-36	10	Central Commissioning - Adults	13,494	8,478	8,424	-53	-1%	145	1%
-20		Integrated Community Equipment Service	711	1,961	1,953	-8	0%	-30	-4%
25		Mental Health Voluntary Organisations	3,889	3,229	3,212	-17	-1%	59	2%
Childrens Commissioning									
-21		Commissioning Services	2,569	1,919	1,889	-30	-2%	-21	-1%
380	11	Home to School Transport – Special	8,008	5,471	5,790	319	6%	420	5%
500	12	LAC Transport	1,126	803	1,220	417	52%	500	44%
584		Commissioning Directorate Total	33,708	24,888	25,197	309	1%	829	2%

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

### Communities & Safety Directorate

0		Strategic Management - Communities & Safety	72	112	166	54	48%	-27	-38%
-103	13	Youth Offending Service	1,618	1,154	980	-174	-15%	-107	-7%
-10		Central Integrated Youth Support Services	448	-246	-228	18	-7%	-10	-2%
0		Safer Communities Partnership	1,589	1,278	1,301	23	2%	0	0%
0		Strengthening Communities	484	383	385	2	1%	0	0%
0		Adult Learning & Skills	2,632	2,103	1,961	-142	-7%	0	0%
0		Learning Centres	0	0	-2	-2	0%	0	0%
<b>-113</b>		<b>Communities &amp; Safety Directorate Total</b>	<b>6,844</b>	<b>4,785</b>	<b>4,563</b>	<b>-222</b>	<b>-5%</b>	<b>-144</b>	<b>-2%</b>

### Children & Safeguarding Directorate

1,022	14	Strategic Management – Children & Safeguarding	3,575	3,976	4,663	686	17%	822	23%
94		Partnerships and Quality Assurance	1,892	1,478	1,546	68	5%	91	5%
406	15	Children in Care	13,023	11,258	11,785	527	5%	557	4%
-98		Integrated Front Door	2,788	2,384	2,349	-35	-1%	-98	-4%
0		Children's Centre Strategy	317	271	259	-12	-4%	0	0%
-15		Support to Parents	2,973	1,326	1,345	19	1%	0	0%
2,949	16	Looked After Children Placements	17,344	13,225	15,790	2,565	19%	3,249	19%
576	17	Adoption Allowances	4,406	3,731	4,298	568	15%	576	13%
600	18	Legal Proceedings	1,540	1,128	1,724	596	53%	686	45%
<u>SEND Specialist Services (0-25 years)</u>									
54		SEND Specialist Services	7,429	6,522	6,587	65	1%	72	1%
168	19	Children's Disability Service	6,527	6,209	6,369	160	3%	168	3%
200	20	High Needs Top Up Funding	13,573	12,506	12,738	233	2%	200	1%
850	21	Special Educational Needs Placements	8,973	8,338	8,875	537	6%	850	9%
88		Early Years Specialist Support	965	483	475	-8	-2%	88	9%
600	22	Out of School Tuition	1,119	546	1,089	543	99%	636	57%
<u>District Delivery Service</u>									
47		Safeguarding Hunts and Fenland	4,913	4,035	4,075	40	1%	47	1%
-90		Safeguarding East & South Cambs and Cambridge	4,403	3,441	3,365	-76	-2%	-90	-2%
-28		Early Help District Delivery Service –North	4,443	3,722	3,627	-96	-3%	-29	-1%
-49		Early Help District Delivery Service – South	5,060	3,867	3,723	-144	-4%	-58	-1%
<b>7,375</b>		<b>Children &amp; Safeguarding Directorate Total</b>	<b>105,263</b>	<b>88,446</b>	<b>94,683</b>	<b>6,237</b>	<b>7%</b>	<b>7,767</b>	<b>7%</b>

Forecast Variance Outturn (Dec) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Jan £'000	Actual to end of Jan £'000	Current Variance £'000   %		Forecast Variance Outturn (Jan) £'000   %	
Education Directorate								
-30	Strategic Management - Education	652	197	195	-2	-1%	-30	-5%
-35	Early Years' Service	1,414	1,072	992	-80	-7%	-20	-1%
0	Schools Curriculum Service	58	-48	-54	-6	13%	0	0%
0	Schools Intervention Service	1,077	802	890	88	11%	10	1%
-52	Schools Partnership Service	806	744	614	-131	-18%	-52	-6%
26	Children's' Innovation & Development Service	185	144	10	-133	-93%	8	4%
0	Teachers' Pensions & Redundancy	2,936	2,242	2,204	-38	-2%	-75	-3%
Infrastructure								
0	0-19 Organisation & Planning	3,683	2,400	2,385	-15	-1%	0	0%
0	Early Years Policy, Funding & Operations	90	75	66	-9	-12%	0	0%
-68	Education Capital	160	537	748	211	39%	-68	-43%
0	Home to School/College Transport – Mainstream	8,972	6,395	6,385	-10	0%	0	0%
-159	Education Directorate Total	20,031	14,559	14,436	-124	-1%	-227	-1%
Executive Director								
-3,101	<sup>23</sup> Executive Director	416	379	493	114	30%	119	29%
-215	<sup>24</sup> Central Financing	-523	-857	-891	-34	4%	-215	-41%
-3,316	Executive Director Total	-107	-479	-398	80	-17%	-96	90%
8,522	Total	312,047	260,081	266,995	6,914	3%	8,571	3%
Grant Funding								
-1,743	<sup>25</sup> Financing DSG	-40,018	-32,300	-33,348	-1,048	3%	-1,797	-4%
0	Non Baselined Grants	-32,525	-22,098	-22,098	0	0%	0	0%
-1,743	Grant Funding Total	-72,543	-54,398	-55,446	-1,048	2%	-1,797	2%
6,779	Net Total	239,504	205,683	211,549	5,866	3%	6,774	3%

## APPENDIX 2 – Commentary on Forecast Outturn Position

Narrative is given below where there is an adverse/positive variance greater than 2% of annual budget or £100,000 whichever is greater.

Service	Current Budget	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>1) Strategic Management – Adults</b>	<b>3,502</b>	<b>3,972</b>	<b>-4,067</b>	<b>-116%</b>
<p>An underspend of £4,067k is forecast for Strategic Management – Adults. The large increase is due to the changing of reporting lines, with a forecast underspend previously reported under the Executive Director line now reported here. The forecast underspend is due primarily to assumptions around the ability to re-prioritise grant funded activity (Improved Better Care Fund (iBCF), in response to Adults Services pressures as these emerge, this relates particularly to an increased performance in delayed transfers of care (DTC), bringing with it an increased need for the delivery of complex packages of care for older people.</p> <p>In addition, it is expected that vacancy savings across Adults and Safeguarding will over-deliver, and efficiencies have been made within Adults transport services.</p>				
<b>2) Autism &amp; Adult Support</b>	<b>835</b>	<b>532</b>	<b>-130</b>	<b>-16%</b>
<p>The Autism and Adult Support Team is forecast to be -£130k underspent at the end of the year, an increase in the underspend of £6k since December. The underspend is due to lower than expected service-user needs, and efficiencies that have been made in existing care packages as a result of shorter-term interventions being put in place in line with the Transforming Lives approach.</p>				
<b>3) Carers</b>	<b>706</b>	<b>521</b>	<b>-122</b>	<b>-17%</b>
<p>The Carers service is expected to be -£122k underspent at the end of the year. The underspend is due to lower levels of direct payments to carers than was expected at the start of the year. Uptake of direct payments has increased since last year, and good progress was made in the first half of the year.</p>				
<b>4) LD – Overall LDP Position</b>	<b>76,111</b>	<b>67,385</b>	<b>2,917</b>	<b>4%</b>
<p>At the end of January, the Learning Disability Partnership is forecasting to be £2,917k over budget at year-end, which is an increase of £528k from the previous month.</p> <p>Demand pressures are higher than expected, despite positive work that has reduced the overall number of people in high-cost out-of-area in-patient placements. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in 2017/18 due to increased needs being identified at reassessment that we have a statutory duty to meet.</p> <p>Following a review of savings delivery for the first three quarters of the year, Business Plan savings are now expected to under-deliver by approximately £1,604k. This is an increase in the forecast under-delivery of £571k and reflects both further slippage on planned work and a lower level of delivery per case than anticipated. This is partially due to the need to devote energy to fee uplift negotiations with providers, which is expected to deliver reduced costs, offsetting the lower savings, as well as staff retention, and out of area CCGs not engaging as we would expect contributing to delays in reaching savings. It is expected that the majority of the work not undertaken this year will be done in 2018/19 instead, delivering some of the planned savings in that year. Overall, £3.1m of savings have been delivered so far this year.</p> <p>The predicted pressure has been partially mitigated by a number of actions:</p> <ul style="list-style-type: none"> <li>• The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements.</li> </ul>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>LD – Overall LDP Position continued;</b> <ul style="list-style-type: none"> <li>Using this expertise to share learning with existing social work teams in a different way of working to deliver efficiencies as part of business as usual work, and bringing forward the recruitment of additional brokerage capacity.</li> <li>Bringing forward work to look at high-cost out-of-county placements and review whether cheaper, more effective, and in-county placements can be found.</li> <li>Requests from providers regarding National Living Wage pressures and other uplifts are being actively managed and scrutinised – it is expected that the budget for uplifts will underspend by around £100k as a result.</li> <li>Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services.</li> <li>Reviewing the level of direct payments clawed-back due to under-use and factoring in some over-recovery against the predicted level.</li> </ul> <p>In House Providers Services continues to have a pressure resulting mainly from the level of slippage on staff costs as a result of vacancies not being as high as expected. The provider units have managed with reducing budgets for several years, with a reduction of 6.4% in 2017/18. Staffing levels are being reviewed by the units in order to ensure staff members are being used as efficiently as possible, but a minimum level of staffing is required in units to ensure safe service delivery and to meet the regulatory standards of the Care Quality Commission.</p>				
<b>5) Older People's Services</b>	<b>46,552</b>	<b>41,578</b>	<b>1,431</b>	<b>3%</b>
<p>An overspend of £1.431m is forecast for year-end across Older People's Locality teams, which is an improvement of £427k on the position reported last month. The cost of care is forecast to be £2.5m in excess of budget, while income from client contributions has mitigated this position somewhat with a £1.0m overachievement of income forecast. Further mitigation is found through an underspend of £106k on block beds.</p> <p>The improvement in the forecast outturn reflects a reduction in the number of service users receiving care from the Council over the last couple of months; there has been an increase in the number of placements ending due to deaths and hospital admissions. However, it should be noted that we have not yet seen the effect of a recent increase in the number of hospital discharges on the budget. An allowance for this has been made in the forecast, the position should be clearer next month.</p> <p>The preventative measures of adult early help services have been successful in reducing the number of service users with low care needs and we continue to see a reduction in the overall number of people requiring financial support from the Council. However, we are still seeing an increase in commitments on the residential and nursing budgets, as the service users who do come to us requiring care have a higher level of need. This, together with the increasing cost of care packages is putting pressure on the budget. Senior managers have reviewed and tightened the process for ensuring that all care home placements are necessary and are confident that all placements are appropriate.</p> <p>The block underspend is due to a lower rate of activation of block placements than anticipated, as lower cost spot placements can still be found in some localities.</p> <p>There are potentially further savings to be made from negotiating Continuing Health Care funding from the CCG, although assumptions have been built in about expectations over the remainder of the financial year. However, progress with completing reviews and dealing with the backlog has been slow and there is a large backlog of service users awaiting CHC funding that may not be cleared this year.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>6) Physical Disabilities</b>	<b>11,818</b>	<b>10,829</b>	<b>-139</b>	<b>-1%</b>
<p>The Physical Disability Service is forecast to be -£139k underspent at year-end. The overall underspend forecast is mainly due to the over-achievement of savings in 2016/17, which reduced the budget requirement in 2017/18. This has been offset in October by revised forecasts of demographic pressures for the full year, as a result of larger than predicted changes to service-user numbers and the complexity of care provided.</p> <p>This forecast position assumes NHS funding (CHC) for service-users with health needs comes in at expected levels.</p>				
<b>7) Mental Health Central</b>	<b>1,363</b>	<b>1,221</b>	<b>-105</b>	<b>-8%</b>
<p>Mental Health Central is forecasting an underspend of £105k. One-off costs are partially offsetting the previously reported efficiency on the Section 75 contract value, which has been updated in line with the restructure of Mental Health Services undertaken during 2016/17.</p>				
<b>8) Mental Health Services</b>	<b>11,844</b>	<b>10,969</b>	<b>545</b>	<b>5%</b>
<p>Mental Health Services are forecasting to be £545k over budget across Adult Mental Health and Older People Mental Health.</p> <p>Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. Demand pressures have continued into the current year; Quality and Assurance panel is well established and CPFT continue to scrutinize packages before funding is approved, but savings delivery to date has been significantly impacted.</p> <p>It is expected that pace of savings delivery will increase through securing appropriate funding for service users with health needs, and further mitigation is expected from writing-back a short-term provision that is no longer required.</p> <p>Longer term mitigating actions include:</p> <ul style="list-style-type: none"> <li>stepping up strategies for move on;</li> <li>working with the new provider of supported accommodation to increase thresholds thereby reducing the use of more expensive residential care in adult mental health.</li> </ul> <p>A mitigating underspend has been identified through efficiencies achieved on the Section 75 contract, as reported under Mental Health Central.</p>				
<b>9) Strategic Management - Commissioning</b>	<b>2,551</b>	<b>1,724</b>	<b>-154</b>	<b>-6%</b>
<p>Strategic Management Commissioning is expected to be £154k underspent at the end of 2017/18.</p> <p>The Grants to Voluntary Organisations budget is forecasting an underspend of £195k, which is due to the Home Start/Community Resilience Grant where the re-commissioning of this service ceased in 16/17 (£168k), and £27k has been identified in relation to an underspend in Small Grants in 2017/18. This has therefore reduced the 2017/18 committed expenditure. This underspend is partially offset by interim management costs that were incurred pending the outcome of the new Commissioning Directorate consultation.</p>				
<b>10) Central Commissioning – Adults</b>	<b>13,494</b>	<b>8,424</b>	<b>145</b>	<b>1%</b>
<p>Central Commissioning – Adults is forecasting a pressure of £145k mainly due to lower than expected income from the NHS for Funded Nursing Care. This is a flat daily rate paid to the Council by the NHS for in-county nursing placements. While the overall number of nursing placements has increased in year, they are proportionately more out-of-county, resulting in lower than expected FNC.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>11) Home to School Transport – Special</b>	<b>8,008</b>	<b>5,790</b>	<b>420</b>	<b>5%</b>
<p>The Home to School Transport – Special Budget is forecasting to be £420k over budget at year-end. This is due to a higher than expected number of transport applications from children attending special schools, with an increase of 8% in the number of Cambridgeshire pupils attending Special Schools in the Autumn Term of Academic Year 17/18 compared to Autumn Term 16/17.</p> <p>While savings have been made through successful routes tenders, savings activities around Independent Travel Training and Personal Transport Budgets (PTB) have not been achieved.</p> <p>Mitigating actions being taken include:</p> <ul style="list-style-type: none"> <li>• A detailed review of children and young people currently travelling in high-cost single occupancy taxis to assess whether more cost-effective options are available</li> <li>• A strictly time limited review of the PTB scheme looking at the current criteria, decision-making, reporting and monitoring processes and how these can be improved to deliver the planned savings.</li> <li>• A working group has been established to relaunch the plan to roll out independent travel training with the first group of children and young people being able to travel independently from September 2018</li> </ul> <p>Due to the length of existing contracts and the structure of the academic year it is unlikely that the current pressure will be reduced within 2017/18, however these actions will ensure that the pressure is reduced in financial year 2018/19.</p>				
<b>12) LAC Transport</b>	<b>1,126</b>	<b>1,220</b>	<b>500</b>	<b>44%</b>
<p>The LAC Transport budget is forecasting to be £500k over budget at year-end. The overall increase in Looked after Children has meant that more children are requiring Home to School Transport. Many of these children are placed out of county and/or at a significant distance away from their schools leading to high transport costs.</p> <p>It has been agreed with the Head of Countywide and Looked After Children Services that activities to mitigate the pressure will include:</p> <ul style="list-style-type: none"> <li>• Case-by-case reviews of the most expensive cohorts of Looked After Children transport to identify savings reductions, particularly targeting high-cost single occupancy taxi journeys and encouraging more children to walk shorter journeys.</li> <li>• Route reviews to identify opportunities for shared vehicles, routes and providers, including across different client groups e.g. mainstream, SEND, or Adult transport, reducing any duplication and opportunities for better use of volunteer drivers.</li> <li>• Further activity to ensure the Council's policies around transport provision are implemented fully across the board, with joined-up decisions across social care and transport.</li> </ul> <p>Due to the length of existing contracts and the structure of the academic year it is highly unlikely that the current pressure will be reduced within 2017/18, however these actions will ensure that the pressure is reduced in financial year 2018/19.</p>				
<b>13) Youth Offending Service</b>	<b>1,618</b>	<b>980</b>	<b>-107</b>	<b>-7%</b>
<p>The Youth Offending Service are forecasting an under spend of £107k, an increase of £4k from December. Based on low incidents of secure remand for young offenders in recent years, the YOS remand equalisation earmarked reserve has been reduced, creating a non-recurrent underspend of £90k this year. The remaining £17k underspend is across a number of non-pay budgets, including staff training.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>14) Strategic Management – Children &amp; Safeguarding</b>	<b>3,575</b>	<b>4,663</b>	<b>822</b>	<b>23%</b>
<p>The Children and Safeguarding Director budget is forecasting an £822k over spend. This is a decrease of -£200k since last month following a review of actual and estimated vacancy savings within the service.</p> <p>The Children's Change Programme (CCP) is on course to deliver savings of £669k in 2017/18 to be achieved by integrating children's social work and children's early help services in to a district-based delivery model. However, historical unfunded pressures of £886k still remain. These consist of £706k around the use of agency staffing and unfunded posts of £180k. The Business Support service pressure of £245k is now being managed in year and managed out entirely by 2018/19. Agency need has been reduced based on a 15% usage expectation in 2017/18 but use of agency staff remains necessary to manage current caseloads. All local authorities have agency social workers, many with a much higher % and therefore a budget to accommodate this need is necessary.</p> <p>A further cost of £336k is due to the service not being awarded an expected grant from the DFE, anticipation of this grant had been built in as an income stream and this has now resulted in a shortfall in the required staffing budget.</p> <p>The service is estimated to exceed its vacancy saving target by £400k.</p> <p><u>Actions being taken:</u></p> <p>A business support review is underway to ensure we use that resource in the most effective manner in the new structure. All the budget pressures continue to be monitored and reviewed at the workforce work stream project meetings, by Senior Management Team and at the P&amp;C Delivery Board with any residual pressures being managed as part of the 2018/19 Business Planning round.</p>				
<b>15) Children in Care</b>	<b>13,023</b>	<b>11,785</b>	<b>557</b>	<b>4%</b>
<p>The Children in Care policy line is forecasting to be £557k over budget at year-end. This is an increase of £150k since last month due to increases across both the under 18 &amp; over 18 Unaccompanied Asylum Seeking Children and 14-25 LAC Team budgets mainly due to the number of clients being supported and latest income expectations from the Home Office, together with an increase in the in-house fostering forecast due to additional placements being made.</p> <p>The 14- 25 Team 4 is forecasting to be £179k over budget. This is due to a forecast shortfall between the grant received from the Home Office for former looked after unaccompanied asylum seeking young people who are now over 18 and the costs incurred in supporting them. The local authority has a duty to support this cohort of young people as care leavers. Pending young people being granted an asylum seeking status as young adults, they are not able to claim benefits or obtain housing and require support from the local authority until the Home Office has made a decision.</p> <p>Currently it is forecast that the local authority has to support them for up to six months after their 18th birthday. Cambridgeshire has seen an increase in the size of this cohort in this financial year as a number of looked after children (including those newly arrived in Cambridgeshire this year) have turned 18.</p> <p>The Supervised Contact team is forecasting to be £275k over budget. This is due to the use of additional relief staff and external agencies to cover the current 204 Supervised Contact Cases which equate to approximately 140 supervised contact sessions a week.</p> <p><u>Actions being taken:</u></p> <p>The local authority continues to liaise closely with the Home Office to advocate that decisions for individual young people are expedited in a timely way.</p> <p>In Supervised Contact we have implemented a systemic review of all supervised contact taking place across the service to ensure better use of staff time and costs. Despite this, resources remain stretched and the service are exploring other avenues to better manage the current caseloads.</p>				



Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>16) Looked After Children Placements</b>	<b>17,344</b>	<b>15,790</b>	<b>3,249</b>	<b>19%</b>

A pressure of £3.2m is being forecast, which is an increase of £0.3m from what was reported in December. The majority of this increase is the result of delayed savings that were forecast for planned placement moves (these have been delayed from the original planned move date) and 1 new high cost secure accommodation placement that has recently been commissioned.

It is positive that the overall numbers of looked after children have increased only slowly throughout the year. This demonstrates that demand management activity is having positive impact on numbers of Looked After Children and of external placements.

Overall LAC numbers at the end of January 2018, including placements with in-house foster carers, residential homes and kinship, are 702, 1 more than December 2017. This includes 63 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of January are 355, which is 3 less than reported at the end of December. However the composition of placement types and costs indicates that a small but significant number of children are in receipt of very intensive and costly packages of support which has increased since last month. The Access to Resources team are working with providers to ensure that support and cost matches need for all children.

External Placements Client Group	Budgeted Packages	31 Dec 2017 Packages	31 Jan 2018 Packages	Variance from Budget
Residential Disability – Children	1	1	2	+1
Child Homes – Secure Accommodation	0	0	1	+1
Child Homes – Educational	16	18	18	+2
Child Homes – General	22	37	37	+15
Independent Fostering	263	265	260	-3
Supported Accommodation	15	28	28	+13
Supported Living 16+	25	9	9	-16
<b>TOTAL</b>	<b>342</b>	<b>358</b>	<b>355</b>	<b>+13</b>

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

Actions being taken to address the forecast pressure include:

- Weekly panel that all requests for placements have to go to and review of high-cost placements on a regular basis. Access to Resources and operational managers to ensure that the plans for children remain focussed and that resources are offering the best value for money. This is chaired by the Assistant Director.
- Purchase placements reviews – scrutiny by placement officers and service/district managers to review emergency placements, changes of placements and return home from care planning to ensure that children are in the right placement for the right amount of time. This has resulted in timely and planned endings of high cost placements where appropriate.
- All new admissions to care have to be agreed at Assistant Director or Service Director level.
- Development of a 'No Wrong Door' model to bring together the residential home, specialist fostering placements, supported lodgings and supported accommodation, with outreach services under one management arrangement. This will enable rapid de-escalation of crisis situations in families preventing admissions to care, and delivery of an all-inclusive team of support for young people with the most complex needs, improving outcomes for young people and preventing use of expensive externally-commissioned services.

