

## Appendix 2

### Summary report of draft Business Cases for A&H Committee

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Activity Title:	Review of Block Car provision		
Reference No:	A/R.6.203		
Triple Bottom Line Approach – score range from -5 to +5 with 0 being neutral	Social Score 0	Environment Score 0	Financial Score 5
Business lead / sponsor:	Will Patten Director of Commissioning		
Document prepared by:	Ruth Miller		
Financial Summary:	£1,220k ongoing saving from June 2023/24 with permanent investment of £45k required to facilitate saving		
Financials signed off by:	Justine Hartley		
Date:	13.10.22	Version	1.1.

## 1. Driver / reason for the activity

The block car provision delivers domiciliary care to people in the county and allows the Council to meet the needs of service users quickly and effectively. The purchase of block hours allows the Brokerage service to source care in the following circumstances:

- To return home from hospital as soon as possible once a person is medically fit
- To provide care for people who are in hard-to-reach areas or to fulfil hard to place packages of care.

The block provision is not always the most efficient use of money, although it is very effective in supporting the discharge process and aiding pressures in the system when demand changes quickly and the market cannot meet the increase.

Two key areas for savings are proposed:

1. A more cost-effective solution for future service delivery with a reduction in double up cars.
2. A reviewed contract: The existing contract is due to end June 2023 and needs to be replaced. The plan is to replace with less cars, but that are better utilised through tighter contract management and the introduction of a 'rationalisation broker' (see option 2 below).

## Proposed activity or intervention(s)

Block homecare provision plan 23/24 onwards:

- Improved Better Care Fund (IBCF) block provision January 2022, five-year contract, to support hospital discharge.
  - Winter pressure / Beaumont cars, recently extended to March 2023. Funded by NHS Winter Surge funding.
  - Rapid Discharge Team / local authority funded cars, ending June 2023.
- 1) Have already decommissioned a number of block cars securing a permanent net saving of £525k.
- 2) Commission another contract using the local authority budget, with less cars, on a flexible six-month rolling contract, to allow for stepping down as needed for the place-based model.
- (Options considered for replacement of the remaining cars are outlined below)

Option	Benefits	Risks	Potential savings
<p>Option 1: do nothing.</p> <p>There is an option to allow the existing contract to end in June 2023 with no replacement.</p>	<p>This option uses the least resource. It would also save money in the short term.</p>	<p>Risks losing significant capacity for hospital discharge and emergency provision for those requiring care at home at short notice to avoid accommodated care.</p> <p>Puts pressure on other systems.</p> <p>Could put service users at risk if there is no provision immediately available, for both discharge and emergency care. We could end up spending on placing off-contract to get placements filled as soon as possible for Discharge to Assess (D2A).</p>	<p>£1.370m</p>

<p><b>Option 2 (preferred):</b> commission another contract using the local authority budget, with less cars, on a flexible 6 month rolling contract, to allow for stepping down as needed for the place-based model. EG, currently 14 cars utilised at 27%, change to 7 cars and aim for 60% with 'Block Provision Broker' to rationalise rounds and improve utilisation.</p>	<p>Also, option to call off from Dynamic Purchasing System (DPS) for tender. This will also allow for tailoring the contract to allow for the East Cambs place-based pilot, to be explored further in later paper.</p> <p>Better utilisation due to focused Broker, able to rationalise the car rounds.</p> <p>This option will allow for a new contract to be informed by care utilisation data, including geographical demand and demand by time.</p>	<p>Six-month flexible rolling contract may not appeal to providers.</p> <p>May result in higher bids to allow for less duration of contract.</p> <p>Reducing cars from Beaumont/Winter pressures may put pressure on the existing cars for Better Care Fund.</p> <p>IBCF cars may not be enough alone to sustain demand.</p>	<p>£650k Plus, an additional £45k to fund a broker to work with block cars</p>
<p>Option 3: complete a new tender, like for like</p>	<p>Replicate the number of cars and locations of cars that we already have. Least work. Reuse specifications etc.</p>	<p>Risk paying more for same contract. Capacity issues across teams. Risk getting lower quality providers.</p>	<p>None, possible pressures due to cost increases</p>

### 3. Equality, Diversity & Inclusion (EDI) and Socio-economic inequalities Assessments undertaken to inform the proposed activity

Has an Equality Impact Assessment been completed? Yes

Summary of key points to consider in terms of benefits, negative impacts and any mitigations:

There are no significant positive or negative impacts from the proposed Option 2. The provision provides support to some of the most vulnerable people in the County, and this proposal enables us to continue providing the block homecare to support hospital discharge without breaking service provision but making savings and efficiencies. The

service will continue, and the service users will be protected and therefore no impact upon protected characteristics.

#### 4. Financial impact for Business Planning 2023-28

This table is completed in recurring format as per the Business Plan.