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>Looked After Children Placements continued;</b> <ul style="list-style-type: none"> <li>A new Head of Service, with expertise in children's services commissioning, has been re-deployed from elsewhere in the P&amp;C directorate to lead the Access to Resources function.</li> <li>A new Access to Resources Manager has been engaged to add specific capacity to ensure the right placement at the right cost is secured in all cases.</li> </ul> <p><u>Longer Term Actions:</u></p> <p>A business case that seeks investment to ultimately deliver reductions in overall numbers of children in care and increase the proportion of those remaining in care who are placed with in-house fostering households was approved by General Purposes Committee in December. This will include independent evaluation commencing in January 2018 to establish whether the progress of children through the care system and spending too long in care is a factor in the numbers of children in care being higher than statistical neighbours. The evaluation will report in March 2018 to enable us to take action to fundamentally change processes from that point.</p> <p>The business case also enables investment in the in-house fostering service to address the placement mix; in Cambridgeshire, 60% of children placed with general foster carers are placed with IFA foster carers. This would more ordinarily be expected to be between 30 and 40%.</p>				
<b>17) Adoption</b>	<b>4,406</b>	<b>4,298</b>	<b>576</b>	<b>13%</b>
<p>The Allowances budget is forecasting to be £576k over budget at year-end.</p> <p>Our contract with Coram Cambridgeshire Adoption (CCA) provides for 39 adoptive placements pa. In 2017/18 we are forecasting an additional requirement of 20 adoptive placements. There is a need to purchase inter agency placements (£352k) to manage this additional requirement and ensure our children receive the best possible outcomes.</p> <p>The Adoption/SGO allowances pressure of £224k is due to an increase in SGOs over and above our growth forecasts. We have seen an increase of 15% (28 SGOs) so far in 2017/18 against a planned full year rise of 9%. The increase in Adoption and Special Guardianship orders is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p> <p><u>Actions being taken:</u></p> <p>Ongoing dialogue continues with CCA to look at more cost effective medium term options to recruit more adoptive families to meet the needs of our children. Rigorous oversight of individual children's cases is undertaken before Inter Agency placement is agreed.</p> <p>A programme of reviews of allowances will be implemented resulting in the reduction of some packages with the intention of off-setting any further growth by way of new allowances.</p>				
<b>18) Legal Proceedings</b>	<b>1,540</b>	<b>1,724</b>	<b>686</b>	<b>45%</b>
<p>The Legal Proceedings budget is forecasting to be £686k over budget at year-end. This is an increase of £85k since last month due to late billing of historical legal costs.</p> <p>Numbers of care applications increased by 52% from 2014/15 (105) to 2016/17 (160), mirroring the national trend. There are currently 96 open sets of care proceedings. Whilst the numbers of ongoing set of care proceedings have reduced by around 14% since 1 April 2017 we have consistently had around 100 cases which indicates that we are likely to exceed the previous year's number of completed legal proceedings, thus causing significant pressure on the legal budget.</p> <p>Whilst we now have fewer ongoing sets of care proceedings (and fewer new applications being issued in Court) legacy cases and associated costs are still working through the system. Aside from those areas where we are working on to reduce costs i.e. advice/use of appropriate level of Counsel, the volume of cases remaining within the system indicates an estimated £600k of costs in 2017/18. This assumes overrun costs through delay in cases can be managed down as well as requests for advice being better managed.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>Legal Proceedings continued;</b>				
<u>Actions being taken:</u> Work is ongoing to better manage our controllable costs by use of a legal tracker which should enable us to better track the cases through the system and avoid additional costs due to delay. We have invested in two practice development posts to improve practice in the service and will also seek to work closer with LGSS Law with a view to maximising value for money.				
<b>19) Children's Disability Service</b>	<b>6,527</b>	<b>6,369</b>	<b>168</b>	<b>3%</b>
<p>The Children's Disability Service is forecasting to be £168k over budget at year-end.</p> <p>The Community Support Services budget has seen an increase both in the number of support hours, a high cost individual case (£35k) and in the number of joint funded health packages (also including some with high allocations of hours). Contributions to Adult Services (£45k) have increased and the service is also carrying a £50k pressure from 2016/17.</p> <p><u>Actions being taken:</u> We will be reviewing the costs of current packages and in particular support levels for our young people.</p>				
<b>20) High Needs Top Up Funding</b>	<b>13,573</b>	<b>12,738</b>	<b>200</b>	<b>1%</b>
<p>Numbers of young people with Education Health and Care Plans (EHCP) in Post-16 Further Education providers continue to increase and as a result the year-end forecast is £200k over budget. Placements for the 2018/19 academic year are still being finalised and as such the overall cost for the remainder of the financial year could increase further as more young people remain in education.</p> <p>This budget is funded from the Dedicated Schools Grant (DSG) High Needs Block.</p>				
<b>21) SEN Placements</b>	<b>8,973</b>	<b>8,875</b>	<b>850</b>	<b>9%</b>
<p>The SEN Placements budget continues to forecast a £850k overspend this month.</p> <p>Overall there are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive.</p> <p>The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG).</p> <p><u>Actions being taken:</u></p> <ul style="list-style-type: none"> <li>• SEND Sufficiency work is underway to inform future commissioning strategy. This will set out what the SEND need is across Cambridgeshire, where it is and what provision we need in future, taking account of demographic growth and projected needs. The SEND Sufficiency work will be completed in January 2018. A series of workshops are being planned for Spring 2018;</li> <li>• Three new special schools to accommodate the rising demand over the next 10 years. One school opened in September 2017 with two more planned for 2020 and 2021. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with further education providers to provide appropriate post 16 courses are also being explored in the plan;</li> <li>• SEND Commissioning Strategy and action plan are being developed with a focus on children and young children with SEND in Cambridgeshire accessing mainstream education;</li> <li>• Work on coordination of reviews for ISEPs to look at returning in to county; and</li> <li>• A full review of all High Needs spend is required due to the ongoing pressures and proposed changes to national funding arrangements.</li> </ul>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>22) Out of School Tuition</b>	<b>1,119</b>	<b>1,089</b>	<b>636</b>	<b>57%</b>
<p>The Out of School Tuition budget is forecasting a pressure of £636k, which is an increase of £36k this month following a rise in the number of new packages being requested this month (January's requests have come through following breakdowns in placement that happened towards the end of the Autumn term in December).</p> <p>There are several key themes emerging which are having an impact on the need for children to receive a package of education, sometimes for prolonged periods of time:</p> <ul style="list-style-type: none"> <li>• Casework officers are not always made aware that a child's placement is at risk of breakdown until an emergency annual review is called.</li> <li>• Casework officers do not have sufficient access to SEND District Team staff to prevent the breakdown of an education placement in the same way as in place for children without an EHCP.</li> <li>• There are insufficient specialist placements for children whose needs cannot be met in mainstream school.</li> <li>• There is often a prolonged period of time where a new school is being sought, but where schools put forward a case to refuse admission.</li> <li>• In some cases of extended periods of tuition, parental preference is for tuition rather than in-school admission.</li> </ul> <p>There has been an increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement. The delay is due to the nature and complexity of the needs of these children. Many of these children are in Key Stage 1 and do not have a permanent placement due to a lack of provision for this cohort of children. In addition, there are a number of children and young people who have a Statement of SEN/EHCP and have been out of school for some time. A smaller cohort of Primary aged children who are permanently excluded, or those with long term medical absence from school, sometimes require external tuition packages when SEND Specialist Teaching capacity is full.</p> <p>A new process has been established to ensure all allocations and packages are reviewed in a timely way and that there is oversight of moves back into full time school. The transfer of the Out of School Tuition budget to the SEND Services (from November 17) enables more opportunities to use resources differently and to have more cost effective in-house tuition. There have been discussions with the Transformation Team and following the outcomes and recommendations of several large scale provision and funding reviews, we aim to look at the extension of the existing team in order to prevent placement breakdown more effectively and provide high quality teaching to a smaller number of children who need tuition.</p> <p>Immediate interim controls have been placed on access to this budget. Casework officers and Statutory Assessment Team Leaders must request new packages or increases to existing packages with the budget holder. This is vital in order to understand the nature of requests and bring in swift additional support from SEND District Teams. This is not a long term solution and the budget holder is working with the Transformation Team to investigate whether the pump-priming of the SEND District Teams with additional staff could either prevent the breakdown of placement (and therefore reduce the need for packages of education) or provide in-house tuition at a cheaper rate.</p> <p>The current Tuition Provider Framework is up for recommissioning in March 2018. It has been agreed to extend the framework by 12 months in order to give time to look at more sustainable and in-house provision. These decisions and a business case will be formulated using the data and recommendations given through the SEMH Review, High Needs Block Review and SEND Sufficiency Review, which will close in January 2018. The Tuition Provider Contract is zero-based and requires no minimum fulfilment.</p> <p>In the short term, it has been agreed to review all cases open to tuition with casework officers as a matter of urgency. This will involve rag rating cases according to confidence that tuition will be ceasing soon (e.g. next steps to a school are in place), safeguarding and financial concerns.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>23) Executive Director</b>	<b>416</b>	<b>493</b>	<b>119</b>	<b>29%</b>
<p>There has been a technical adjustment in reporting the ability to re-priorities grant funded activity (Improved Better Care Fund (iBCF), in response to Adults Services pressures. This is now being reported within Strategic Management – Adults.</p> <p>The revised forecast of £119k overspend is due to the £219k Business Support saving which will not be achieved in 17/18, being offset by £100k saving identified against uncommitted expenditure.</p>				
<b>24) Central Financing</b>	<b>-523</b>	<b>-891</b>	<b>-215</b>	<b>-41%</b>
<p>The Central Financing budget is forecasting underspend of -£215k.</p> <p>Nationally, local authorities are currently permitted greater flexibility in use of capital receipts (proceeds from sales of assets) to fund any project that is designed to generate ongoing revenue savings in the delivery of public services and/or transform service delivery to reduce costs.</p> <p>The Council was already making use of this flexibility – following a recent review a further £215k of eligible expenditure has been identified within People &amp; Communities.</p>				
<b>25) Financing DSG</b>	<b>-40,018</b>	<b>-33,348</b>	<b>-1,797</b>	<b>-4%</b>
<p>Within P&amp;C, spend of £40m is funded by the ring-fenced Dedicated Schools Grant. The DSG pressure of £1,797k is primarily made up from SEN Placements (£850k); Out of School Tuition (£636k); High Needs Top Up Funding (£200k); Early Years Specialist Support (£88k) and SEND Specialist Services (£72k). For this financial year the intention is to manage within overall available DSG resources.</p>				

### APPENDIX 3 – Grant Income Analysis

The table below outlines the additional grant income, which is not built into base budgets.

Grant	Awarding Body	Expected Amount £'000
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	331
Better Care Fund	Cambs & P'Boro CCG	23,468
Social Care in Prisons Grant	DCLG	319
Unaccompanied Asylum Seekers	Home Office	1,815
Staying Put	DfE	167
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,794
Children's Social Care Innovation Grant (MST innovation grant)	DfE	521
Domestic Abuse	DCLG	574
High Needs Strategic Planning Funding	DfE	267
MST Standard	DoH	63
Adult Skills Grant	Skills Funding Agency	2,062
AL&S National Careers Service Grant	European Social Fund	355
Non-material grants (+/- £160k)	Various	131
<b>Total Non Baselined Grants 2017/18</b>		<b>32,525</b>

Financing DSG	Education Funding Agency	40,018
<b>Total Grant Funding 2017/18</b>		<b>72,543</b>

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

Directorate	Grant Total £'000
Adults & Safeguarding	440
Commissioning	23,468
Children & Safeguarding	4,895
Education	38
Community & Safety	3,684
<b>TOTAL</b>	<b>32,525</b>

## APPENDIX 4 – Virements and Budget Reconciliation

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

	Eff. Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>237,311</b>	
Multiple Policy Lines	Apr	-292	Corporate Capacity Review (CCR) adjustments
Multiple Policy Lines	Apr	311	Apprenticeship Levy – allocation of budget to meet new payroll cost.
Information Management & Information Technology	Apr	-1,286	Digital Strategy moved to Corporate Services
Multiple Policy Lines	Apr	-293	Savings from organisational structure review within P&C, contribution to corporate target
Adult & Safeguarding	Apr	-52	Court of Protection Client Funds Team transferring to Finance Operations within LGSS
Shorter Term Support and Maximising Independence	May	-10	Transfer from Reablement for InTouch Maintenance to Corporate Services (Digital)
Multiple Policy Lines	May	-1,335	Workforce Development moved to Corporate Services as part of Corporate Capacity review
Safer Communities Partnership	May	-178	DAAT budgets transferred to Public Health Joint Commissioning Unit
Early Help District Delivery Service – North & South	June	-43	Transfer Youth and Community Coordinator budget to Corporate Services per CCR
Education Capital	June	-11	Transfer Property Services from LGSS
LAC Placements	July	2,913	LAC Demography approved by GPC in July
Strategic Management - Adults	July	12	Transfer of Dial a Ride (ETE) to Total Transport (P&C)
Catering & Cleaning Services	Aug	449	Transfer from Education to Commercial and Investment
Adult Early Help	Aug	80	Transfer from Corporate & Customer Services (following review of welfare benefits advice provision)
Adult Learning & Skills	Sept	180	Adult Learning & Skills moved from ETE to Community & Safety
Strategic Management - Children & Safeguarding	Sept	-54	Transfer Budget from CSC Business Support - BSO's to Applications Development Team, within LGSS
Strengthening Communities	Sept-Jan	429	Grants to Voluntary Organisations from Corporate Services
Central Integrated Youth Support Services	Sept	261	Transfer of SCS payroll budget from Corporate services
Childrens' Innovation & Development Service and 0-19 Organisation & Planning	Sept	343	Transfer Trading Units (PCS, ICT, Music and Outdoor Education) to Commercial and Investment
Strategic Management - Commissioning	Oct	382	Healthwatch to Commissioning from Corporate services
Multiple Policy Lines	Dec	419	Annual staff related Insurance
Physical Disabilities	Jan	-31	Redundancy Savings to Corporate
<b>Current Budget 2017/18</b>		<b>239,504</b>	

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 Jan 18		
	£'000	£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
P&C carry-forward	540	-540	0	-6,774	Forecast pressure of £6,774k applied against reserves.
<b>subtotal</b>	<b>540</b>	<b>-540</b>	<b>0</b>	<b>-6,774</b>	
<b><u>Equipment Reserves</u></b>					
IT for Looked After Children	133	0	133	83	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>133</b>	<b>0</b>	<b>133</b>	<b>83</b>	
<b><u>Other Earmarked Reserves</u></b>					
<b>Adults &amp; Safeguarding</b>					
Homecare Development	22	-22	0	0	Managerial post worked on proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	20	Up scaled the falls prevention programme with Forever Active
Dementia Co-ordinator	13	-13	0	0	Used to joint fund dementia co-ordinator post with Public Health
Mindful / Resilient Together	188	-133	55	55	Programme of community mental health resilience work (spend over 3 years)
Increasing client contributions and the frequency of Financial Re-assessments	14	-14	0	0	Hired fixed term financial assessment officers to increase client contributions as per BP
Brokerage function - extending to domiciliary care	35	-35	0	0	Trialled homecare care purchasing co-ordinator post located in Fenland
Hunts Mental Health	200	0	200	0	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
<b>Commissioning</b>					
Capacity in Adults procurement & contract management	143	-81	62	0	Continuing to support route rationalisation for domiciliary care rounds
Specialist Capacity: home care transformation / and extending affordable care home capacity	25	-25	0	0	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Home to School Transport Equalisation reserve	-240	296	56	56	17/18 is a shorter year. Therefore, a £296k contribution has been made back to reserves to account for this. No further changes expected this year.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	60	Independent Travel Training will not begin until Summer Term 2018 so the reserve will not be used in financial year 17/18.
Prevent children and young people becoming Looked After	25	-25	0	0	Re-tendering of Supporting People contracts (ART)



Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 Jan 18		
	£'000	£'000	£'000	£'000	
Disabled Facilities	44	0	44	0	Funding for grants for disabled children for adaptations to family homes.
<b>Community &amp; Safety</b>					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	150	0	150	60	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
<b>Children &amp; Safeguarding</b>					
Child Sexual Exploitation (CSE) Service	250	-250	0	0	The funding required is in relation to a dedicated Missing and Exploitation (MET) Unit and due to a delay in the service being delivered this is going back to GPC to obtain approval, as originally the Child Sexual Exploitation service was going to be commissioned out but now this will be bought in house within the Integrated Front Door and this funding will be required in 2017/18 to support this function (1 x Consultant Social Worker & 4 x MET Hub Support Workers).
<b>Education</b>					
Cambridgeshire Culture/Art Collection	47	-4	43	153	Providing cultural experiences for children and young people in Cambs - fund to increase in-year due to sale of art collection
ESLAC Support for children on edge of care	36	-36	0	0	Funding for 2 year post re CIN
<b>Cross Service</b>					
Develop 'traded' services	30	-30	0	0	£30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	78	-78	0	0	This funded 3 staff focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	110	-110	0	0	Repairs & refurb to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Other Reserves (<£50k)	149	-43	106	0	Other small scale reserves.
<b>subtotal</b>	<b>1,423</b>	<b>-707</b>	<b>716</b>	<b>404</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>2,096</b>	<b>-1,247</b>	<b>849</b>	<b>-6,287</b>	

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 31 Jan 18		
	£'000	£'000	£'000	£'000	
<b><u>Capital Reserves</u></b>					
Devolved Formula Capital	780	980	1,760	0	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire School
Basic Need	0	32,671	32,671	0	The Basic Need allocation received in 2017/18 is fully committed against the approved capital plan.
Capital Maintenance	0	4,476	4,476	0	The School Condition allocation received in 2017/18 is fully committed against the approved capital plan.
Other Children Capital Reserves	1,448	1,739	3,187	0	£5k Universal Infant Free School Meal Grant c/f, £1,444k is Early Years funding for project to be spent in 2017/18
Other Adult Capital Reserves	379	3,809	4,188	44	Adult Social Care Grant to fund 2017/18 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,607</b>	<b>43,675</b>	<b>46,282</b>	<b>44</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2017/18						TOTAL SCHEME	
Original 2017/18 Budget as per BP	Scheme	Revised Budget for 2017/18	Actual Spend (Jan)	Forecast Spend - Outturn (Jan)	Forecast Variance - Outturn (Jan)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>						
41,560	Basic Need - Primary	38,750	28,348	36,215	-2,535	274,415	-8,455
26,865	Basic Need - Secondary	29,520	23,791	30,138	618	219,592	22,259
841	Basic Need - Early Years	1,687	1,041	1,346	-341	5,442	192
1,650	Adaptations	1,945	1,050	1,795	-150	3,442	919
248	Specialist Provision	242	-41	116	-126	9,810	0
3,000	Condition & Maintenance	3,000	3,235	3,301	301	27,400	0
1,076	Schools Managed Capital	1,760	0	1,760	0	12,022	-664
150	Site Acquisition and Development	150	193	150	0	650	0
1,500	Temporary Accommodation	1,500	2,144	1,500	0	15,500	0
2,095	Children Support Services	383	0	383	0	2,618	0
5,354	Adult Social Care	5,278	5,270	5,444	166	36,029	0
-6,664	P&C Capital Variation	-10,305	0	-8,239	2,066	-37,825	0
1,533	Capitalisation of Interest Costs	1,533	0	1,533	0	6,846	0
<b>79,208</b>	<b>Total P&amp;C Capital Spending</b>	<b>75,442</b>	<b>65,032</b>	<b>75,442</b>	<b>0</b>	<b>575,941</b>	<b>14,251</b>

#### Basic Need - Primary £8,445k reduction in scheme cost

A total scheme variance of -£8,445k has occurred due to changes since the Business Plan was approved in response to adjustments to development timescales and updated school capacity information. The following schemes have had cost variations since the 2017/18 Business Plan was published;

- Clay Farm (Trumpington Park) Primary; £384k reduction as risk and contingency items not required.
- Fulbourn Primary; £1,215k increase. Detailed planning and design changes have been required to achieve the project and address issues including the severe physical and operational site constraints and drainage restrictions.
- The Shade, Soham; £113k reduction as risk and contingency items not required.
- Wyton Replacement School; £2,773k increase as the scope of the scheme has increased to provide for a 0.5FE extension of the school from 1FE to 1.5FE to ensure it can respond to future demand for places.
- Melbourn Primary; £281k increase due to changes to project scope including works to an early years provision.
- Morley Memorial Primary School; £443k increase due to updating of milestones which were originally undertaken in 2012.
- Fourfields Primary; £2,300k reduction: further analysis of need has identified that this scheme can be removed from the capital programme. This will only impact on future years and not 2017/18.
- Wyton New School; £10,000k reduction further developments involving planning has meant this school can be removed from the capital plan. This will only impact on future years and not 2017/18.

In May 2017 the reductions in scheme cost increased by £419k due to underspends on 2017/18 schemes which were completed and did not require the use of budgeted contingencies: Godmanchester Bridge (£129k), Fordham Primary (£157k) and Ermine Street Primary at Alconbury Weald (£139k).

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

In August there was a further reduction of £280k due to contingencies and risk items not being required for Hatton Park School project.

In September an increase of £1,350k occurred due to continued development in the scope of the Gamlingay Primary School scheme.

### **Basic Need - Primary £2,535k 2017/18 slippage**

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

- Meldreth Primary is forecasting slippage of £710k due to the scheme experiencing a delay in the commencement on site from November 2017 to February 2018.
- Barrington Primary School £90k slippage as the project has been re-phased to achieve a September 2020 completion. As a consequence, anticipated spend on planning and design work is not as great as had been expected this financial year.
- Hatton Park Primary School scheme forecasting slippage of £71k due to contingencies and risk items not being required.
- Histon Additional Places scheme experienced £300k slippage from December 2017 to January 2018 due to delays in the planning application being approved and an extension of 2 weeks to the tender process.
- Wintringham Park Primary in St Neots has incurred £232k slippage due to design work not progressing as anticipated.
- Gamlingay Primary School scheme is forecasting a £500k slippage due to the start on site being delayed from January 2018 to late February 2018 as a consequence of the planning process. A transportation report is required before approval is granted.
- North West Cambridge Primary is forecasting £145k slippage as the associated housing development has not yet commenced therefore the scheme has not progressed to the design and planning stage.
- Pendragon Primary scheme has experienced £150k slippage as the housing development associated with the scheme has not commenced.
- Clay Farm Primary (Trumpington Park) is forecasting £200k accelerated spend due to additional works in the form of a variation to ensure planning conditions are met.
- Fordham Primary is forecasting £92k slippage as final accounts settled for less than anticipated.
- Ramnoth Junior School is forecasting £100k slippage due to a delay on site, actions to mitigate the delay have been taken by the contractor.
- Chatteris New School is anticipating £180k slippage, the withdrawal of an approved bid by the sponsor to open the new school as a Free School from September 2018 and recent demographics which show the scheme is needed less urgently than originally thought has required the re-evaluation of options for providing the additional places required. The additional places will now be delivered as an extension of the age range at Cromwell Community College and has meant a new design proposal was required and the scheme has not yet progressed beyond the concept design stage

These are offset by £50k accelerated spend at Godmanchester Bridge Primary School and £20k accelerated spend on Bellbird Primary, Sawston scheme. Burwell Primary School has experienced £38k overspend in 2017/18 due to additional costs associated with asbestos removal. Clay Farm Primary is forecasting £200k accelerated spend due to additional works in the form of a variation to ensure planning conditions are met. Fulbourn Primary School is forecasting £600k accelerated spend as works are progressing ahead of original contractor programme.

### **Basic Need – Secondary £22,259k increased total scheme cost**

A total scheme variance of £22,259k has occurred due to changes since the Business Plan was approved;

- Littleport Secondary and Special School has experienced a £1,059k increase in costs due to additional specialist equipment being required as part of the capital build and further costs associated to planning requirements for the sport centre and land purchase required for the scheme.
- Bottisham Secondary scheme has increased by £2,269k due to works funded by a grant from the Education & Skills Funding Agency (ESFA) being carried out by the Council ahead of receipt of that funding. The school will transfer the budget to the Council to fund this.
- Northstowe Secondary scheme has increased by £19,600k due to the addition of SEN provision of which 40 places are to be funded by the EFSA and also the delivery of community sports provision which will attract S106 funding from South Cambridgeshire District Council.
- Cambourne Village College has experienced an increased scheme cost of £412k for the construction of a performance hall. Funding will be received from the district and parish councils to offset this increase.

### **Basic Need – Secondary £618k 2017/18 overspend**

An in-year overspend for Littleport of £825k and accelerated spend on Trumpington Community College of £381k for IT equipment and final contractor payments, has been offset with slippage on Northstowe Secondary (£500k) due to design work commencing later than anticipated. Alconbury Secondary and SEN scheme has incurred £710k slippage which relates to the secondary school element. The design stage on this project has not progressed since the beginning of the financial year as the developer is reviewing the masterplan for Alconbury development and no site has yet been allocated. Slippage has also occurred on North West Fringe (£350k) as the project has been rephased by 1 year. The project at St Bede's to deliver additional places in Cambridge has slipped by £985k due to delays in the kitchen refurbishment works and a revised completion date of 26 June rather than 29 May 2018. The Chesterton element of the scheme not starting on site until next financial year with a revised completion date of 26 June rather than 29 May 2018.

Bottisham Village College is forecasting £900k of accelerated spend due to revised contractor cash flow reports that are indicating the project is ahead of the scheme's original schedule. Cromwell Community college is also experiencing accelerated spend of £100k to complete the design work to ensure the scheme can achieve the September 2019 completion date. Additional costs (£510k) have been identified for Hampton Garden Secondary school a joint scheme with Peterborough City Council. These costs relate to ICT not funded by the ESFA £225k, reprogramming of the multi-use games area (£75k) and access works to the A15 (£200k).

### **Basic Need – Early Years £192k increased scheme cost**

Increased scheme cost (£592k) to cover identified Early Years commitments. The scheme has subsequently been reduced by £400k as this element has been added in future years

to the Morley Memorial Primary School project to undertake the building of Early Years annex as part of this scheme.

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

Orchard Park Primary early years provision has experienced slippage of £341k as the project is currently on hold pending the outcome of a review, therefore, it is not expected that any costs will be incurred in 2017/18.

### **Adaptations £919k increased total scheme cost**

Morley Memorial Primary School has experienced additional total scheme costs of £919k due to the revision of the project which was initially costed in 2012. The additional requirements reflect inflationary price increases and not a change to the scope of the scheme, the further additional £477k is in regard to the Early Years aspect £400k of which has been transferred from the Basic Need – Early Years budget to provide an Early Years annex as part of the scheme.

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

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

### **Schools Managed Capital**

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

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

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

2017/18					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Jan) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Jan) £000
P&C	-10,305	-8,239	2,066	20.0%	-
<b>Total Spending</b>	-10,305	-8,239	2,066	20.0%	-

## 6.2 Capital Funding

2017/18				
Original 2017/18 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2017/18 £'000	Forecast Spend – Outturn (Jan) £'000	Forecast Funding Variance - Outturn (Jan) £'000
32,671	Basic Need	32,671	32,671	0
4,043	Capital maintenance	4,476	4,476	0
1,076	Devolved Formula Capital	1,760	1,760	0
3,904	Adult specific Grants	4,188	4,188	0
17,170	S106 contributions	14,800	14,800	0
0	Early Years Grant	1,443	1,443	0
0	Capitalised Revenue Funding	0	0	0
2,725	Other Capital Contributions	3,804	3,804	0
26,464	Prudential Borrowing	21,145	21,145	0
-8,845	Prudential Borrowing (Repayable)	-8,845	-8,845	0
<b>79,208</b>	<b>Total Funding</b>	<b>75,442</b>	<b>75,442</b>	<b>0</b>

There has been a £95k increase in Prudential Borrowing to offset a correct to the Adult Social Care Grant carry forward position from 2016/17.

## APPENDIX 7 – Performance at end of December 2017

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Children and Families	18.5%	20.0%	16.4%	Dec-17	↑	G	19.8% (2017)	20.6% (2017)	Performance in re-referrals to children's social care is below target
Number of children with a Child Protection Plan per 10,000 population under 18	Children and Families	40.4	30.0	38.6	Dec-17	↑	R	35.7 (2017)	43.3 (2017)	<p>During December, we saw the numbers of children with a Child Protection plan decrease from 538 to 513.</p> <p>The introduction of an Escalation Policy for all children subject to a Child Protection Plan was introduced in June. Child Protection Conference Chairs raise alerts to ensure there is clear planning for children subject to a Child Protection Plan. This has seen a decrease in the numbers of children subject to a Child Protection Plan.</p>



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of looked after children per 10,000 children	Children and Families	52.7	40.0	52.8	Dec-17	↓	R	44.7 (2017)	62.0 (2017)	<p>The number of Looked After Children increased slightly from 701 to 703 in December. This figure includes 70 UASC, 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.</p> <p>Actions being taken include:  A weekly Threshold to Resources Panel (TARP), chaired by the Assistant Director for Children's Services to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. Decisions and Children's Plans are monitored via a tracker which also takes into account the children's care plan- discussed in the Permanency Monitoring Group.</p> <p>A monthly Permanency Monitoring Group (PMG) considers all children who are looked after, paying attention to their care plan, ensuring reunification is considered and if this is not possible a timely plan is made for permanence via Special Guardianship Order, Adoption or Long Term Fostering.</p> <p>TARP links with the monthly High Cost Placements meeting, which as of January 2018 will also be chaired by the Assistant Director for Children's Services. The panel ensures that required placements meet the child or young person's needs and are cost effective and joint funded with partners where appropriate.</p> <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% year 12 in learning	Children and Families	94.2%	96.5%	96.1%	Dec-17	↓	A	93.7% (Nov 17)	93.7% (Nov 17)	The target for this measure is under review. The Target noted is still the target for 2016/17. It is felt that we have done well this year with this result and you can see that we have achieved better than statistical neighbour average and England average.
%16-18 year olds NEET and unknown	Children and Families	3.1%	3.8%	3.1%	Dec-17	→	G	8.7% (Nov 17)	8.4% (Nov 17)	The result for this measure is excellent. This is largely due to the work done to ensure we know what every young person 16-18 is doing. The result for Not Knowns is 0.7% which is a fantastic result. We have also kept the NEET figure low which is down to ensuring we are supporting the young people that need the support to move into EET or to stay engaged.
% Clients with SEND who are NEET	Children and Families	5.7%	9.0%	6.9%	Q3 (Oct - Dec 17)	↓	G	See comments	See comments	This result is again a fantastic result. The comparison data for England and Stat Neighbours is not available to us until later in January/early February, however we are confident that we will be compare favourably with those figures.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Dec-17	➡	G	100% (Dec-17)	98.1% (Dec-17)	Cambridgeshire currently has 7 nursery schools.
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	84.2%	82.0%	82.5%	Dec-17	⬇	G	89.9% (Dec-17)	90.0% (Dec-17)	164 out of 196 primary schools are judged as good or outstanding. In addition there are 13 primary schools who have not yet received an inspection grading.
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	85.5%	75.0%	85.5%	Dec-17	➡	G	86.7% (Dec-17)	82.7% (Dec-17)	Performance for Secondary schools continues to remain just below that of statutory neighbours and is above the England average.  25 out of 30 secondary schools are judged as good or outstanding. In addition there are 4 schools who have not yet received an inspection grading.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	93.1%	100.0%	93.1%	Dec-17	➡	A	97.2% (Dec-17)	94.5% (Dec-17)	7 out of 8 special schools are judged as good or outstanding. In addition there are 2 schools who have not yet received an inspection grading.
Proportion of income deprived 2 year olds receiving free childcare	Learning	69.6%	80.0%	82.4%	Autumn Term	⬆	A			Proportion of income deprived 2 year olds receiving free childcare has increased by 13 percentage points since the summer term.
FSM/Non-FSM attainment gap % achieving the national standard in Reading, Writing & Maths at KS2	Learning	27%	21%	36%	2017	⬇	R	28% (2017)	25% (2017)	<p>Final KS2 2017 results data was published 25<sup>th</sup> January 2018. It shows that the gap in the performance of KS2 pupils eligible for FSM and those not eligible for FSM has widened by a further 9 percentage points since 2016.</p> <p>The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
FSM/Non-FSM attainment gap % achieving 5+ A*-C including English & Maths at GCSE	Learning	37%	26%	29%	2016	↑	R	34% (2016)	24.8% (2016)	<p>All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.</p> <p>The 2016 data shows that there is a significant gap in the performance of pupils eligible for FSM in the KS4 tests. Cambridgeshire's gap is currently wider than seen nationally. 2017 data is expected to be released in January 2018.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	1.6%	4.5% (Pro-Rata)	1.7%	Dec-17	↑	R	6.0% (2016/17)	5.7% (2016/17)	Performance remains low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams – and there are currently 50 service users identified as being in employment yet to be reviewed in the current year). (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	98.5%	93.0%	98.6%	Dec-17	↑	G	93.1% (2016/17)	89.4% (2016/17)	Performance remains above the target and is generally moving toward 100%. Performance is close to the national average for 16/17 and will be monitored closely.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	45.9%	50.1%	42.3%	Dec-17	↓	A	N/A (Local Indicator)		Performance of this indicator as a monthly rolling average has risen and is closer to the target. Teams have been concentrating on completing overdue reviews which has contributed to lower performance.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	55.0%	57.0%	57.2%	Dec-17	↑	G	N/A (Local Indicator)		<p>The service continues to be the main entry route for people leaving hospital with ongoing care needs. The service continues to experience a significant challenge around capacity. Recruitment remains a serious challenge at all levels of the organisation and across all districts, particularly at support worker level. We are currently undertaking a recruitment campaign to increase staffing numbers which will help to alleviate the recruitment situation.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity – as does providing mainstream domiciliary care hours through reablement teams, which is a symptom of lack of capacity within domiciliary care providers. We are addressing this issue through a variety of means, including discussions with the NHS about filling intermediate care gaps and reducing inappropriate referrals to reablement.</p>



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	234	564 by year end / average max. 47 per month (423 Pro-Rata for report period)	272	Dec-17	↑	G	589.9 (2016/17)	610.7 (2016/17)	<p>The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p>
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	525	429	522	Nov-17	↑	R	N/A (Local Indicator)		<p>As of the end of November 2017 there were 5,268 adult social care bed-day delays reported in the Cambridgeshire system, an increase of around 12% in comparison with the same 6 month period in the previous financial year.</p> <p>Lack of capacity in home care packages and nursing and residential beds is the main driver of bed-day delays for which Cambridgeshire County Council has responsibility. An increase in admissions and an increase in the level of complexity since last year has compounded the effect of lack of capacity in these areas.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	160	114	131.4	Nov-17	↑	R	N/A (Local Indicator)		<p>In November 2017 there were 680 ASC- attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 991 delays – a reduction of 31%. The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles &amp; responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.</p> <p>Delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's remain the key drivers of ASC bed-day delays.</p>
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	13.4%	12.5%	12.8%	Dec-17	↓	G	Suspended for 2016/17	Suspended for 2016/17	Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of people in the most deprived wards completing courses to improve their chances of employment or progression in work	Community & Safety		2,200	2,270	Aug-17	↑	G			<p>A targeted programme has started, focusing on increasing the participation in these deprived areas.</p> <p>The target was met for this academic year</p>
The number of people starting as apprentices	Community & Safety		4,574	3,340	2016/17	↑	G			<p>Provisional figures for the number of people starting as apprentices by the end of the third quarter of 2016/17 are 3,340, compared with 3,280 for the same quarter in 2015/16 - an increase of 2%. This means that the 2016/17 target of 4,574 is on track to be achieved.</p>

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

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Building Community Resilience Programme:</b> Sarah Ferguson / Elaine Matthews	<p>A paper will go to Communities and Partnership Committee on 15th Feb asking Committee to support the development of a revised and shared Strategy between Cambridgeshire and Peterborough. If agreed, work on the new Strategy will start soon and we also hope to pick up earlier conversations with any District Councils who might be interested in being part of the new Strategy.</p> <p>Other delivery continues including the Innovate and Cultivate Fund, with a further 8 projects being recommended for funding to the Communities and Partnership Committee in February. Service Leads continue to be involved in the regular evaluation of funded projects to highlight new ways of working, returns on investment and potential commissioning opportunities for the Council.</p>	GREEN
<b>Children's Centres:</b> Helen Freeman / Sarah-Jane Smedmor	<p>Officers are currently finalising the district based offer to be communicated to families later this month and an update paper will be taken to Children and Young People's committee in March where this restructure and new service offer will be monitored.</p> <p>The new programmes will offer a large amount of continuity with successful activities continuing across all districts. This will be complemented by a range of new activities, designed to meet the changing needs across the county and delivered in locations that take services into communities previously not served by a Children's Centre.</p>	GREEN
<b>Children's Change Programme:</b> Sarah-Jane Smedmor / James Gemmell	<p>The aims of the project are to identify additional opportunities within children's services to ensure that our services are targeted to those in greatest need and towards those that we can ensure experience a de-escalation of need and risk as a result of effective, integrated, multi-agency services delivered in a timely manner.</p> <p>The following options are being explored and monitored as part of the business planning process;</p> <ul style="list-style-type: none"> <li>• Whether the current offer being delivered by the SPACE team can be mainstreamed into the District teams</li> <li>• Review a number of fixed term posts which were created as part of the earlier phases of the CCP to identify if learning / development has been embedded within the District teams</li> <li>• Review of the fostering service</li> <li>• Using technology / different ways of working to increase productivity across the service</li> <li>• Restrict the use of out of hours support provided by external providers (following the introduction of planned out of hours working for District Teams)</li> <li>• Further opportunities to share services with Peterborough CC</li> </ul>	GREEN

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p><b>0-19 Commissioning:</b> Janet Dullaghan</p>	<p>This project is looking at how Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) can work together to integrate child health and wellbeing services. This includes consideration of 0-19 community based health services, including Health Visiting, School Nursing and Family Nurse Partnership; Early Help and Children's Centre services; and Child and Adolescent Mental Health Services across Cambridgeshire and Peterborough.</p> <p>The aim is for an integrated model where children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it in line with the Thrive model. Thrive is based on having a good core offer across the agencies for universal services and clear and process to identify need early and provide the right early help and support.</p> <p>This large programme of work continues to progress following agreement of the scope and current financial envelope. We have now finalised the overarching principles and themes that will guide transformation of each of the specifications. In line with the direction of the Sustainability and Transformation Partnership plans, we are seeking to develop an Accountable Care System (ACS) which forges stronger working relationships between commissioners and providers. In this environment the culture is one of finding joint solutions to manage demand and financial pressures and ensure quality provision continues within a fixed and reducing budget.</p> <p>Providers have initiated board to board discussions to consider how they will respond to the integration agenda set out in the specification and will be detailing their response in February. A transformation board has been set up across both providers and commissioners to plan the integrated transformation programme.</p>	<p><b>GREEN</b></p>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Mosaic:</b> Sue Grace / Joanne Hopkins	<ul style="list-style-type: none"> <li>• Amber status remains reflecting both the overall complexity, tight timelines and technical and business change challenges</li> <li>• The Mosaic Board agreed a joint go-live for Adults, Children and Finance of the third quarter of 2018/19. This is subject to a number of dependencies including the implementation of Agresso and some decisions by the business concerning migration.</li> <li>• All workstreams are progressing and risks and issues continue to be monitored through the monthly board meetings</li> <li>• Change Champions and Business Support Super Users across Adults and Children's are now in place and trained</li> <li>• Familiarisation sessions have taken place across the county</li> <li>• Work has started on preparing the business for go-live and the transition to the new system</li> </ul>	<b>AMBER</b>
<b>Accelerating Achievement:</b> Jon Lewis	<p>Although the achievement of most vulnerable groups of children and young people is improving, progress is slow and the gap between vulnerable groups and other children and young people remains unacceptably wide. Accelerating the Achievement of Vulnerable Groups is a key priority of the Local Authority's School Improvement Strategy 2016-18 and an action plan has been developed. The AA Steering Group is monitoring the implementation of this plan.</p>	<b>AMBER</b>

**THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID-YEAR REPORT 2017-18 ON THE DELIVERY OF THE COUNCIL'S DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS**

To: **Adults Committee**

Meeting Date: **8<sup>th</sup> March 2018**

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

Electoral division(s): **All**

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

Purpose: **The Committee is asked to consider the Cambridgeshire and Peterborough NHS Foundation Trust's (CPFT) mid year report for 2017/7 on the delivery of the Council's delegated duties under the Section 75 Agreement.**

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

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## 1.0 EXECUTIVE SUMMARY

1.1 This report is a mid year update on the performance of CPFT in 2017-18.

1.2 The Committee is asked to note:

- Achievement against the Section 75 Action plan
- Performance against activity targets
- Position against financial targets.

## 2.0 BACKGROUND

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

2.2 This report covers the following areas:

- Update on the reorganisation of services
- Review of Mental Health Section 75 Work Plan for Q1 and Q2 for 2017-18
- Activity 2016-17
- Staffing
- Care Packages Budgetary Performance
- Policing and Crime Act 2017 and impact on the Approved Mental Health Professional Service
- Risks and mitigations
- Changes in management
- Alignment with Corporate Priorities

## 3.0 REORGANISATION OF SERVICES

3.1 The last report to the Adults Committee in September 2017 reported on the work to redesign the operating system for social work within CPFT to strengthen the implementation of the Care Act and align mental health services with the Transforming Lives model. The new operating model is included below.

Diagram 1: High level view of new Operating Pathway

GP Referral/ Self Referral		
PRISM Health assessment incorporating high level Care Act Screening		
<b>Outcome:</b> Eligible for secondary/(specialist) Mental Health  Tier 3	<b>Outcome:</b> Care Act needs but no/limited health need identified  Tier 2	<b>Outcome:</b> No Care Act needs identified on initial assessment  Tier 1
Detailed Care Act Screening (within Core2 assessment) & separate eligibility	Adults Early Help / or PRISM social care staff (tba) (may do full Care Act assessment & separate eligibility assessment)	Has Care Act needs on initial assessment



assessment		Mental Health Reablement Services (under development out of existing resources)		
Support plan etc (CPA/Care Act)		Brief intervention by Adults Early Help Team, Reablement, or PRISM social care staff (tba)	Information and advice or signposting	Need for Information, advice or signposting
At any stage the PRISM and Adults Early Help can loop back into adults locality teams for advice and support				
<b>References to “tiers” is to the Transforming Lives model</b>				

- 3.2** It was noted that this work sat within a wider reorganisation in the mental health services to establish an enhanced primary care mental health service – called PRISM. The aim of PRISM is to increase early intervention and provide preventative services that can reduce the pressure on the integrated health and social care locality mental health teams for assessments. This particularly relates to individuals who can be supported effectively in the community without input from more specialist mental health services provided by CPFT that are needed by people with the most complex needs.
- 3.3** This work is ongoing and has continued and the digital development of the Care Act compliant assessment and eligibility is nearing completion with the road testing of the new forms under way. This represent a major stride forward and means that every assessment undertaken in the Trust will be Care Act compliant.
- 3.4** Work is underway on the development of the care and support plans in RiO, the Trust’s patient information system, to ensure Care Act compliance. This is likely to be quicker than the work on the assessments being more straightforward. The change remains not to increase the administrative burden on front line staff which takes them away from patient/ service user contact.
- 3.5** Within the care and support section the functionality to capture care costings is being developed which this will allow for a complete overview of service users information including: assessment, eligibility criteria, care and support plans, finance (care costings) and reviews. This will be invaluable development for professionals regarding review scenarios as they will be able to view all the service users’ information on one system.
- 3.6** Phase 1 of PRISM was completed at the end of 2017. There are now PRISM services in virtually all GP practices in the County. The work to develop social care services at Tiers 1 and 2 of the above model is progressing through PRISM Phases 2 and 3.
- 3.7** Phase 2 brings in social work and social care to the model: providing support for people stepping down from secondary care to the care of their GP. This might include assistance on housing, employment, social networks and generally sign posting people to general services. Two vignettes of real cases are attached as appendix 1 to give a flavour of who might make use of this service and the power of the input of social care. A proposal is being put together to use a proportion of the £340k Transformation funding to pilot Social care Support Workers within PRISM which would create an early intervention/prevention Social care pathway.
- 3.8** Key to the success of phase 2 are the links with the Council’s Adult Early Help (AEH) team. The AEH team manager has been fully involved with all the above developments including PRISM. For example “read only” facilities on RiO has been put in place using Trust “honorary contracts” for Council staff in the AEH Team, thereby complying with Trust Information Governance rules.