	One off or Permanent	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000
Saving	Permanent	-1,111	-109			
Income						
Investment	Permanent	45				
Pressure						
<b>Total</b>		<b>-1,066</b>	<b>-109</b>			

Activity Title:	Adults and Mental Health Employment Support		
Reference No:	A/R.6.202		
Triple Bottom Line Approach – score range from -5 to +5 with 0 being neutral	Social Score 5	Environment Score 0	Financial Score 1
Business lead / sponsor:	Will Patten Director of Commissioning		
Financial Summary:	Permanent yearly saving of £40k		
Financials signed off by:	Justine Hartley		
Document prepared by:	Guy Fairbairn		
Date:	12/9/22	Version	1.0

## 1. Driver / reason for the activity

The Mental Health Supported Employment service contract (with an annual value of £190,393 (and includes £56,534 annual funding from Public Health) ends on 30 November 2022. A replacement is needed in order to continue to support individuals with a moderate to severe enduring mental health condition move closer to or into employment.

A solution or solutions that deliver better outcomes is required.

A full review of the current provision, the outcomes delivered and the current support available for mental health within the employment sector has been undertaken, along with Service User/Co-Production engagement.

### Background

The current contract delivers the Cambridgeshire Access to Work Service which specialises in providing support for adults living with or recovering from moderate to severe mental ill health to find paid employment, voluntary work, education, and training or to retain their current employment.

The service is aimed at those aged between 18 and 64 and is to be delivered equitably across the County. The expectation is that the service will support individuals for up to six months. The service is open to referrals from a range of sources including social work teams, Health professionals and self-referral.

This specialist employment service provides one-to-one support for people who have been off work due to mental health challenges and are keen to return to employment, voluntary work, education, or relevant training. The service should provide an

evidenced-based Employment Service working through the principles and practice of Individual Placement and Support (IPS) service for adults of a working age who have moderate to severe mental health needs. The principles of IPS focus on a time limited intervention, working collaboratively with health, social care and employers to get people into paid employment as quickly as possible and then to provide intensive support in order to retain their employment.

From March 2020 due to the health pandemic, the service utilised new methods of remote working to maintain support to individuals accessing the service, typically via telephone and digital (Teams/Zoom).

Following the lifting of restrictions relating to the pandemic, the service now has the choice of either face-to-face appointments, phone/digital appointments, or a mix of the two.

The current contract started in November 2016. The service has offices in Huntingdon and Cambridge and co-locates with the Change Grow Live (CGL) Substance Misuse service.

The contract does not have any specific targets for outcomes however the Key Performance Indicators (KPI's) monitor the principle sets of data (e.g., referrals, programme starts) and outcomes.

Overall, the contract, since its inception, has seen a steady flow of referrals, impacted by the health pandemic, with consistent referrals coming from the Psychological Wellbeing Service (IAPT) and self-referral sources. There has been a reduction in referrals from Health sources, particularly since the pandemic, and consistent referrals from the CGL service following the co-location of the services.

The outcomes into paid employment are low when compared to other employment and skills programmes. The IPS service performs at 24% for the region and 36% for Cambridge and Peterborough and the Department of Work and Pensions (DWP) Work and Health programme performs at between 16% and 26% for those from the Disability group.

### **Mental Health Employment Support market 2022**

Since the inception of the current contract, both the visibility of and the need for mental health support has significantly increased and the services available within the employment market have evolved to meet this. In addition, employer support has also changed, with a greater emphasis on employee well-being in many organisations.

Extensive engagement with many organisations and partners has taken place to understand what support and services are available, how the current contract fits with these and to identify any crossover or gaps. Many of these services were not in place when this contract was commissioned.

Examples of these are that the overarching DWP Work and Health programme now includes support for mental health as does the DWP Intensive Personalised Employment Support (IPES) service and DWP Restart service. In addition, there are several third sector organisations that include employment support within their offers.

Additionally, the Local Government Association has mapped the full range of employment and skills programmes nationally and regionally: [Mapping national employment and skills provision | Local Government Association](#)

When the current contract was commissioned, there was a more limited programme of support for individuals with a mental health condition via DWP and Health routes. As a result of the market changes outlined above, there is now an overlap of support, as irrespective of an individual's benefits status, there are services that can be accessed in most cases.

## 2. Proposed activity or intervention(s)

There has been on-going engagement as part of the project to review this contract with the provider, Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), Cambridgeshire & Peterborough Integrated Care System (ICS), Public Health as well as SUN Network. SUN Network have carried out user engagement activity.

The following are the solutions based on the extensive market research and engagement that has taken place since September 2021 and May 2022:

1. To continue to use the Public Health contribution of £56,534 to support Mental Health Employment Services in Cambridgeshire
2. To contribute to the **IPS Service**
3. To contribute to a smaller holistic and sign-posting service to mitigate against gaps in support resulting from the cessation of the current service.
4. Deliver an annual budget saving of £40,393

### 1) **To continue to use the Public Health Contribution of £56,534 to support Mental Health Employment Services in Cambridgeshire**

Continued contribution of this amount to support mental health employment services has been agreed with Public Health. This will deliver against the priorities identified in the JSNA around deprivation, it will align to future mental health strategies to support employment and it will mitigate against any risks in service gaps in the future.