- 3.9** Phase 3, which is being implemented simultaneously with Phase 2, is the redesign of the Trust's adult locality teams (in which the mental health social work services sit), aligning locality teams with the PRISM teams, thereby enhancing the overall provision of community mental health services to people in the Cambridgeshire and Peterborough area.
- 3.10** Over the last year, Mental Health reablement services have been developed through a re-focussing of the work of the Council funded support workers who sit within the Trust under the Section 75 agreement. In the mental health context, reablement is focussed on helping people to maximise their independence, working with them on a time limited basis to meet their own goals. This can involve family work, facilitating local connections and networks, supporting people into activities that they enjoy – including the CPFT run Recovery College and supporting a return to employment.
- 3.11** Two different Reablement models are in place currently across Peterborough and Cambridge. The Peterborough model is a stand-alone team consisting of social care staff, and focusing upon Care Act, whilst the Cambridgeshire model is integrated across Older People's Mental Health (OPMH) and Adult Mental Health (AMH). Both models are currently being evaluated in terms of outcomes for service users and any potential cost savings that could be achieved from both models. This evaluation will be completed by the end of March 2018 with the learning being used to inform the model to be implemented across both Cambridge and Peterborough from April 2018.
- 3.12** To evaluate the impact on social workers of the new system the management of the Mental Health Services decided to participate in research commissioned by the Department of Health Work Chief Social Worker called 'Social Work for Better Mental Health'. This used two tools: "How are We Doing" initiatives and "Making the Difference Together".
- 3.13** The report was commissioned by the Mental Health Commissioner in Cambridgeshire County Council to assess the impact of the re-organisation of the social work services that sit under a section 75 agreement in the Trust. The "salad not soup" Reorganisation was discussed at a Trust Board in July 2015 and the work started in the Autumn 2015. Peterborough City Council social workers were not part of this as their services were not directly reorganized under this programme.
- 3.14** The process of evidence gathering was part of the national Social Work for Better Mental Health (SWfBMH) initiative which was commissioned by the Chief Social Worker, Lyn Romeo, from the College of Social Work. The resources and approach of SWfBMH are described in the detail of the attached report. Similar pieces of work have been carried out across other Mental Health Social Work services – some that sit within NHS trusts, and some that are within councils – and an overarching report of the findings is being written at the moment for the Department of Health.
- 3.15** The author of the report, Karen Linde, is an independent consultant working for this programme. She worked with mental Health social workers and managers over a one year period. They were asked to carry out a self assessment of their role and their work as social workers in order to inform plans for the future of social work in mental health. Cambridge has undertaken recent changes to strengthen Social work oversight and management and this piece of work was expected to both benchmark the culture 'as experienced', reflect on the relevance of the changes and inform future development and evaluation. Managers and frontline staff from differing teams met over three sessions to undertake the self-assessment and to consider the impact of recent changes.

The report sets out key messages under the following headings:

- Professional leadership
- Integration
- Social Work Role
- Professional Support
- Performance and Evaluation

- 3.16** This report will be used to evaluate the impact of the re-organisation. An action plan is being developed addressing the key areas highlighted in the report, based in the headings set out above. The draft action plan will be presented to the Mental Health Social Care Forum in February 2018. The recommendations from the action plan will be implemented from March/April 2018 and, having been confirmed, will be included in the next MH Section 75 report to the Adults Committee. .

A copy of the full report is available on request. Contact: [katrina.anderson@cpft.nhs.uk](mailto:katrina.anderson@cpft.nhs.uk)

#### **4.0 REVIEW OF MENTAL HEALTH SECTION 75 WORK PLAN for 2016 - 2017 (Appendix 1)**

- 4.1** Appendix 1 to this paper is the reports for Quarters 1 and 2 of the 2017-18 work plan. Comments below relate to those items that are red 'rag rated' at the end of the year and those where there has been deterioration since Quarter 1. It should be noted that the plan is a single combined plan for both Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) and where there are items specific to one of the two councils as noted in the text.

- 4.2** Comments on CCC items rag rated red at year end:

- Take up of Direct Payments is below target. A re-launch of the process is still awaiting together with training for staff.
- Continuing Healthcare continues to require considerable joint working with the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and there is still a significant back log of Mental Health cases awaiting completion of a Decision Support Tool (DST).

- 4.3** Comments where rag rating has declined between Q1 and Q2

- Work has progressed well on all other key targets in the Section 75 work plan with a significant number of areas noted as 'blue' (completed) or 'green' (on track). Where there are areas shown as 'amber' work is progressing to achieve 'green' in the next quarter.

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

- 5.1** Appendix 2 to this report sets out the performance under the Section 75 Partnership Agreement for this year. This is based on the cycle of assessment, support planning and review. As reported before, social workers within the locality mental health teams do all of these activities, often together with other members of the multidisciplinary teams. It is challenging to reflect this activity and activity related to duty/intake functions of the team and the complexity of some of the casework that is allocated to social workers – especially

cases involving wider family issues or legal challenge is not captured in full within this data. At the current time, despite exploration, it is not possible to address this within the MOSAIC social services data system or the CPFT information systems.

- 5.2** Since last year's report, a considerable amount of work has gone into resolving some of the systems issues that were preventing collection of data about key performance indicators. Most of these had been addressed by the year end and this can be seen in the increase in recorded percentage by the year end on line 4. However, there remain issues with the validity of the data, particularly in relation to CCC. RV1 – Proportion of planned service user re-assessments actioned by the due date (Statutory Reviews). Although, both AMH and OPMH appear to be exceeding the target (92% AMH and 77% OPMH), the numbers appear to be disproportionately low. The accuracy of the loading of the data continues to be an issue but it is now accepted that the effort to resolve the remaining issues is not justified at this point given the imminent move to the new MOSAIC system.
- 5.3** The number of Delayed Discharges within Adult and Older People's Mental Health for December demonstrate days lost attributable to the Local Authority at 17 and to both Local Authority and Health (Both) at 87 days (2 people). A total of 291 days were lost up to and including December 2017, attributable to 10 patients. The target is 0.
- 5.4** CCC. 1C Part 1 Local – Proportion of eligible social care users receiving Self Directed Support
- The target for this indicator is 93% and are achieving 87% across the Mental Health services (84% AMH and 100% OPMH). Since the availability of a new descriptor in 2017/18, we have seen a continual improvement against the target of 93% with AMH achieving 84% and OPMH 100%. As AMH migrate to the automated payment system we would expect to see the % improve towards the end of the financial year.
- 5.5** CCC. 1C part 2 Local – Proportion of eligible social care users receiving direct payment
- This indicator has a 24% target and at present we are only achieving 7% (4% AMH and 20% OPMH)
  - Due to the contractual nature of AMH Supported Living Services direct payments cannot be offered (housing and support are provided as a single package, removing the option of more individualised care package commissioning and provision) this has historically resulted in poor performance against this indicator, resulting in poor performance particularly in the South. However, the supported living contract has just been re-specified and a new provider has been appointed. The new specification for the contract has separated the accommodation provision from the support. As a result we would expect to see an improvement in this indicator over the next year.
- 5.6** Number of service users with no review date (Item 8b RV3). There is no target for this and we continue to struggle to get accurate data. This will continue to be monitored and recorded manually.
- 5.7** The number of carers assessments completed for CCC patients (item 13) remains low, although shows some improvement on the year end figure for 16/17 (122 at the end of 16/17, compared with 156 as at December 2017). Some data cleansing has taken place over the year and a change to the denominator, further investigations are taking place to explain why the numbers remain relatively low.

## 6.0 STAFFING

- 6.1 On 31<sup>st</sup> March 2017 there were 17.48 whole time equivalent (wte) vacant social work posts across the CCC area. The high number was the result of holding vacancies while the restructure was completed. This was to ensure that nobody was left without a post following the restructure. The vacant posts were released for recruitment in February 2017.

	TOTAL VACANCIES JANUARY 2018 2017 WTE	TOTAL VACANCIES 31ST MARCH 2017 WTE
<b>CCC</b>		
MENTAL HEALTH SOCIAL WORK MANAGER	0.00	1.00
SENIOR SOCIAL WORKERS	1.00	4.73
SOCIAL WORKERS	1.00	5.00
<b>TOTAL</b>	<b>2.00</b>	<b>10.73</b>
<b>CPFT</b>		
SUPPORT WORKER	4.50	1.00
DISCHARGE PLANNING	0.00	2.85
SOUTH FINANCE & ADMIN SUPPORT	0.00	1.90
NORTH FINANCE & ADMIN SUPPORT	0.00	1.00
<b>TOTAL</b>	<b>4.50</b>	<b>6.75</b>
<b>GRAND TOTAL</b>	<b>6.50</b>	<b>17.48</b>

- 6.2 The staff funded by the Council under the Section 75 agreement are either employed by CCC directly and seconded to the Trust, or are employed on CPFT contracts with the cost being recharged to the Council. The budget includes management, social workers, Approved Mental Health Professionals (AMHPs), support workers and administration. The outturn figure for the budget was an underspend of £165,635, 5.2% of the budget (December 2017) £3,153,796.
- 6.3 In addition to the posts above there is NHS funding for 3 AMHPs to sit within the new First Response Service. These posts have now all been filled.
- 6.4 CCC and the Trust have been joint participants in the national Think Ahead Social Work training programme which lasts two years. The programme gives newly qualified social workers extra support during their first year of employment to help them develop their skills, knowledge and professional confidence. There is no obligation to offer employment at the end of year two, but it is anticipated that there are likely to be vacancies. It has been agreed to continue with the programme and take 4 more Think Ahead participants from cohort 2. Think Ahead fund the training and a Band 7 Social Work Consultant who is responsible for the students. Year 1 of the first Cohort has just finished and the 4 newly qualified social workers now move to Year 2 where they complete a masters degree and complete the assessed and supported year in employment.

## 7.0 CARE PACKAGES BUDGETARY PERFORMANCE

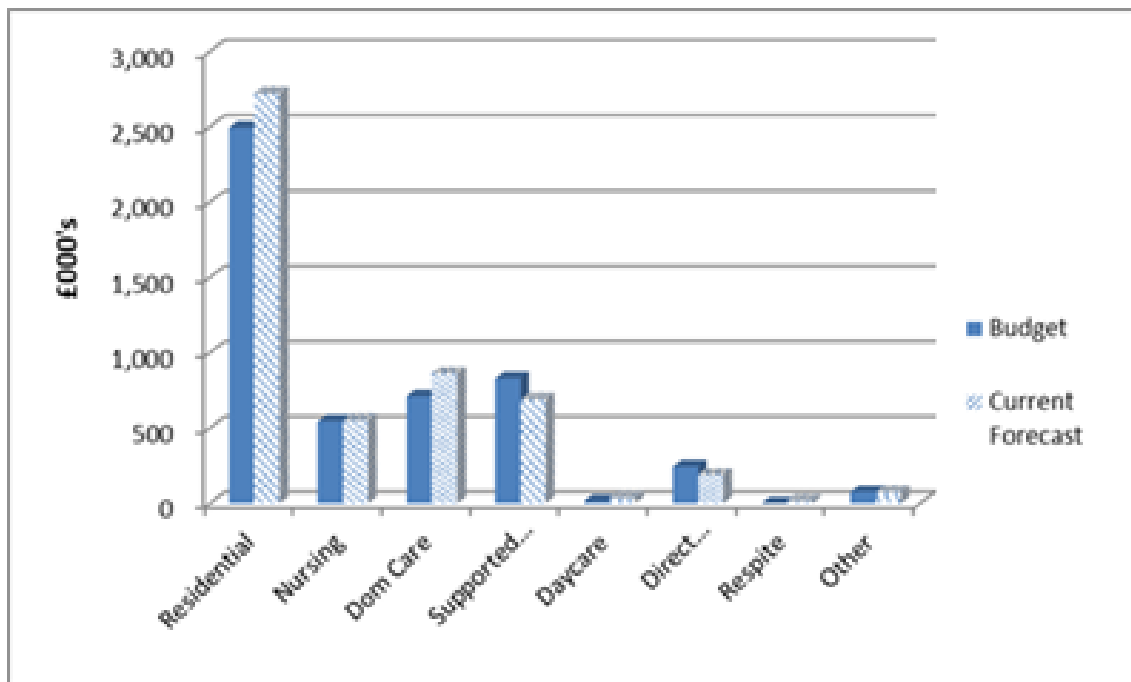
**7.1** For 2017/18, CPFT have been tasked with delivering a total savings requirement of £1.463m across Adult Mental Health (AMH) and Older People's Mental Health (OPMH). The total budget available for 2017/18 is £9.639m.

**7.2** The December snapshot of Mental Health cost of care shows an overall overspend against budget of £1.461m (15.2%), based on current commitments. Taking into account finance adjustments for forecast business planning savings delivery, demography (expected growth in SU's), additional savings impacting on net cost of care and other mitigations, the adjusted forecast position is an overspend of £598k (6.2%).

**7.3** There are a number of areas that are being targeted to achieve this savings target, some of which include income recovery from the CCG (Section 117 and CHC funding), reduction in nursing home/residential placements and step down from residential placements, where appropriate.

**7.4** The current forecast position for AMH, broken down by type of care is shown in the table and graph below (December 2017):

Activity	Budget	Apr	Q1	Q2	Oct	Nov	Dec	Current FO Var	Change from Nov
Residential	2,493	2,528	2,720	2,677	2,699	2,767	2,721	228	-46
Nursing	544	606	591	563	563	563	552	8	-11
Dom Care	709	844	825	808	836	850	861	153	11
Supported Accommodation	828	799	712	704	711	751	689	-139	-62
Daycare	15	37	37	37	37	37	36	22	-1
Direct Payments	245	217	205	193	193	188	189	-56	2
Respite	0	0	0	35	35	16	16	16	0
Other	75	71	72	75	75	75	75	-0	-0
	<b>4,909</b>	<b>5,102</b>	<b>5,162</b>	<b>5,093</b>	<b>5,150</b>	<b>5,248</b>	<b>5,141</b>	<b>232</b>	<b>-107</b>
Health Contributions	-54	-43	-16	-19	-16	-16	-16	38	0
FNC	0	-57	-57	-55	-55	-55	-51	-51	4
Client Contributions	-314	-318	-319	-308	-308	-300	-296	18	4
	<b>-368</b>	<b>-418</b>	<b>-392</b>	<b>-382</b>	<b>-379</b>	<b>-371</b>	<b>-363</b>	<b>5</b>	<b>8</b>
<b>Total</b>	<b>4,541</b>	<b>4,684</b>	<b>4,770</b>	<b>4,711</b>	<b>4,772</b>	<b>4,877</b>	<b>4,778</b>	<b>237</b>	<b>-99</b>



- 7.5** A target to reduce the use of residential care to a minimum, making better use of supported accommodation where individuals have their own tenancies continues to be implemented. However, there are significant overspends on residential (£228k) and dom care (£153k), although this is partially offset by an underspend on supported accommodation (-£139k). Nursing care and client contributions are roughly in line with budget expectations.

Changes in package numbers by care type for the year to date are shown in the table below:

Values	Residential	Nursing	Dom Care	Supp Acc	Direct Payments	Other	Respite	Day Care	Grand Total
Sum of April Total	66	16	200	136	19	21	0	2	460
Sum of May In	7	2	10	6	0	8	0	1	34
Sum of May Out	-2	-1	-27	-13	-2	-6	0	0	-51
Sum of May Total	71	17	183	129	17	23	0	3	443
Sum of June In	7	1	9	5	1	0	0	0	23
Sum of June Out	-3	-2	-9	-8	-2	-12	0	0	-36
Sum of June Total	75	16	183	126	16	11	0	3	430
Sum of July In	4	1	5	8	0	2	1	0	21
Sum of July Out	-5	-1	-7	-1	-1	-2	0	0	-17
Sum of July Total	74	16	181	133	15	11	1	3	434
Sum of Aug In	2	1	5	4	0	1	0	0	13
Sum of Aug Out	0	-1	-8	-7	-1	0	0	0	-17
Sum of Aug Total	76	16	178	130	14	12	1	3	430
Sum of Sep In	2	0	6	0	1	0	0	0	9
Sum of Sep Out	-4	0	-10	-1	-1	-1	0	0	-17
Sum of Sep Total	74	16	174	129	14	11	1	3	422
Sum of Oct In	3	0	5	0	0	0	0	0	8
Sum of Oct Out	-3	0	-1	-2	0	-1	0	0	-7
Sum of Oct Total	74	16	178	127	14	10	1	3	423
Sum of Nov In	3	0	5	1	1	4	0	0	14
Sum of Nov Out	-1	0	-6	0	-1	-1	-1	0	-10
Sum of Nov Total	76	16	177	128	14	13	0	3	427
Sum of Dec In	1	1	11	103	1	1	0	0	118
Sum of Dec Out	-2	-1	-6	-115	-2	-4	0	0	-130
Sum of Dec Total	75	16	182	116	13	10	0	3	415

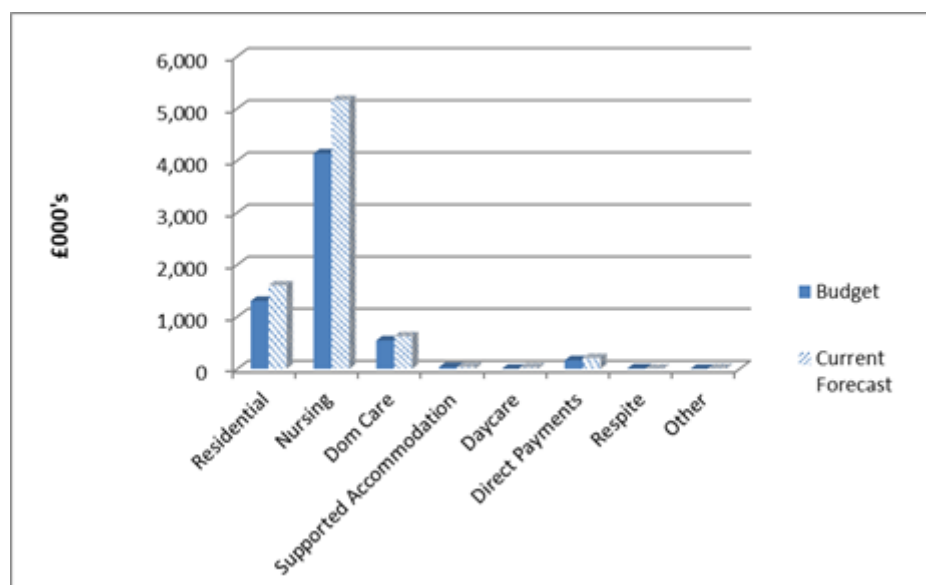
- 7.6**
- Total package numbers have reduced from the start of the year by a net 45 packages. The majority of the reductions have come in low cost packages, and so have had limited impact on the overall position.
  - Residential package numbers have decreased by 1 since November, and this is reflected by in a £46k reduction in the outturn overspend.
  - Dom care package numbers have been reducing since the start of the year, but there was a net increase of 5 packages in December. 5 of the 'new' packages relate to Chaston Road, which is no longer categorised as supported accommodation, and so have corresponding package reductions within that care category. The overall forecast has increased by £11k.
  - It should be noted that the high number of supported accommodation ins and outs in December are due to the change of provider following the supported accommodation retender, and there have been 5 transfers to dom care, as highlighted above. The overall forecast has reduced by £62k, but a large element (£40k) is the removal of the incorrectly recorded prior year cost that was identified in last month's report.



**7.7** The current position of OPMH shows £1.224m overspend (based on the November snapshot). The overall position has worsened by £102k from November, and is £19k worse than at the start of the year.

The current forecast position, broken down by type of care is shown in the table and graph below:

Activity	Budget	Apr	Q1	Q2	Oct	Nov	Dec	Current FO Var	Change from Nov
Residential	1,305	1,433	1,406	1,593	1,610	1,546	1,602	297	56
Nursing	4,136	5,206	5,021	5,019	5,033	5,077	5,162	1,026	84
Dom Care	546	583	711	639	659	638	626	80	-12
Supported Accommodation	38	36	36	36	36	36	38	0	2
Daycare	3	3	4	12	12	26	28	25	2
Direct Payments	165	194	194	199	213	208	208	43	0
Respite	10	0	8	3	4	3	6	-5	3
Other	0	0	10	5	5	13	12	12	-1
	<b>6,204</b>	<b>7,455</b>	<b>7,389</b>	<b>7,506</b>	<b>7,572</b>	<b>7,549</b>	<b>7,682</b>	<b>1,478</b>	<b>133</b>
Health Contributions	0	0	0	0	0	0	0	0	0
Client Contributions	-1,106	-1,152	-1,259	-1,281	-1,336	-1,329	-1,360	-254	-31
	<b>-1,106</b>	<b>-1,152</b>	<b>-1,259</b>	<b>-1,281</b>	<b>-1,336</b>	<b>-1,329</b>	<b>-1,360</b>	<b>-254</b>	<b>-31</b>
<b>Total</b>	<b>5,098</b>	<b>6,303</b>	<b>6,131</b>	<b>6,225</b>	<b>6,236</b>	<b>6,220</b>	<b>6,322</b>	<b>1,224</b>	<b>102</b>



**7.8** There are significant overspends on residential (£297k) and nursing (£1.026m), although this is partially mitigated by a corresponding underspend on client contributions (-£254k).

**7.9** Changes in package numbers by care type are shown in the table below:

Values	Day Care	Direct Payments	Dom Care	Nursing	Nursing Block*	Residential	Residential Block*	Other	Respite	Grand Total
Sum of April	4	16	55	127		46		2	3	253
Sum of May In	1	1	7	8	0	2	1	0	0	19
Sum of May Out	-3	0	-5	-8	0	-1	0	0	0	-17
Sum of May	2	17	57	127	0	47	1	2	3	255
Sum of June In	0	0	6	7	0	3	1	2	0	18
Sum of June Out	-1	-2	-4	-6	0	-5	0	0	-1	-19
Sum of June	1	15	59	128	0	45	2	4	2	254
Sum of July In	1	0	2	0	0	3	2	0	0	6
Sum of July Out	0	0	-2	-4	0	-3	0	-1	0	-10
Sum of July Total	2	15	59	124	0	45	4	3	2	250
Sum of Aug In	1	0	4	5	1	6	0	0	0	16
Sum of Aug Out	0	-2	-3	-3	0	-1	0	0	0	-9
Sum of Aug Total	3	13	60	126	1	50	4	3	2	257
Sum of Sep In	0	1	4	4	0	1	0	0	0	10
Sum of Sep Out	0	0	-6	-6	0	0	0	0	0	-12
Sum of Sep Total	3	14	58	124	1	51	4	3	2	255
Sum of Oct In	0	2	6	4	0	0	0	0	0	12
Sum of Oct Out	0	-2	-7	-1	0	0	0	0	0	-10
Sum of Oct Total	3	14	57	127	1	51	4	3	2	257
Sum of Nov In	0	3	6	5	0	1	1	0	1	16
Sum of Nov Out	0	-3	-7	-6	0	-5	0	0	0	-21
Sum of Nov Total	3	14	56	126	1	47	5	3	3	252
Sum of Dec In	0	0	1	3	0	2	0	0	0	6
Sum of Dec Out	0	-1	-2	0	0	-1	0	0	0	-4
Sum of Dec Total	3	13	55	129	1	48	5	3	3	254

\* Block bed packages only show placements made into block beds as these have avoided spot placements, and are excluded from total package numbers

## 7.10 Overall package numbers have increased by 1 since the start of the year, resulting from 103 new packages and 102 ended packages.

- Nursing packages have increased by 3 this month, and the forecast has increased by £84k.
- Residential packages have increased by 2 since the start of the year, and there was a net increase of 1 package since November. This has been reflected in a forecast worsening of £56k.
- Net domiciliary care packages have decreased by 1 this month, and the forecast has also decreased by £12k.
- It should be noted that 6 placements have been made into block beds since the start of the year.

## 7.11 Savings Target 17/18

- All requests for Social care funding are made to the Quality & Assurance Panel which closely scrutinises all funding requests for value for money, outcomes and quality. The panel also reviews and agrees all joint funded applications under S117 (with a representative from the CCG). The panel monitors and tracks spend, savings and cost avoidance. To date, cost avoidance of £384k has been recorded. This is below target. Intensive action is being taken to address the gap.

- The panel is chaired by the Associate Director Operations, Social work and Social Care and membership includes a CCG representative and operational managers from both Health and Social care in CPFT. As the Mental Health Commissioner owns the budget, it is important that the Commissioner also attends the panel.

## **8.0 POLICING AND CRIME ACT 2017 AND IMPACT ON THE APPROVED MENTAL HEALTH PROFESSIONAL (AMHP) SERVICE**

- 8.1** The Policing and Crime Act 2017 (PCA) received Royal Assent on 31 January 2017. This legislation makes provision across a very broad range of areas affecting police and crime, and includes a number of provisions concerning the police interaction with mental health services. Guidance was delayed and finally published in December 2017.
- 8.2** Key relevant areas to note are:
- New reduced time limits the time that individuals can be detained under Section 136 –of the Mental Health Act. Section 136 allows the Police to take someone with a mental health problem to a place of safety if they believe that the person needs care or control.
  - New definitions of a place of safety.
  - Police stations must never be used as a place of safety for people under age 18 and only in exceptional circumstance for adults.
- 8.3** The new time limits mean that it is essential that the AMHP Service is sufficiently resourced and well organised / deployed to ensure that deadlines are complied with. It should be noted that the AMHP service is the legal responsibility of the Council and this responsibility cannot be delegated to the NHS although the NHS can oversee and manage the service on behalf of the Council.
- 8.4** To this end a review has been carried out of the organisation of the AMHP service, including the consolidation of day time rotas, and the preferred option is to be discussed further with staff before moving to implementation.
- 8.5** Discussions with the Emergency Duty Team (EDT) are also in progress to smooth out the hand over between EDT and the day time service which carries most activity as the EDT is there only for emergencies that arise out of hours and does not do planned mental health assessments. One single EDT service is operated across PCC and CCC and this is run by the Council, not by CPFT. CPFT have now recruited 3 AMHPs to the First Response Service (FRS). These AMHPs will support out of hours work and agreement has been reached with the EDT to provide professional support out of hours when the day time duty manager is not available.

## **9. RISKS**

- 9.1** Achievement of the savings target remains the biggest operational and financial risk. This is largely due to the increasing acuity of the service users for which funding is being requested. A significant amount of work has gone into reviewing funded packages of care/residential placements across both OPMH and AMH for potential step down/reduction and this is starting to deliver some savings, although, as would be expected, the majority of OPMH service users are appropriately placed and step down not appropriate.
- 9.2** A significant proportion of the savings target is reliant upon income recovery in relation to S117 which is dependent on the outcome of the new Section 117 Joint Commissioning Tool and joint working with the CCG.

- 9.3** There remains a lack of supported accommodation in the North of the county and the availability of homecare providers in some areas has resulted in an increase in Delayed Transfers of Care (DTOCs) from the acute hospitals.

## **10. CHANGES IN MANAGEMENT OF THE MENTAL HEALTH SOCIAL WORK SERVICES**

- 10.1** Following completion of the reorganisation of the mental health social work services that was reported to Members previously, and following the review within the two Councils to create a single management structure, the Council and Trust have reviewed the top management of the Mental Health Social Work Service. It has been decided that the functions of oversight in the Trust of the Section 75 can be undertaken in a different way by creating a single Associate Director Operations, Social Work and Social Care and Head of Profession in replacement of the Director of Service Integration thereby making the Director of Service Integration post redundant.
- 10.2** The new Associate Director post will report to the Director of Operations in the Trust with a dotted line to the Director of Adult Social Care. This post will also be a member of the Adult Social Care Directorate Management Team.

## **11. ALIGNMENT WITH CORPORATE PRIORITIES**

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

Progress towards improved performance of services and outcomes for people with mental health problems will contribute to the development of the local economy, benefiting everyone living and working in Cambridgeshire and Peterborough. Improved performance against the employment performance target (Appendix 2 Item 9a) is of particular importance. CPFT managers, clinicians and staff are working with commissioners to identify and implement actions and approaches that will support the attainment of employment outcomes. A bid will be made for national funding from the NHS for Individualised Personal Support (IPS), the best practice model for employment outcomes in mental health.

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

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

### **11.3 Supporting and protecting vulnerable people**

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

## **12. SIGNIFICANT IMPLICATIONS**

### **12.1 Resource Implications**

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

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

There are no significant implications within this category.

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

Many of the duties delegated to CPFT are statutory duties and have financial implications. As these duties have been delegated to CPFT, if they are not delivered effectively, the Council will ultimately be held responsible for any failures in practice and will be subject to any financial consequences. Therefore priority is given to ensuring that there is a strong partnership between the Trust and Commissioners. This is supported by monthly operational meetings which are attended by Commissioners and quarterly Governance Board meetings with the Trust Chief Executive attends.

## **12.4 Equality and Diversity Implications**

There are no significant implications within this category.

## **12.5 Engagement and Consultation Implications**

There are no significant implications within this category

## **12.6 Localism and Local Member Involvement**

There are no significant implications within this category.

## **12.7 Public Health Implications**

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

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

Cambridgeshire  
County Council

Year End



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

On track G

Imminent action expected A

Off track - risk to project completion R

Pipeline B

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

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

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



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

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

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

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

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

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

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

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



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

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

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

e

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

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

## Section 75 Report - Top Level Figures - CCC

## APPENDIX 2

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

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





**DEEP DIVE: DOMICILIARY CARE**

*To:* **Adults Committee**

*Meeting Date:* **8<sup>th</sup> March 2018**

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

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

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

*Purpose:* To note this 'deep dive' report on the domiciliary care which includes an update on the key trends and challenges arising, and plans to address these areas.

*Recommendation:* To consider the report and provide comments on key trends and issues raised.

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## **1. BACKGROUND**

1.1 A significant amount of work has been undertaken over the last two years to develop a more sustainable approach to commissioning domiciliary care within Cambridgeshire. This deep dive report aims to provide Adults Committee with an overview of:

- What domiciliary care is and how it is currently commissioned
- Key trends and challenges
- Current level of investment and the associated financial savings profile
- Plans to meet current challenges, create capacity and manage the market more effectively

### **1.2 What is Domiciliary Care?**

1.2.1 Domiciliary care is provided to people who still live in their own homes but require additional support with household tasks, personal care or any other activity that allows them to maintain their independence and quality of life. Anyone at any stage of life could require domiciliary care including older people, those with learning disabilities, mental health problems, sensory impairment or physical disabilities. As a result the use of domiciliary care is highly personalised and tailored to the needs of each individual ranging from 24 hour care arrangements to medication prompts and meal preparation.

1.2.2 The Adult Social Care Transforming Lives Strategy (Appendix 2) is predicated on the ability of Cambridgeshire County Council to support people to remain safely in their own homes for as long as possible. Domiciliary care services underpin this approach, and it is therefore absolutely critical that these services are commissioned and managed in a way which promotes and increases the use of responsiveness, flexibility and high quality provision.

### **1.3 How is domiciliary care currently commissioned?**

1.3.1 Historically domiciliary care has been commissioned from a limited number of strategic providers. Recognising that this approach did not support an ongoing increase in capacity, limited choice of provision for service users and carers and failed to maximise resource across different areas a new approach was progressed.

1.3.2 From November 2017, the Home and Community Support Contract replaced the existing Framework Contracts for domiciliary care services across adults, older people, children's social care and NHS Continuing Healthcare with a Dynamic Purchasing System (DPS); The main aim was to attract more providers into the market. The main difference is that the former is a closed framework involving a limited number of strategic providers, whereas the latter is an approved list of providers which opens every three months to enable new providers to join. This allows the model to flex and adapt to changes in the market.

1.3.3 The DPS also has a competitive element for allocation of care packages where there is more than one provider available and is based on a combination of price and "fit" for individual requirements. Within the new model, there is the scope to delegate more direct responsibility to providers to deliver outcomes and there is opportunity to bring

“micro enterprises” (small scale providers supporting one or two service users) into the DPS at any stage during the life of the contract. Other features of the contract include an extension from five to ten years to offer certainty to providers to encourage them to develop.

## **2. THE LOCAL CONTEXT AND KEY CHALLENGES**

### **2.1 Strategy**

2.1.1 The Care Act 2014 is driving changes in social care and our partnership with the NHS. Our shared agenda requires adult social care to adopt a person centred approach that focuses on promoting independence, choice and control through earlier advice, information and interventions to prevent, delay and reduce the demand for ongoing care. This is reflected in the Council’s strategy for social care – Transforming Lives (Appendix 2). Provision of domiciliary care forms a key element of Tier 2 and 3 Services designed to underpin short term intervention and/or support long term care needs.

### **2.2 Demand**

2.2.1 Domiciliary Care plays a critical role in supporting health and social care to manage increasing demand within the community through enabling people to maintain independence for longer. However, nationally continuous increases in demand have placed significant pressure on domiciliary care capacity available. To provide some context, key areas of demand have been outlined below.

2.2.2 **Population Growth:** In the last 6 years the 65+ population has grown from 99,500 to 118,600 – an increase of over 19% which has placed pressure on the capacity of all adult social care provision including domiciliary care.

2.2.3 **Delayed Transfers of Care:** An increase in admissions of older people, particularly those aged 85 years and over, has had a direct impact on patient flow through the hospital and discharge arrangements. As demand rises, this is becoming increasingly challenging. In the 12 month period since October 2016, the levels of DTOC have fluctuated significantly. Since delays peaked in August 2017, social care DTOCS have shown a gradual improvement. However, this has increased the pressure placed on community based services such as domiciliary care. DTOC Levels have also impacted on the levels of complexity people are presenting post discharge from hospital, and therefore increasing support requirements placing pressure on existing capacity. Please see Figure 8 in Appendix 1 for more detail.

### **2.3 Market Conditions**

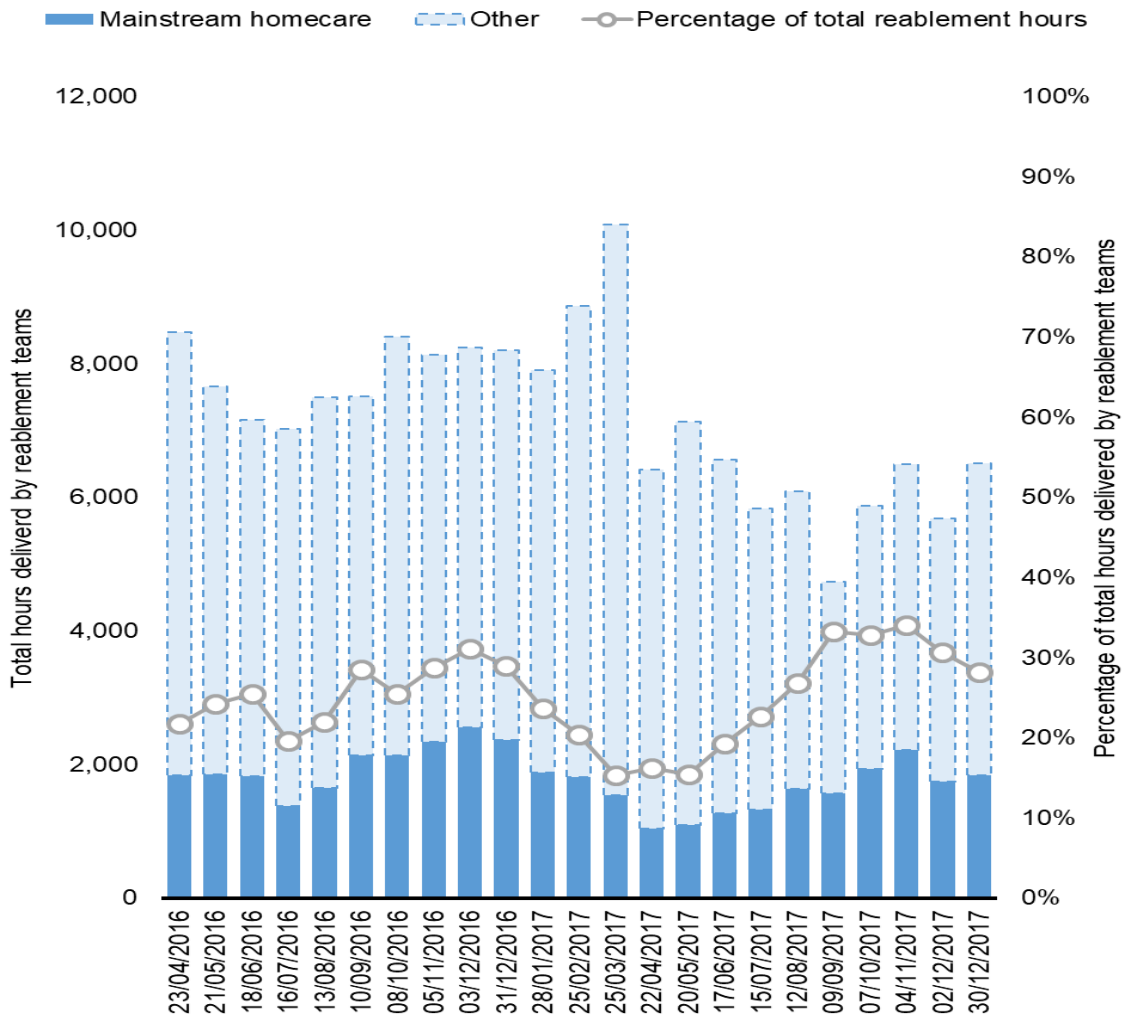
2.3.1 **Workforce Pressures:** Retaining and increasing capacity within the independent domiciliary care sector to meet demand both now and in the future has become a national challenge. Analysis of the National Minimum Dataset obtained by Skills for Care indicated that providers operating within the homecare environment within Cambridgeshire will face significant challenges in recruitment and retention. It is likely that this will be exacerbated to some extent by the impact of Brexit.

2.3.2 Analysis of the data across Cambridgeshire's independent homecare provider workforce indicated the following:

- An ageing workforce is in place with 20% of workers being over the age of 55
- Whilst 62% of the workforce directly involved with the provision of care are British, in line with the national average, at 24%, the proportion of EEA (Non British) workers is significantly higher than the national and regional average. There is therefore real risk that policy development to support Brexit could have a detrimental impact on both retention of a significant proportion of the existing workforce, and the ability to expand the workforce using existing strategies to manage increase demand for homecare within Cambridgeshire.
- The Eastern Region has the second lowest ratio of workers to population aged 65+, second only to the South West of England.
- In line with national trends, data analysed indicated that local independent homecare providers are experiencing a high turnover rate of around 44%, with the average length of time in post being 2.9 years.
- Equally, however, analysis of 411 Cambridgeshire workers also suggested that one third of the workforce leave their role to move to a competitor indicating that the sector as a whole is retaining staff within Cambridgeshire. Furthermore, 63% of workers who reported their 'Leaver Destination' within Cambridgeshire moved to other roles working within the wider health and social care sector. This compares favourably to national (52%) and regional (59%) trends.

2.3.3 The strength of Cambridgeshire's economy, whilst positive, is impacting on expansion of the local homecare workforce due to the choice of occupations available to individuals and proximity to London. Cambridgeshire has a low unemployment rate of 2.9%, with a comparatively high number of jobs available per resident aged 18-64. The average weekly household income of £907.48 is also significantly higher than the average weekly incomes of a Care Worker (£289) and Senior Care Worker (£300). The impact of this is further exacerbated by the consistent increase in local property value within the area. Data therefore indicates that the relatively high cost of living, combined with the low level of income associated with work as a carer makes attracting a workforce to the homecare sector extremely challenging.

2.3.4 **Reablement:** Whilst the primary aim of the Reablement Service is provide an active programme of short term, targeted intervention to help service users to regain their independence, this service also acts as the Provider of Last Resort. The service provides mainstream domiciliary care on a short term basis where care cannot be sourced via usual routes and service users would be at risk in the absence of support. The need for Reablement to act as provider of last resort has increased in line with the capacity challenge over the last 12 months, with delivery of mainstream homecare within the service taking up 34% of capacity in November 2017. This represents an increase of on the previous year.

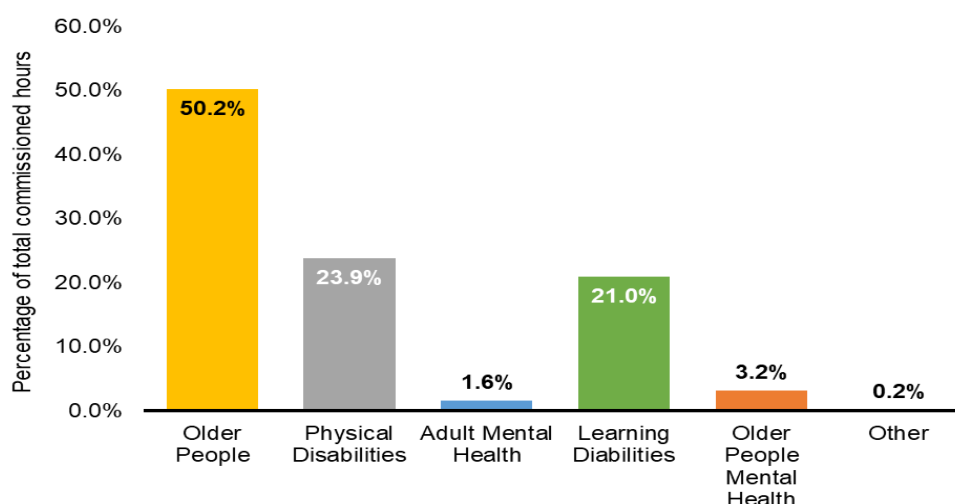


**Figure 1:** Mainstream homeworke and other hours delivered by reablement teams and mainstream homeworke hours as a percentage of total reablement hours, April 2016–November 2017

### 3. ANALYSIS OF KEY TRENDS IN DOMICILIARY CARE

**3.1 Key Message 1: Whilst domiciliary care is commissioned for all service areas, a majority of provision is commissioned to support older people and people with physical disabilities. Data indicates that this has enabled a large number of people to remain within their own homes for longer.**

**3.1.1** In December 2017, there were approximately 2010 service users in receipt of domiciliary care. As detailed within the graph below, Older People and Physical Disabilities accounted for 74.1% of domiciliary care commissioned, with people with Learning Disabilities accounting for 21%. This breakdown is also demonstrated in the number of contacts resulting in a referral to domiciliary care, with a majority originating from the community (Figure 9, Appendix 1).



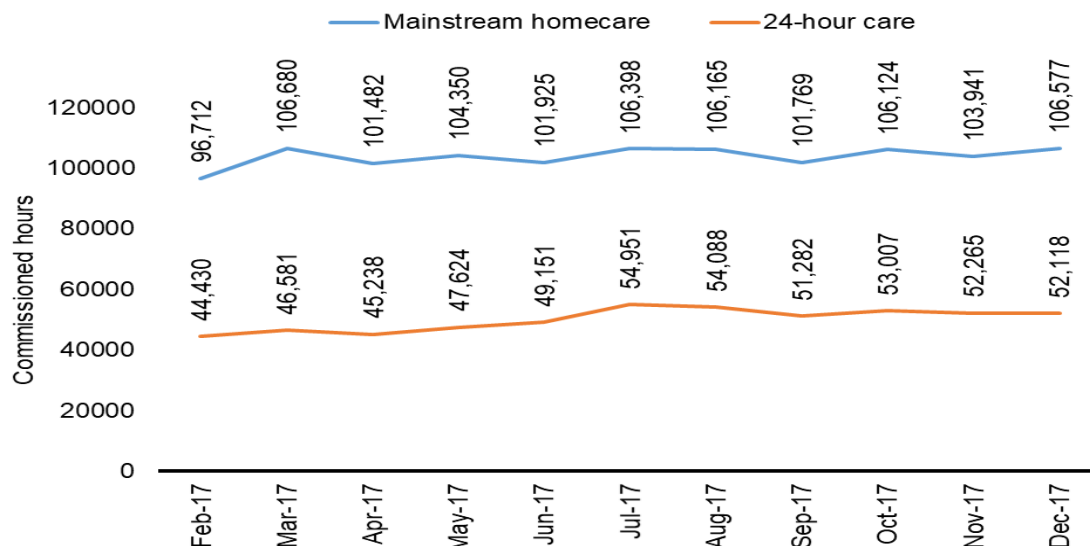
**Figure 2:** Percentage of total mainstream and 24-hour care hours by service area, December 2017

### 3.2 **Key Message 2: Use of Homecare is evenly distributed across the County for Adults and Older People**

3.2.1 Homecare is used in every ward across Cambridgeshire for older people, with East Cambridgeshire, Huntingdonshire and Fenland wards showing the highest rates of homecare provision ranging between 29.9 and 36.5 per 100,000 population. For adults aged 18-64, only 4 wards contained no home care provisions, with South Cambridgeshire exhibiting the highest use of homecare which ranged between 6.5 and 9.7 per 100,000 population. Maps detailing levels of homecare usage by ward have been included within Figures 10 and 11 in Appendix 1.

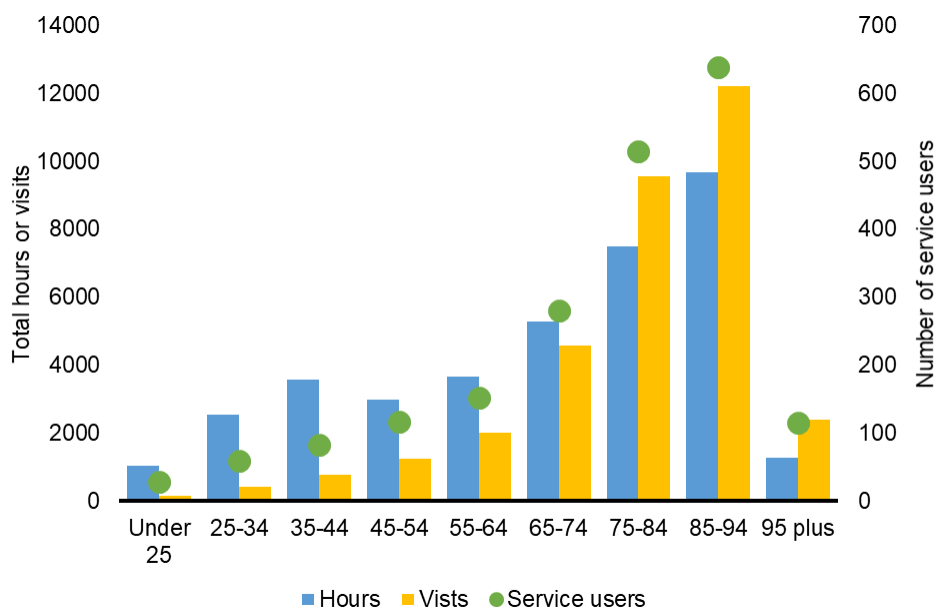
### 3.3 **Key Message 3: Use of domiciliary care continues to increase across both mainstream and 24-hour care**

3.3.1 In December 2017, a total of 158,695 mainstream domiciliary care hours and 24-hour care hours were delivered across Cambridgeshire for all service areas. This represents a 10.2% increase in mainstream care hours delivered and a 15.7% increase in 24-hour care hours delivered since February 2017.

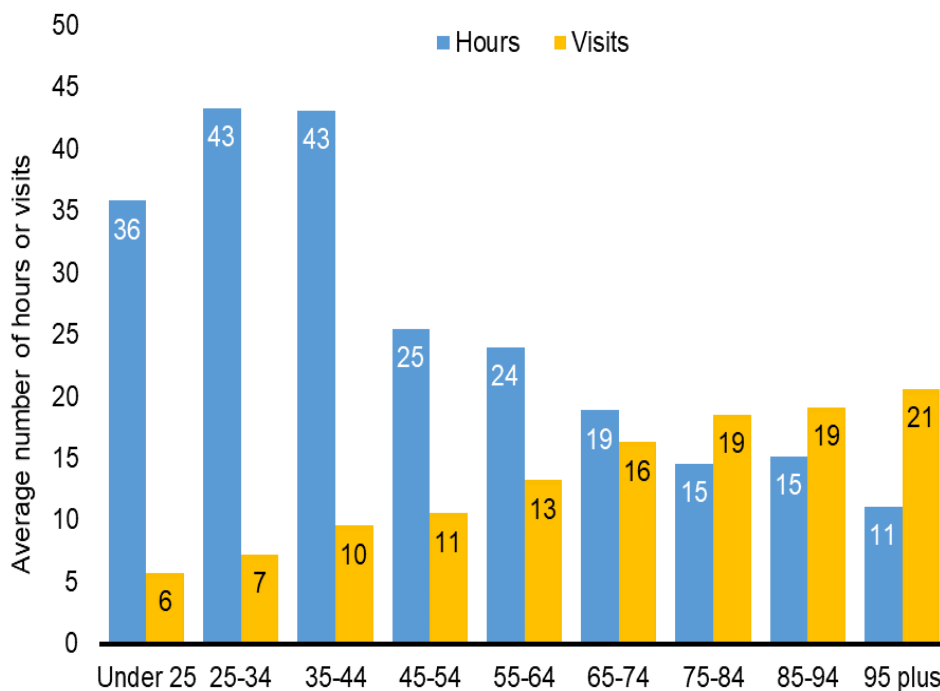


**Figure 3:** Total commissioned mainstream homecare and 24-hour care hours by month, February 2017–December 2017

- 3.3.2 When broken down by service area, the marked increase in the use of 24-hour care is for Older People (45%) and Older People with Mental Health (177%). However, these service areas have seen a minor decrease in the use of mainstream domiciliary care, with the increase in the use of this provision being identified within Physical Disabilities (19%), Mental Health (14%) and Learning Disabilities (14%).
- 3.3.3 Whilst an increase in the use of domiciliary provides positive indication that people across all services are being supported to remain within their own home for longer, these trends also suggest an increase in complexity is being managed within the community. Work has also recently taken place to review the marked increase in the use of 24-hour care packages. An assessment of these cases indicated that the Council could benefit from undertaking some further work with health colleagues, particularly on discharge from hospital, to ensure a reduction in over-prescribing of care.
- 3.4 **Key Message 4: Although the total number of hours and visits delivered per week has risen in line with age profile, data indicates that on average older people require comparably less hours over an increased number of visits (Figure 4 and 5, below).**
- 3.4.1 Given that younger adults requiring domiciliary care support are likely have quite complex needs it is expected that a greater number of hours is required. It is also expected that the number of visits required increases in line with the age profile due to the need for regular activities around medication, meal preparation and other tasks to be completed and monitored throughout the day.
- 3.4.2 However, the varied geography of Cambridgeshire also produces a challenge in maximising the use of available domiciliary care capacity. Commissioners and providers are continuously navigating the complex task of matching limited resources to the often very specific care requirements of individuals which has an impact on the efficiency of the service.



**Figure 4:** Total homecare hours and visits per week and number of service users by age band, December 2017



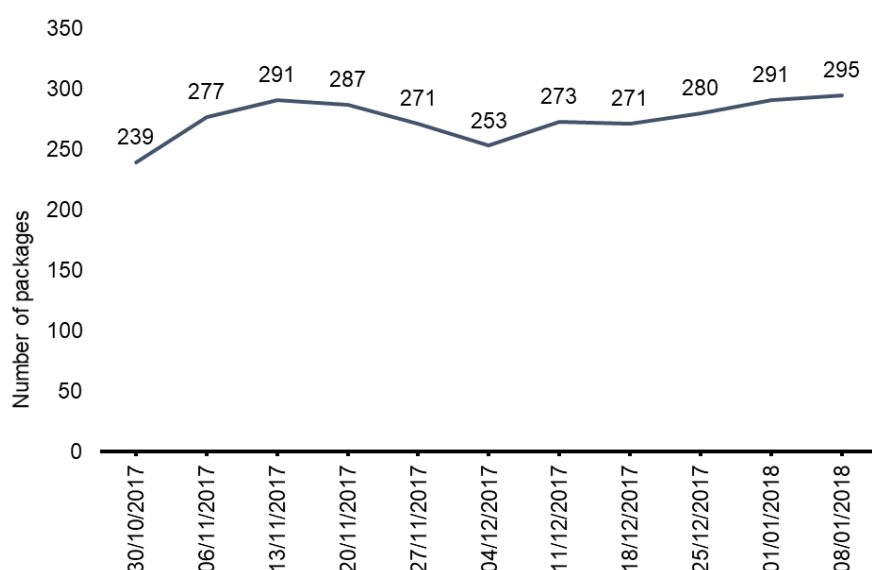
**Figure 5:** Average homecare hours and visits per week per service user by age band, December 2017

### 3.5 **Key Message 5: Despite an increase in the number of hours delivered, the levels of unmet demand for domiciliary care have continued to increase.**

3.5.1 Despite an increase in the delivery of care hours, at the beginning of January 2018, there were 295 people either awaiting a change to their current domiciliary care service, or awaiting a new package of domiciliary care. Although the reduction in December 2018 demonstrates that additional capacity commissioned as part of the



Home and Community Support Contract marginally decreased levels of unmet need, demand has continued to rise significantly since. This has had an impact on services right across the health and social care system.



**Figure 6:** Number of homecare packages pending, November 2017–January 2018

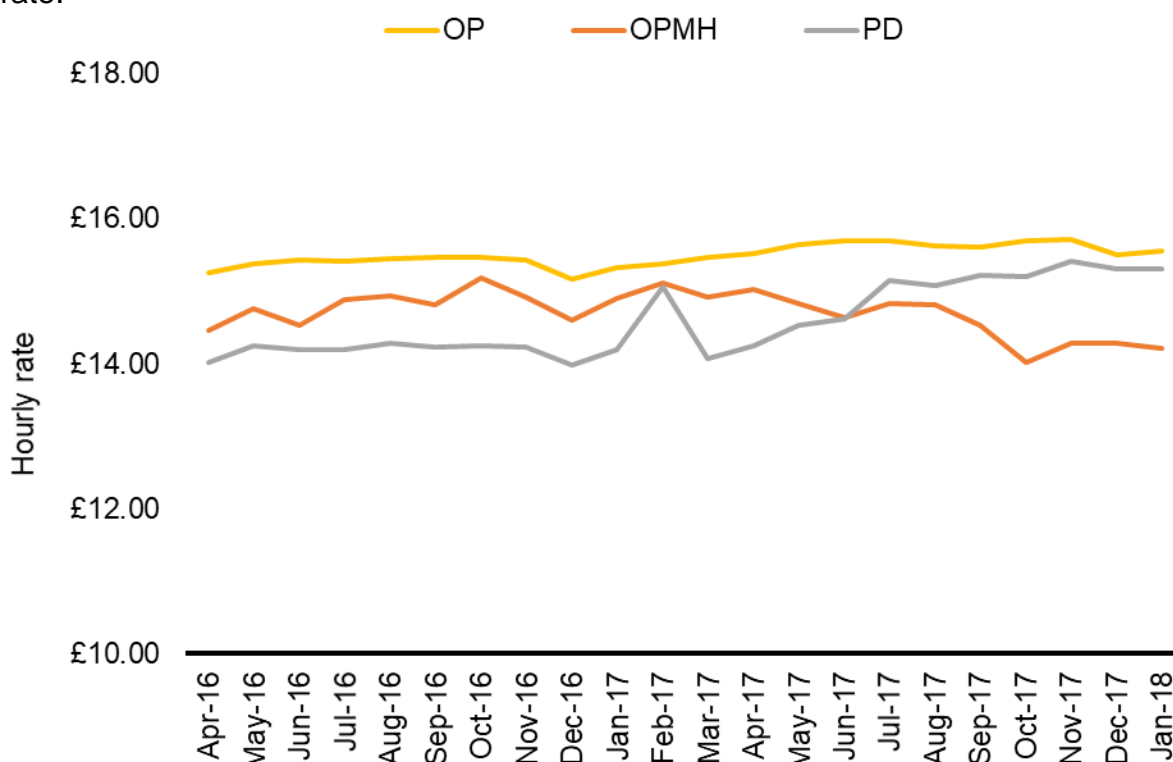
3.5.2 These trends also magnify the scale of the challenge the Council faces when considered in the context of the recruitment and retention pressures experienced within the independent sector, domiciliary care market. Whilst the Home and Community Support Contract has been successful increasing provision, more work is required to meet growing demand for these services.

3.6 **Key Message 6: Whilst there is an expectation that the hourly rate of domiciliary care will rise in line with inflation and cost of the National Living Wage, the Home and Community Support Contract has taken a more transparent and planned approach to managing this.**

3.6.1 Through the Home and Community Support Contract the Council have sought to develop a transparent approach to managing the ongoing costs of domiciliary care through:

- Setting a floor and ceiling hourly rate for all providers (£15.63 - £16.22) to create an element of competition within the market
- Development of a formula to calculate sustainable annual uplifts based on inflation and the national living wage. This has supported the Council in financial planning processes and also providing the market with some financial certainty.

3.6.2 Whilst in the early stages of implementing the Home and Community Support contract, the graph below indicates that this approach is beginning to have an impact on hourly rate.



**Figure 7:** Hourly rates for homecare by service area, excluding Learning Disabilities, April 2016–January 2018

### 3.7 Budget and Actual Spend (2017/18) for Domiciliary Care

3.7.1 At present, the Council invest just over £28.6m in domiciliary care. However, given demand pressure a majority of service areas are reporting a financial pressure to the sum of £783,956.

Service Area	Budget (£)	Actual Spend (£)	Variance (£)
Older People	13,466,837	13,883,091	416,254
Physical Disabilities	4,063,701	3,841,733	-221,968
Older People Mental Health	546,342	510,709	-35,633
Learning Disabilities	9,493,045	10,072,208	579,163
Mental Health	708,501	861,180	152,679
AAT	351,626	245,087	-106,539
<b>Total</b>	<b>28,630,052</b>	<b>29,414,008</b>	<b>783,956</b>

**Table 1:** 2017/18 Budget and Actual Spend, Domiciliary Care

### 3.8 Savings Profile

3.8.1 The financial savings profile for domiciliary care for 2017/18 and 2018/19 is based on a 1% decrease in cost. These have already been applied to budgets for this year and next year and will be absorbed by the services.

<b>Service Area</b>	<b>17/18 (£000)</b>	<b>18/19 (£000)</b>	<b>Total (£000)</b>
<i>Learning Disabilities</i>	71	100	171
<i>Older People/ Physical Disabilities</i>	206	166	372
<i>Total</i>	<b>277</b>	<b>266</b>	<b>543</b>

**Table 2:** 2017/18 -2018/19 Savings Profile, Domiciliary Care

- 3.8.2 The Home and Community Support Contract is in the early stages of implementation. Further time is therefore required to assess whether the contract has successfully delivered through the re-tender.

#### **4. MEETING THE KEY CHALLENGES**

- 4.1 There are clear challenges to overcome to ensure the sustainability of domiciliary care market in meeting growing demand moving forward. The Home and Community Support will provide the flexibility required to enable the Council to address key areas of challenge through:
- 4.2 **Increasing Internal Efficiency and Market Oversight:** As part of the tender process, the Council have sought to undertake a more consistent approach and make best use of available homecare capacity across the County through development of a centralised Brokerage Team who will undertake responsibility for the identification and purchasing of all homecare packages. Supported by a new electronic system from March 2018, this approach will reduce duplication of work from across operational teams, enable use of more consistent and challenging conversations with the local market, and greater oversight of capacity.
- 4.3 **Increasing the use of Outcomes Based Commissioning:** Throughout the life of the contract it is envisaged that the Council will explore, test and transition towards a model of commissioning domiciliary care which is based on outcomes rather than a standardised 'time and task' approach. It is envisaged that this will give providers more flexibility to work with the outcomes and preferences of each service user whilst also maximising the use of available capacity. An outcomes based approach is currently being piloted with key domiciliary care providers within the Huntingdonshire Older Peoples Locality Team. Through this approach providers take a lead role in working with the service user to agree how their outcomes can be delivered within a block number of hours specified within their Support Plan. Evaluation of this pilot will inform the roll out of this approach moving forward.
- 4.4 **Workforce Development Initiatives** will prove critical to increasing capacity of domiciliary care in line with growing demand. It is critical that the Commissioning Directorate works in partnership with the market to increase the profile and brand awareness of a career in care, and supports the independent sector, alongside our health partners to develop a recruitment and retention strategy. Whilst this work has already begun through links with Skills for Care, Huntingdon Regional College and work experience initiatives, to make a real impact regional buy-in and involvement is required.

- 4.5 **Development of Micro-Enterprises:** There is also the opportunity to bring “micro enterprises” (small scale providers supporting one or two service users) into the DPS at any stage during the life of the contract. The intention is to support initiatives like the Neighbourhood Cares pilots that are based on the Buurtzorg model.
- 4.6 **Use of prevention rather than intervention:** A continued focus on self-care and prevention is also required to enable people, wherever possible, to maintain their independence through the use of Tier 1 and Tier 2 services (Appendix 2). The Council continue to increase investment in this area through the use of provision such as assistive living technology, third and voluntary sector support, reablement and other community based assets. Multidisciplinary working between health and social care teams will also prove critical to maximising the use of limited market capacity through ensuring an asset based approach to care planning is taken which encourages positive risk taking and a reduction of over-prescribing, particularly on discharge from hospital.

## **5. ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

There are no significant implications for this priority.

### **5.3 Supporting and protecting vulnerable people**

There are no significant implications for this priority.

## **6. SIGNIFICANT IMPLICATIONS**

### **6.1 Resource Implications**

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

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

*There are no significant implications within this category*

### **6.4 Equality and Diversity Implications**

*There are no significant implications within this category.*

### **6.5 Engagement and Communications Implications**

*There are no significant implications within this category.*

#### 6.6 Localism and Local Member Involvement

*There are no significant implications within this category.*

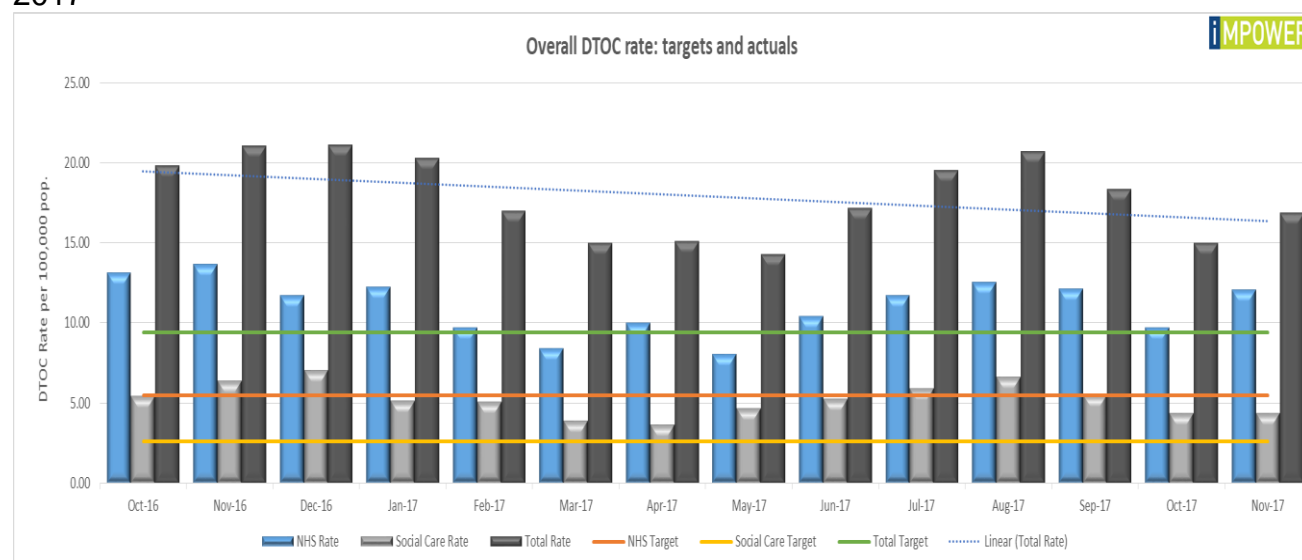
#### 6.7 Public Health Implications

*There are no significant implications within this category.*

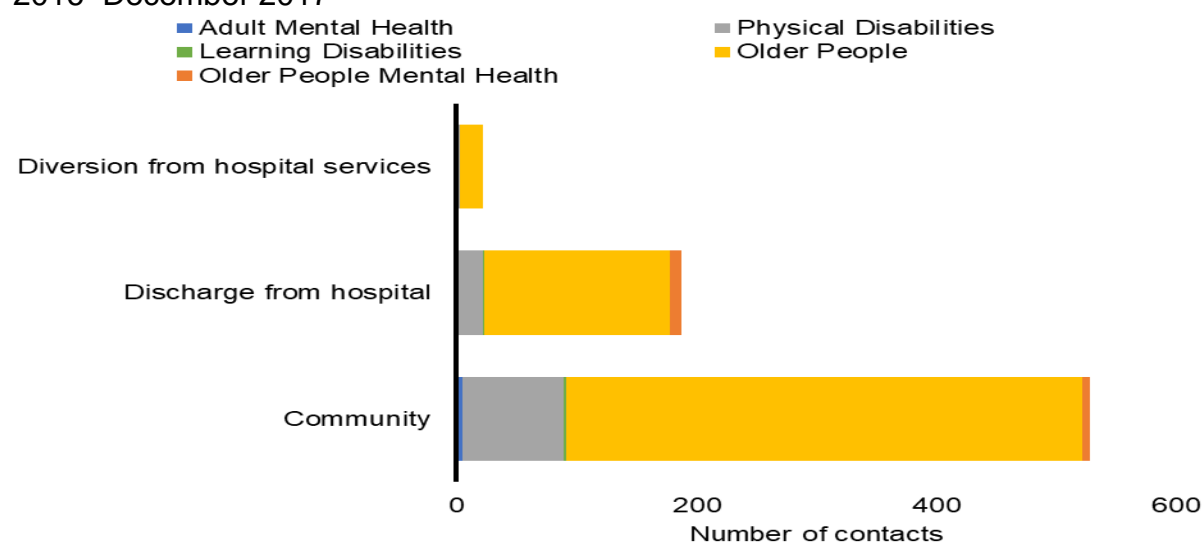
Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes or No Name of Financial Officer:
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by Finance?	Yes or No Name of Financial Officer:
Has the impact on statutory, legal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

Source Documents	Location
None	

**Figure 8 - Overall Delayed Transfer of Care Rate: Target and Actual, October 2016 - November 2017**

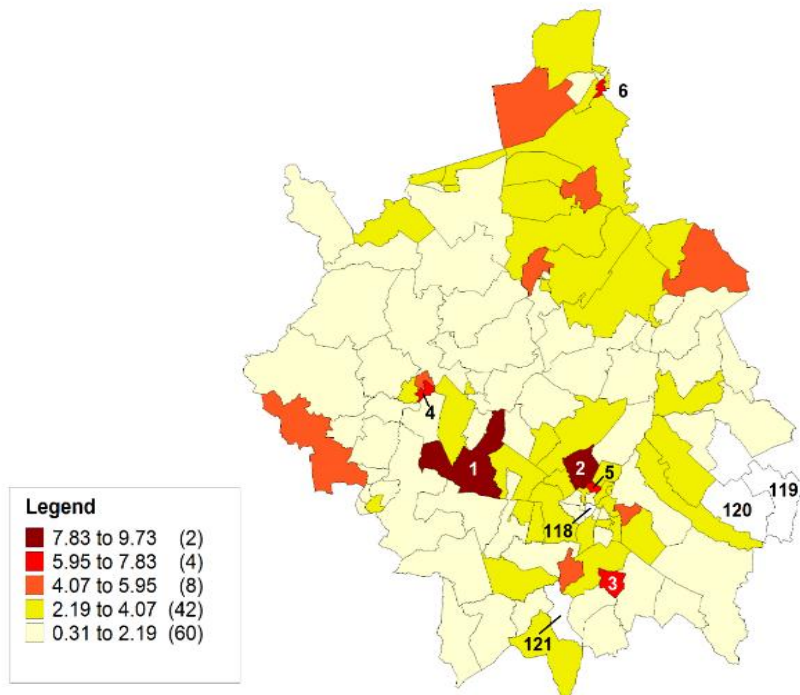


**Figure 9 Contacts resulting in a referral to homecare by contact source and service area, April 2016–December 2017**



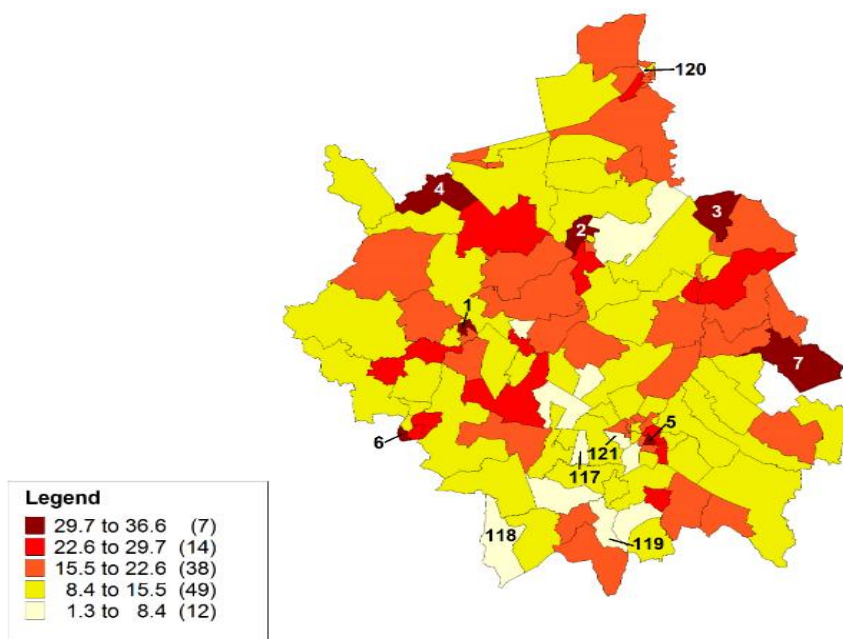
**Figure 10:** The map below indicates rates of home care provisions for adult service users per 1000 population for all wards in Cambridgeshire

Home care provision for adult (18-64) service users per 1000 population



**Figure 11:** The map below indicates rates of home care provisions for older adult service users per 1000 population for all wards in Cambridgeshire

Home care provision for older adult (65+) service users per 1000 population







**ADULT SOCIAL CARE SERVICE USER AND CARERS 2017 SURVEY RESULTS**

*To:* **Adults Committee**

*Meeting Date:* **8<sup>th</sup> March 2018**

*From:* **Claire Bruin, Assistant Director, Adults & Safeguarding**

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

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

*Purpose:* **To provide the Committee with the summarised results of the annual statutory Adult Social Care User Experience Survey and biennial Carers Experience Surveys conducted in 2017. To highlight the County's performance and identify key themes.**

*Recommendation:* **The Committee is asked to consider the survey findings and the key messages arising from the feedback of service users and carers.**

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## **1. BACKGROUND**

- 1.1 The Council issues a Service User Experience Survey on an annual basis, and a Carers Experience Survey biennially on behalf of the Department of Health. The survey questions and formats are set nationally to ensure consistency and comparability between local authority areas and over time. Both surveys are used to inform several measures contained in the national Adult Social Care Outcomes Framework (ASCOF).
- 1.2 Both surveys were issued in the 2016/17 financial year and submitted to the Department of Health as part of the statutory return process ending in June 2017, with the national results becoming available for analysis in October 2017. Since this date the Business Intelligence Service has undertaken further analysis to draw out themes for service and commissioning leads in the People and Communities Directorate.
- 1.3 Analysis of the overall results and the associated comments relating to both surveys have highlighted a number of themes which necessitate further attention and focus within services, as summarised within this report and the presentation slides in Appendix A.
- 1.4 The local performance is compared to national, regional and comparator authorities. Comparator authorities are shire counties that are similar in terms of rurality and spread of towns or market towns. The comparator authorities are set out in Appendix B.

## **2. SERVICE USER EXPERIENCE SURVEY - OVERVIEW AND KEY FINDINGS**

- 2.1 The Council issued four versions of the Service User Experience Survey which are tailored specifically to the circumstances of the service user. These are:
  - A version for those living in the community
  - A version for those living in a care home
  - A version designed for those with a learning disability living in the community
  - A version designed for those with a learning disability living in a care home
- 2.2 Large print questionnaires, telephone and face-to-face interviews were all available on request.
- 2.3 6,301 eligible service users were identified as receiving a service within the reporting period and using the national selection criteria, a sample of 1,507 service users were selected at random to receive questionnaires. 600 questionnaires were returned partially or fully completed – a response rate of 39.8%.
- 2.4 Comments boxes were added to the surveys to allow people to explain their responses. All written and verbal comments received were reviewed by the Business Intelligence Team. Any feedback that suggested a safeguarding or contractual concern were immediately referred to the Adult Social Care Safeguarding or Contact/Procurement Teams.

- 2.5 Eight ASCOF measures are calculated using information collected from the annual Service User Experience Survey. Cambridgeshire performance was generally in line with national, regional and comparator authorities, and performed well against measure 1B (The proportion of people who use services who have control over their daily life) scoring 81.0% against the national average of 77.7%.
- 2.6 Overall the Service User Experience Survey results are broadly in line with national and regional and comparator authorities, and showed little variation with previous years' results. The most notable results were:
- Overall satisfaction with care and support services (65.5%) is comparable with national (64.7%), regional (65.4%) and comparator (66.8%) averages
  - Overall quality of life rated as being 'very good' or 'so good it could not be better' (34.0%) is slightly higher than the national (30.3%), regional (29.2%) and comparator (30.8%) averages
  - Having 'adequate' or 'as much social contact with people you like' (80.1%) is comparable with national (78.4%), regional (81.5%) and comparator (79.6%) averages
  - A local question was added to the user experience survey focussing on cooperation between health and social care staff. The question was "How much do you agree with the following statement? The people who provide my care, including health care, work well together" and respondents were asked to provide a score from 0-10 (0 being strongly disagree and 10 being strongly agree). Overall 63.4% strongly agreed (giving a score of 8 or higher)
  - Many positive comments were received about the support provided. Illustrative comments included:
    - "I am an extreme hoarder who has successfully been able to de-clutter my flat and maintain it with staff support"
    - "The staff at my care centre are exceptional. They look after me as an individual. They know my needs and take care of me really well. I am very happy there"
    - "They help me shop, encourage me to be more independent"
    - "I am impressed at how quickly the care was arranged and at the type of care given"
  - Comments also highlighted some practice concerns which have been referred to the relevant contact or team managers, including;
    - "The workers are generally great. However, there is such little continuity of workers it is very hard to build up a rapport"

- “My time slot is 9.45 am to 10.15 am but carers can arrive sometimes as early as 9am or as late as 11.40am. Would help to keep better to time slot allocated to us”

### **3. CARERS EXPERIENCE SURVEY - OVERVIEW AND KEY FINDINGS**

- 3.1 4,663 carers were identified as eligible to receive a survey. Using the national selection criteria, a sample of 1,000 carers was selected at random to receive questionnaires. Of these, 502 questionnaires were returned partially or fully completed – a response rate of 50.2%, which is a reduction compared to the previous rate of 68.2% received partially or fully completed in 2014-2015.
- 3.2 Comments boxes were added to the surveys to allow people to explain their responses. All written and verbal comments received were reviewed by the Business Intelligence Team. Any feedback that suggested a safeguarding or contractual concern were immediately referred to the Adult Social Care Safeguarding or Contract/Procurement Teams.
- 3.3 Five ASCOF measures are calculated using information collected from the biennial Carers Experience Survey. While Cambridgeshire performance is generally in line with national, regional and comparator authorities, two results stand out as being below the national average. Measure 3C (The proportion of carers who report that they have been included or consulted in discussion about the person they care for) was 65.8% against the national average of 70.7%. Measure 3D (The proportion of carers who find it easy to find information about support) was 59.2% against the national average of 64.2%.
- 3.4 Overall the Carers Experience Survey results were not as positive as the Service User Experience survey and performance has dropped a little compared to the results of the 2014/15 survey. The most notable results were:
  - Satisfaction with support and services provided by social services has fallen nationally and regionally, but Cambridgeshire’s satisfaction levels have fallen further. The county has gone from being above the regional and national averages in 2014-15 to below them in 2016-17. 35.2% of Cambridgeshire respondents who said they received a service stated that they were extremely or very satisfied (compared to 39.2% nationally and 37.4% regionally). 41.7% of respondents to the 2014-15 survey gave the same answer
  - 82.5% of respondents have no concerns about personal safety, however, this represents a decline from nine out of ten respondents in 2014-15. Cambridgeshire is also slightly below the national (84.1%), regional (84.4%) and comparator (85.3%) averages for this question
  - 36.6% of respondents reported that they have as much social contact as they want with people they like. This is slightly lower than in 2014-15, but greater than the regional (31.6%), national (35.5%) and comparator (35.0%) averages.

- The number of respondents who reported that they were socially isolated (17.7%) increased by 5.1 percentage points compared to 2014-15 and is slightly higher than the national average of 16.2%
- 35.6% of respondents reported that they feel they have encouragement and support in their caring role. This is slightly lower than the national (36.3%) and comparator (36.5%) averages, but higher than the regional average (34.0%)
- 59.4% of respondents reported that it was very or fairly easy to find information or advice in the last 12 months. This is lower than the national (64.2%), regional (63.3%) and comparator (64.0%) averages and also represents a decline compared to 2014-15 (66.4%)
- Written comments received generally reflected the above results, giving specific examples.

#### **4. NEXT STEPS**

- 4.1 The full set of results are due to be reviewed by relevant staff in late February/early March 2018 and actions will be agreed to address the key issues. The review of Service User Experience Survey will pay particular attention to the following themes: Satisfaction with care services; Quality of life; Social contact; and Cooperation between health and social care staff.
- 4.2 The review of the Carers Experience Survey will address the overall feedback from carers with particular focus on Satisfaction, Personal safety, Social contact & isolation, Encouragement & support and Information & advice. The role that other Directorates within People and Communities can play in supporting carers will also be explored in this work, for example, the role that Libraries could play in identifying carers and providing information and signposting.
- 4.3 A detailed action plan will be developed to deliver improvements, particularly in support to carers.

#### **5. ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

This work is relevant to this priority area and any intelligence from this work will be used to support this priority, in particular, linking to Transforming Lives and other transformational activity.

### **5.3 Supporting and protecting vulnerable people**

This work is relevant to this priority area. Any subsequent activity to address the issues highlighted in terms of the experiences of the vulnerable adults and older people we support will contribute to this priority.

## **6. SIGNIFICANT IMPLICATIONS**

### **6.1 Resource Implications**

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

### **6.4 Equality and Diversity Implications**

There are no significant implications within this category.

### **6.5 Engagement and Communications Implications**

The annual survey provides us with valuable intelligence on the views of our service users. This information is shared with management to help support decision making and to help us shape our services to meet the needs of our service users and carers wherever possible.

### **6.6 Localism and Local Member Involvement**

The survey supports us in building a picture of the issues facing our service users, and enables us to analyse trends in terms of issues effecting specific geographical areas of the communities we support.

### **6.7 Public Health Implications**

There are no significant implications within this category.

<b>Source Documents</b>	<b>Location</b>
<b>Appendix A – Adult Social Care Service User Experience Survey 2016-17 presentation</b> <b>Appendix B – list of comparator authorities</b>	Business Intelligence Service 2 <sup>nd</sup> Floor, Octagon Shire Hall, Cambridge CB3 0AP

# Adult Social Care Service User Experience Survey 2016-17

LJ Winter, Senior Analyst

## Overview of the survey

- 6301 eligible service users identified.
- 1507 of these selected to receive a survey.
- 600 surveys were returned partially or fully completed.

✓ Response rate of 39.8%.

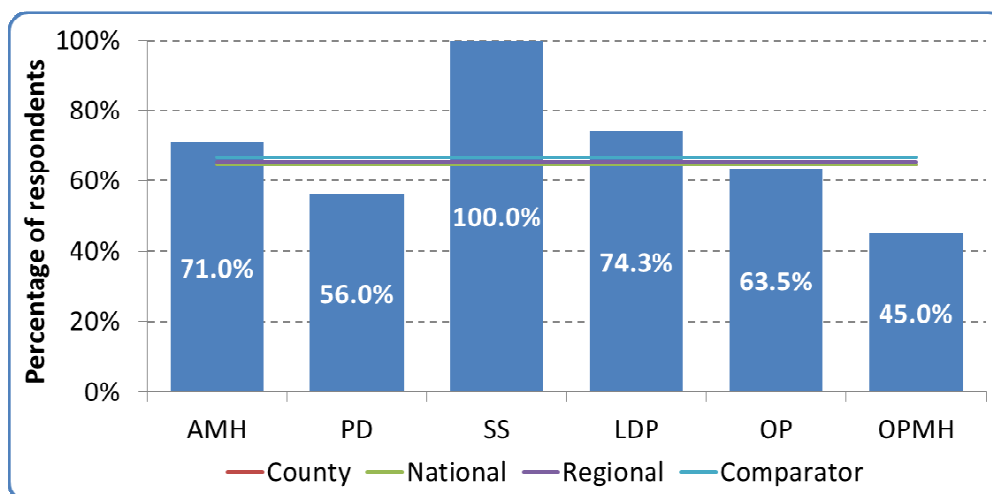
↓ Decline from 43.9% in 2015-16.



## Overview of survey analysis

- Teams supporting service users:
  - Adult Mental Health (AMH)
  - Physical Disabilities (PD)
  - **Sensory Services (SS)**
  - Learning Disability Partnership (LDP)
  - Older People (OP)
  - Older People Mental Health (OPMH).
- Compare question results to the regional, national and comparator averages.

## Very or extremely satisfied – 65.5% of service users





## Service users' comments on overall satisfaction – positive

"As a family we are very satisfied with the care that my mother receives from all the team at her care home."

"The ladies who come to look after me as respite in my home are really lovely and kind."

Majority of 178 comments received were positive. 😊

"Very grateful to have independence for the first time, but yet know that there is wonderful support. Confidence has increased as a result."

"Staff always pleasant and attentive."

## Service users' comments on areas of concern

Variation in care quality

"Carers come, some are excellent, some do the job and some only just do the job..."

Lack of continuity of care

"I prefer consistency of some carers because I get anxious when new people come into my home who I don't know!"

Poor timekeeping

"Sometimes they arrive later than planned."

Lack of communication

"Communication is also poor with the planned visits not always being informed of...rarely told if a visit is cancelled..."

## Service users' comments on areas of concern

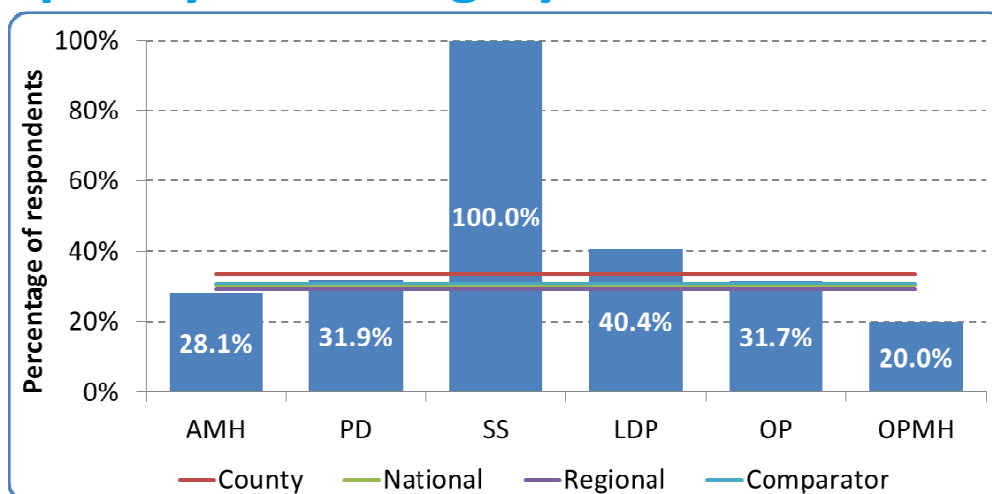
"I worry that my service will be reduced. At the last review we had to fight to keep it. Review due again soon. I have 2 days at red 2 green. My parents do all the rest."

"Being able to have direct payments to get the care and support I need. I do not GET , but really NEED extra payments to help with the costs for my assistance dog!"

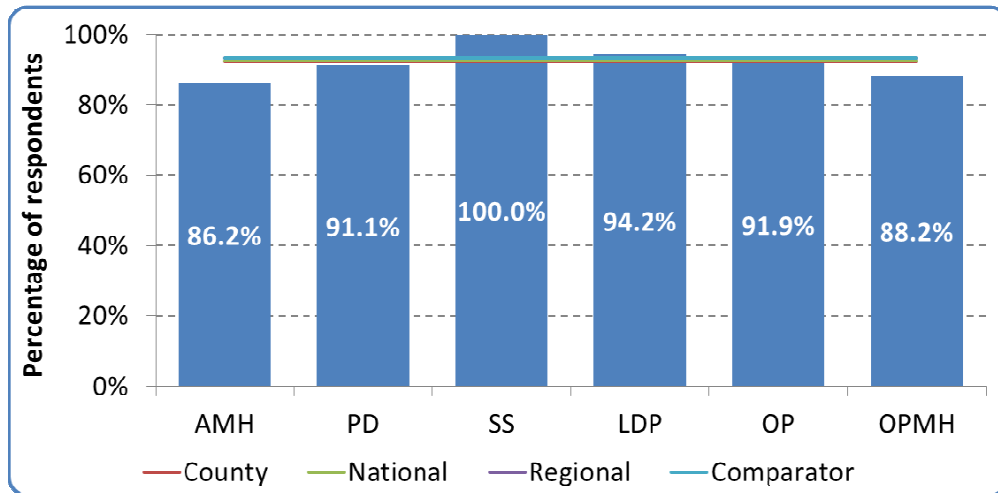
**Some service users raised concerns about their levels of support being reduced.**

"Since the Independent Living Fund closed, the local service is not doing as well as previously. There are a lot of new staff with less experience and a lack of understanding of need. The funding is under pressure from the local government saving strategy."

## 34% of service users rate their quality of life highly



## 92.1% state that care services help have a better quality of life



## Service users' comments on quality of life – positive

"I live at home and am happy. Going to my care centre makes me happy."

"I can get stressed and anxious over small things. My staff team support me to help me overcome this."

Around a third indicated they had a good quality of life and that care and support services improved it.

"I have attended this group about twice a week much to my benefit. It provides an opportunity for conversation and games of chess - all very satisfactory. It has provided a substantial uplift to my quality of life."

"Good activities are available."

## Quality of life can depend on service users' health conditions



"The 'good' is amazing but the restrictions/challenges from my disability are quite severe which results in some days/periods being very bad. Overall, good."

"As good as I can be with chronic arthritis; difficulty moving and using my hands."

"Sometimes my health stops me doing other daily activities I always wanted to do. There are things I cannot do."

## Factors reducing service users' quality of life



"Not very mobile anymore and unable to do so many things including visit library, hairdressers etc."

**Lack of mobility**

"Cannot get out. Living with carer only."

"I cannot do what I would like to do due to my limited mobility because of my condition."

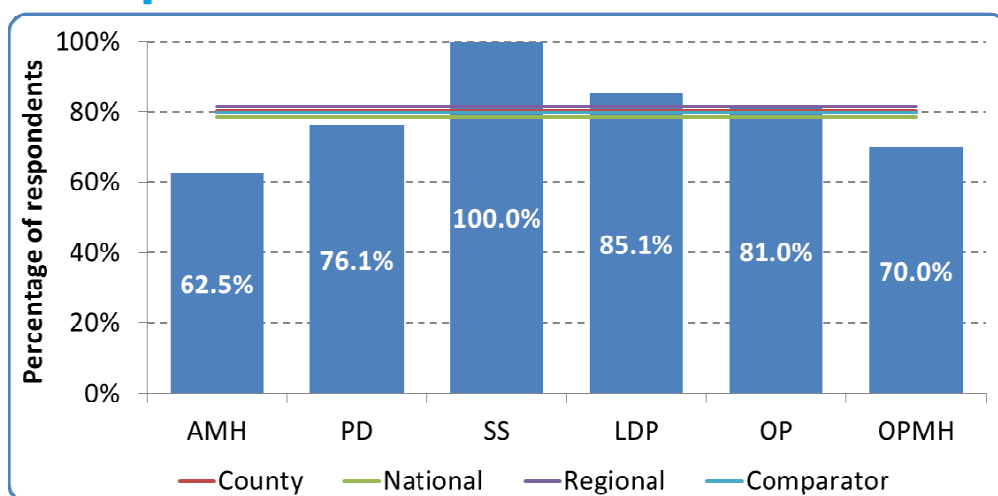
"Sometimes don't see anyone. Family not much support."

"I am more or less housebound because of my disability. I can't do the things I'd like to and feel socially isolated."

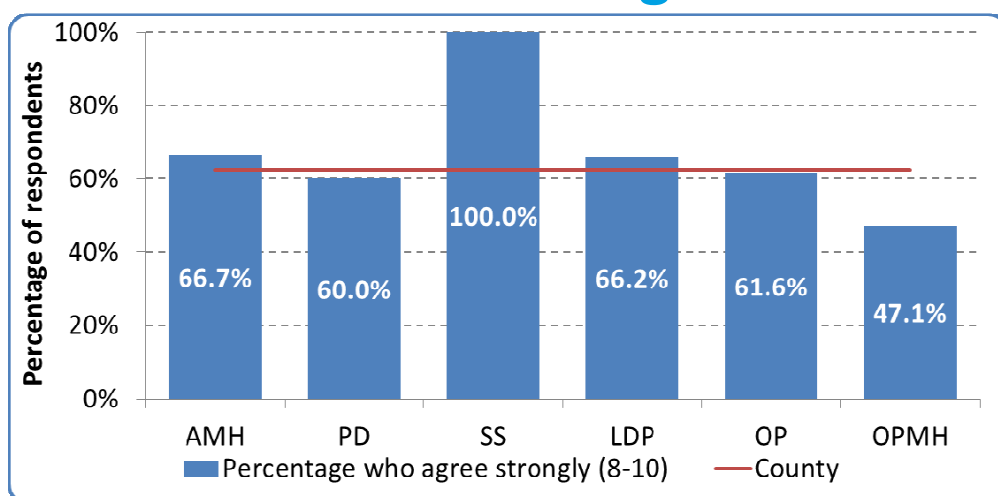
**Social isolation/loneliness**

"I would like to be out in the community more, like taking trips out to Peterborough and Cambridge."

## 80.1% of service users have adequate or better social contact



## 64.2% feel that people providing their care work well together



## Service users' comments on staff working together – positive



"I am very happy with all the people who help care for me and I think they work well together. If I am ill they will call the doctor or community nurse."

"It is a great team at the care home and my mother could not get any better care than she receives there."

More than half of the 121 comments received were very positive.

"I am very happy living in my new flat. My staff are with me all the time. My dad visits once a month. I go to different places each day."

## Comments on staff not working well together – continuity



"Inconsistency of care. Too many staff changes."

"Sometimes not knowing who's coming to care for me, as different from list and also if possible phone to notify change of carer."

Concerns around lack of continuity of care

"I just get to recognise them and feel at ease with someone and they leave!"

"Staff are constantly changing and do not always know the level of intelligence that some patients have and tend to talk over them rather than listen to them."

## Comments on staff not working well together – communication

"I have found in my experience the different departments do not seem to talk to each other..."

"Not enough communication between care workers which can result in medication I receive being mixed up."

**Lack of communication between services and care workers**

"Little contact between them."

"In general the carers are good and do a good job but the office staff are not very forthcoming. Sometimes ringing the main switchboard is an effort in itself. Messages do not get passed on."

# Questions?

# Caring for Others Survey 2016-17

LJ Winter, Senior Analyst

## Overview of the survey

- 4663 eligible carers identified.
- 1000 of these selected to receive a survey.
- 502 surveys were returned partially or fully completed.

✓ Response rate of 50.2%.

↓ Decline from 68.2% in 2014-15.

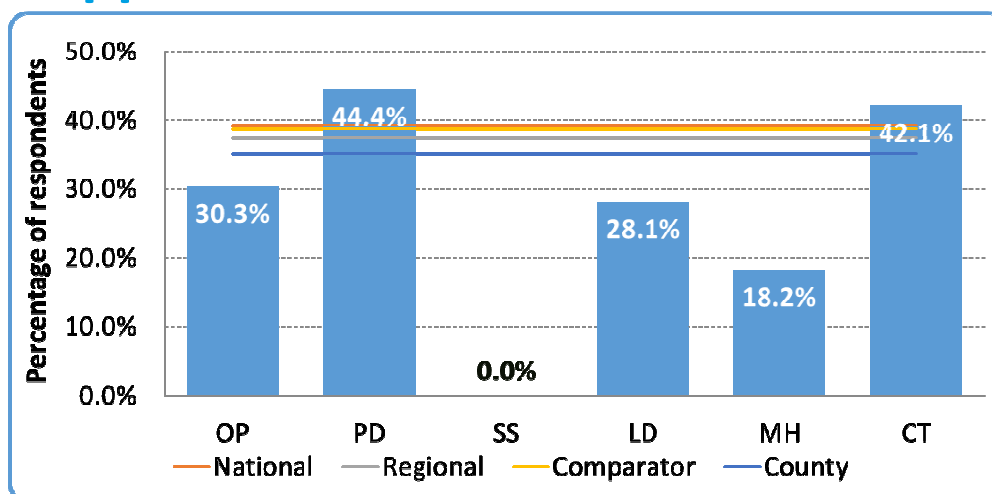




## Overview of survey analysis

- Teams supporting carers or cared-for people:
  - Older People (OP)
  - Physical Disabilities (PD)
  - **Sensory Services (SS)**
  - Learning Disabilities (LD)
  - Mental Health (MH)
  - Carers' Trust (CT).
- Compare question results to the regional, national and comparator averages.

## Very or extremely satisfied with support and services – 35.2%



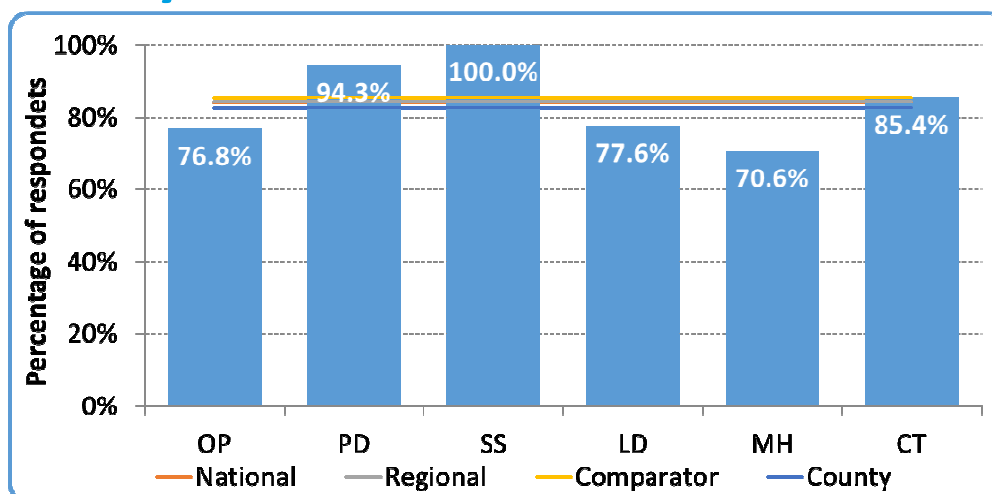
## Satisfaction has fallen further in Cambs than elsewhere

↓35.2% is below the national (39.2%) and regional (37.4%) averages.

■ Cambridgeshire was above both of these in 2014-15.

↑14.6% were dissatisfied with the services they received (compared to 11.9% in 2014-15).

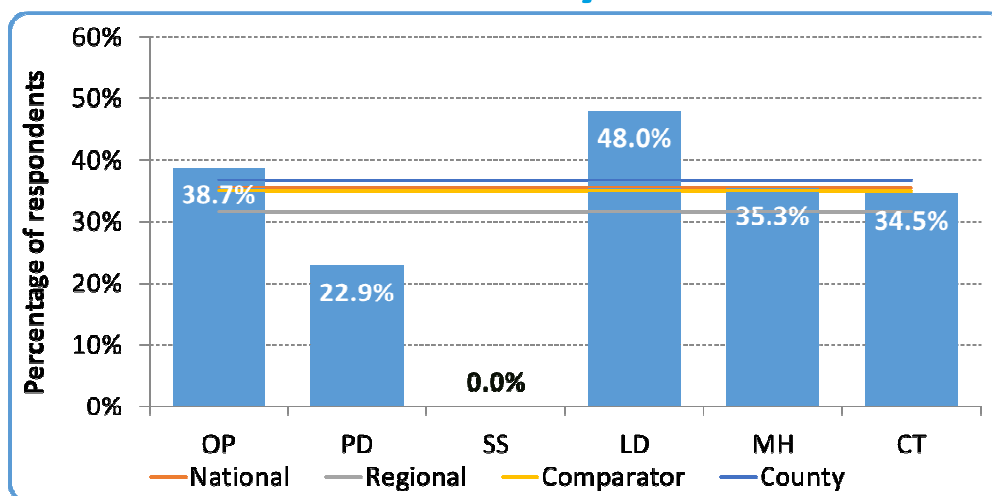
## No concerns about personal safety – 82.5%



## Most carers have no concerns about personal safety

- ↓ However, this 82.5% has fallen from 90% in 2014-15.
- ↓ Cambridgeshire is slightly below the national (84.1%), regional (84.4%) and comparator (85.3%) averages.
- ↓ Significant reductions in percentages of LD and MH respondents who had no concerns.

## 36.6% of carers have as much social contact as they want

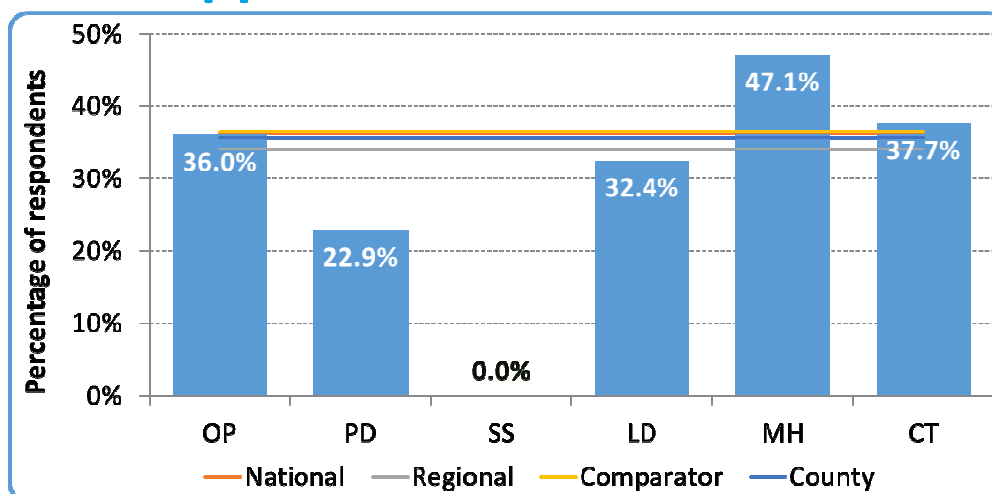


## Social isolation has increased

- Social contact has declined slightly compared to 2014-15, but remains above national (35.5%), regional (31.6%) and comparator (35.0%) averages.

↑ However, 17.7% of carers feel socially isolated – an increase of 5.1 percentage points and above the national average (16.2%).

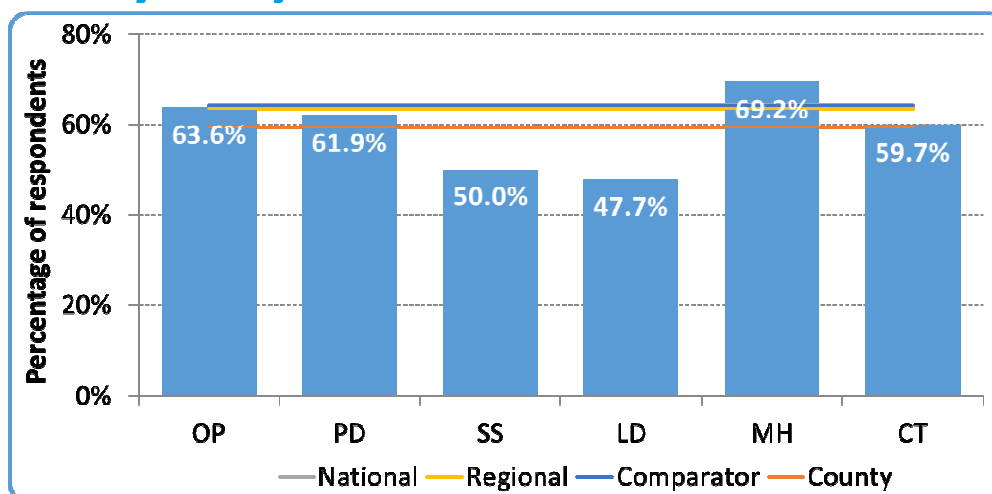
## 35.6% of carers feel encouraged and supported in their roles



## 35.6% of carers feel encouraged and supported in their roles

- Percentage of carers who feel supported is above the regional average (34.0%).
- However, 22.4% of carers feel they have no encouragement or support in their caring role.
- Over a third (37.1%) of PD carers feel unsupported, compared to 19.8% of OP carers.

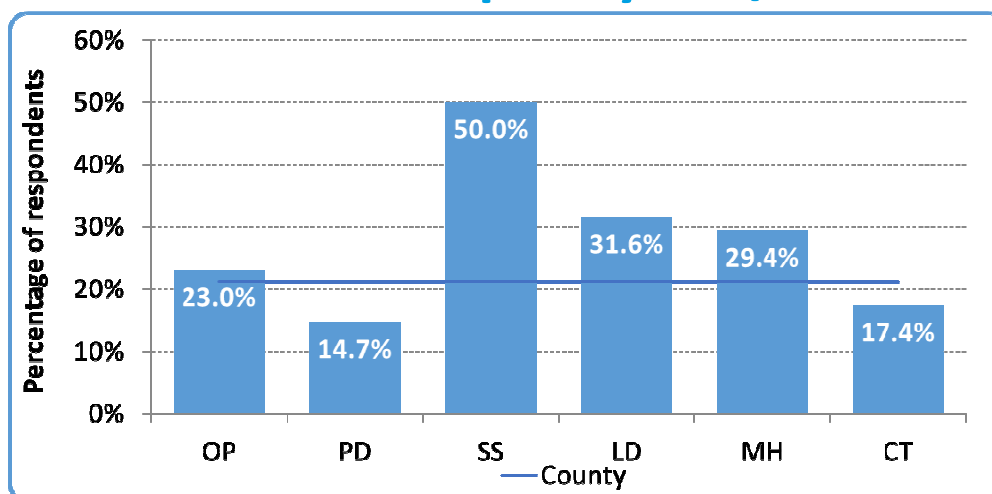
## 59.4% of carers found it very or fairly easy to find information



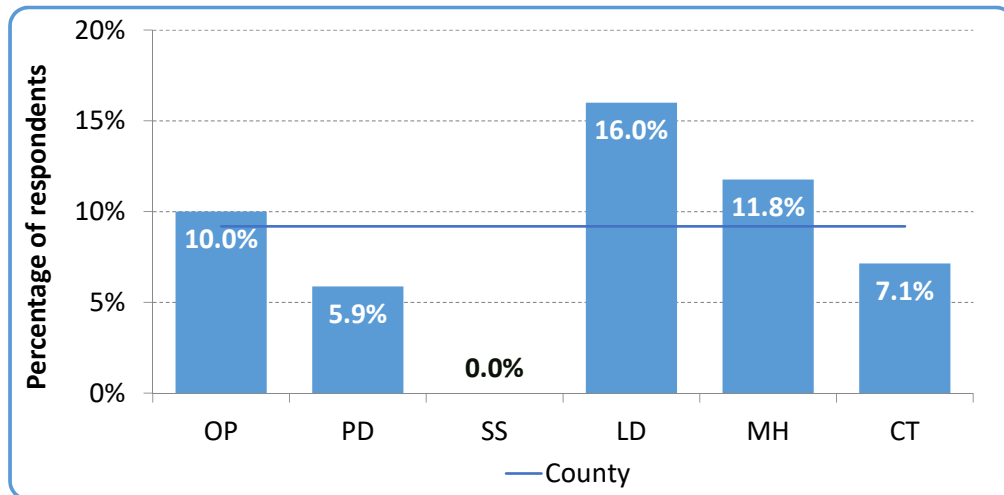
## 59.4% of carers found it very or fairly easy to find information

- ↓ Harder to find information and advice now than in 2014-15 (66.4%).
- ↓ Below the national (64.2%), regional (63.3%) and comparator (64.0%) averages.
- Carers supporting people with learning disabilities found it particularly hard to find information – only 47.7% found it easy.

## Only 21.2% of carers have heard of the Mental Capacity Act/DoLS



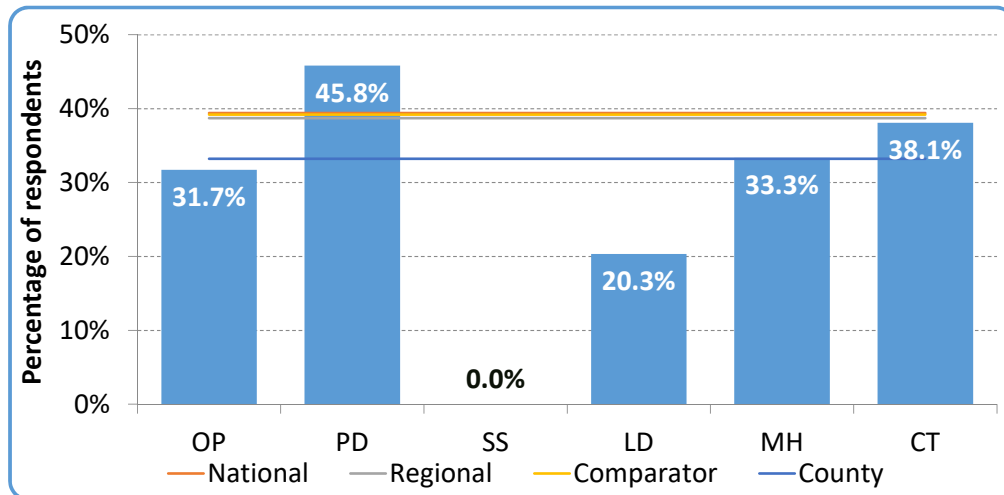
## 16% of LD carers understand most/all aspects



## Mental Capacity Act/DoLS

- Carers looking after people with LDs were most aware – 16% understand most or all aspects and a third are aware of it.
- Almost 80% of carers supported by the Carers' Trust are unaware of the Mental Capacity Act or DoLS.

## 33.2% always felt involved or consulted in care discussions

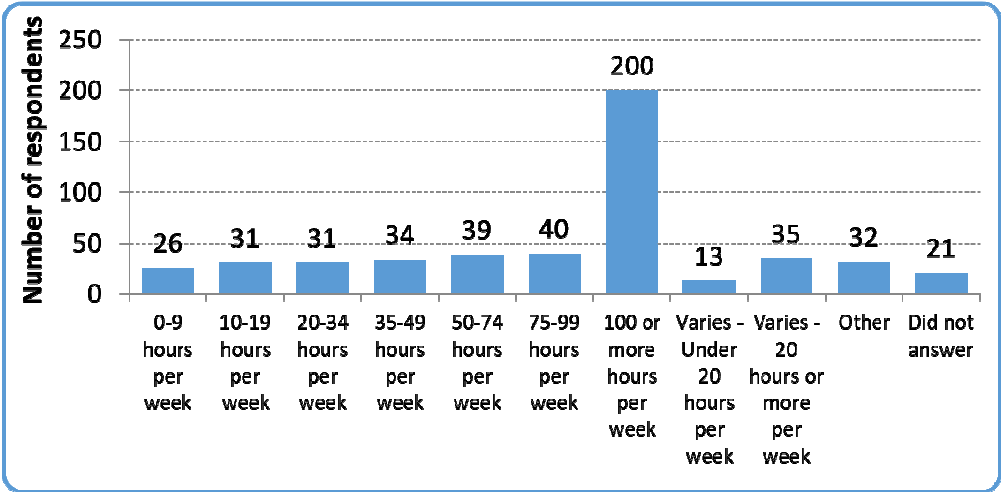


## 33.2% always felt involved or consulted in care discussions

- Below the national (39.4%) regional (38.7%) and comparator (39.2%) averages.
- Significant variation between services – ranging from 20.3% in the LDP to 45.8% within the PD service.



# 41.6% of carers spend 100 or more hours per week caring



# Questions?



**Comparator Authorities**

The Local Authorities that are considered to be comparator authorities (or statistical neighbours) to Cambridgeshire by NHS Digital, for comparison of performance information.

Buckinghamshire

Essex

Gloucestershire

Hampshire

Hertfordshire

Leicestershire

Northamptonshire

North Yorkshire

Oxfordshire

Somerset

Staffordshire

Suffolk

Warwickshire

Worcestershire

West Sussex



# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st February 2018  
Updated 28th February



Cambridgeshire  
County Council

**Agenda Item No: 15**

## **Notes**

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

The definition of a key decision is set out in the Council's Constitution in Part 2, Article 12.

\* indicates items expected to be recommended for determination by full Council.

+ indicates items expected to be confidential, which would exclude the press and public. Additional information about confidential items is given at the foot of this document.

Draft reports are due with the Democratic Services Officer by 10.00 a.m. eight clear working days before the meeting.

The agenda dispatch date is five clear working days before the meeting.

**The following are standing agenda items which are considered at every Committee meeting:**

- **Minutes of previous meeting and Action Log;**
- **Finance and Performance Report;**
- **Agenda Plan, Appointments to Outside Bodies and Training Plan.**

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
[12/04/18] <i>Provisional Meeting</i>	<i>Adults Positive Challenge member workshop</i>				
<b>24/05/18</b>	Care Homes Development – maximising existing contracts and tender opportunity to expand existing care home provision	L Barron / S Torrance	YES	14/05/18	16/05/18
	Adults Positive Challenge Programme	G Hinkins			
	Dementia Strategic Plan (provisional)	F Davies	Not applicable		

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
	Home Improvement Agency (HIA) Update	A Chapman / W Patten / T Reed	Not applicable		
	Deep dive: Neighbourhood Cares	L Tranham	Not applicable		
<i>07/06/18 Provisional Meeting</i>				24/05/18	29/05/18
<b>19/07/18</b>	Annual Complaints Report	C Bruin / J Collinson	Not applicable	06/07/18	10/07/18
	Annual CPFT Report	F Davies	Not applicable		
	Deep dive: Social Care labour market	W Patten	Not applicable		
<i>16/08/18 Provisional Meeting</i>				03/08/18	07/08/18
<b>06/09/18</b>	Business Planning	W Ogle-Welbourn	Not applicable	23/08/18	28/08/18
	Neighbourhood Cares Update	L Tranham	Not applicable		
<b>18/10/18</b>	Business Planning	W Ogle-Welbourn	Not applicable	05/10/18	09/10/18
<b>15/11/18</b>	Business Planning	W Ogle-Welbourn	Not applicable	02/11/18	06/11/18
<b>13/12/18</b>	Business Planning	W Ogle-Welbourn	Not applicable	30/11/18	04/12/18
	CPFT six-monthly report	F Davies	Not applicable		
<b>10/01/19</b>				21/12/18	31/12/18

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
<i>14/02/19 Provisional meeting</i>				<i>01/02/19</i>	<i>05/02/19</i>
<b>21/03/19</b>				08/03/19	12/03/19
<i>18/04/19 Provisional meeting</i>				<i>05/04/19</i>	<i>09/04/19</i>
<b>16/05/19</b>				02/05/19	07/05/19

To be programmed: Care Quality Commission Findings report

**Notice made under the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 in compliance with Regulation 5(7)**

1. At least 28 clear days before a private meeting of a decision-making body, public notice must be given which must include a statement of reasons for the meeting to be held in private.
2. At least 5 clear days before a private meeting of a decision-making body, further public notice must be given which must include a statement of reasons for the meeting to be held in private, details of any representations received by the decision-making body about why the meeting should be open to the public and a statement of the Council's response to such representations.

Forward plan reference	Intended date of decision	Matter in respect of which the decision is to be made	Decision maker	List of documents to be submitted to the decision maker	Reason for the meeting to be held in private

**Decisions to be made in private as a matter of urgency in compliance with Regulation 5(6)**

3. Where the date by which a meeting must be held makes compliance with the above requirements impracticable, the meeting may only be held in private where the decision-making body has obtained agreement from the Chairman of the Council.
4. Compliance with the requirements for the giving of public notice has been impracticable in relation to the business detailed below.
5. The Chairman of the Council has agreed that the Committee may hold a private meeting to consider the business referred to in paragraph 4 above because the meeting is urgent and cannot reasonably be deferred for the reasons stated below.

Date of Chairman's agreement	Matter in respect of which the decision is to be made	Reasons why meeting urgent and cannot reasonably be deferred

For further information, please contact Quentin Baker on 01223 727961 or [Quentin.Baker@cambridgeshire.gov.uk](mailto:Quentin.Baker@cambridgeshire.gov.uk)