### 2) **To contribute to the IPS Service**

Following the extensive research and engagement that has taken place, contribution



to this service in the future will deliver significantly better outcomes than the current service. The agreement is that the criteria of the IPS service will broaden to cover both Primary and Secondary care referrals and have the inclusion of self-referral.

The service will give equitable coverage across the county with a focus on areas of deprivation.

The service is part of a national scheme co-ordinated by NHS England. It delivers to an agreed set of principles and outcomes and can be easily monitored and compared.

The contribution recommended will deliver 2.5 x full-time equivalent (FTE) Employment Advisors (handling a case load of circa 110 per year) plus a % of management and administration (overhead) time as well as travel costs.

Procurement for this would be via a Horizontal Agreement with Health (Public Sector to Public Sector) that would negate the need to go out for procurement. There is no TUPE liability identified.

**3) To contribute to a smaller holistic support and sign-posting service to mitigate against gaps in support resulting from the cessation of the current service**

As part of the evaluation process, it is recognised that the current service provides a valuable sign-posting element as well as a more holistic and longer-term approach for several service users. Whilst the IPS Service will provide the sign-posting element, the service is time limited. In order to ensure that both areas continue to be supported, and the risk of leaving individuals unsupported is mitigated, an increased contribution to the existing holistic support service delivered will provide support for this.

The contract for this holistic support service is commissioned by the Integrated Care System (ICS) and will require a variation to the agreement to show the increase in the annual contribution. The contribution will allow the holistic support service to provide the resources necessary.

**4) Deliver an annual budget saving of £40,393 - see breakdown of the annual contribution for the recommendations:**

Service	Annual contribution	Saving
<b>Current annual budget</b> (including Public Health)	£190,393	
Proposed IPS Contribution	£120,000	
Proposed contribution increase to holistic support/sign-posting service	£30,000	
<b>Proposed Annual Budget Saving</b>		<b>£40,393</b>

### 3. Equality, Diversity & Inclusion (EDI) and Socio-economic inequalities Assessments undertaken to inform the proposed activity

Has an Equality Impact Assessment been completed? Yes

Summary of key points to consider in terms of benefits, negative impacts and any mitigations:

This proposal is to extend an existing service which specialises in providing support for adults living with or recovering from moderate to severe mental ill health, to find paid employment, voluntary work, education, and training or to retain their current employment. This extension will deliver better outcomes for the above-mentioned targeted people. Therefore, the proposed changes will not directly impact negatively any persons with protected characteristics or people experiencing socio-economic inequalities, although some positive improvement is expected.

We have made this proposal after carrying out service user engagement (during late 2021, early 2022) which informed the model for delivery, taking on more co-produced approach.

We will regularly review the service model with both suppliers to ensure the set KPIs around volume and outcomes are fully met, to deliver better outcomes for all service users.

### 4. Financial Impact for Business Plan 2023-2028

This table is completed in recurring format as per the Business Plan.

	One off or Permanent	2023-24 £000	2024-25 £000	2025-26 £000	2026-27 £000	2027-28 £000
Saving	Permanent	-40				
Income						
Investment						
Pressure						
<b>Total</b>		<b>-40</b>				

Activity Title:	Mental Health Section 75 vacancy factor		
Reference No:	A/R.6.025		
Triple Bottom Line Approach – score range from -5 to +5 with 0 being neutral	Social Score 0	Environment Score 0	Financial Score 0
Business lead / sponsor:	Shauna Torrance, Head of Commissioning		
Document prepared by:	Guy Fairbairn		
Financial Summary:	One off saving of £150k in 2023/24 reducing to an annual saving of £50k thereafter		
Financials signed off by:	Justine Hartley		
Date:	20/10/22	Version	1.0

### 1. Driver / reason for the activity

Due to existing staffing vacancies and staff turnover, there is an underspend on the Cambridgeshire County Council Mental Health S75 budget for 2023/24 and 2024/25.

### 2. Proposed activity or intervention(s)

The driver for the underspend is the challenge in recruitment, therefore the underspend relates to actual headcount versus budget headcount projected in 2023/24 and 2024/25

There will be an underspend of £150,000 2023/24, however only £50,000 of this will be recurrent in further years. This is due to recruitment challenges and staff turnover, resulting in a forecast underspend on the budget. There are significant operational pressures that will continue on the service, and we are not proposing to reduce the budgeted staffing headcount, and the expectation is that recruitment to vacant posts will be carried out in a phased approach, with a full return to the budgeted headcount in 2025/26.

### 3. Equality, Diversity & Inclusion (EDI) and Socio-economic inequalities Assessments undertaken to inform the proposed activity

Has an Equality Impact Assessment been completed? Yes

### Summary of key points to consider in terms of benefits, negative impacts and any mitigations:

Noting that there has been a consistent underspend on the staffing budget over recent years, due to the challenges in social work and associated roles recruitment, and that the teams are currently operating at a below headcount level, by agreeing to a temporary underspend next financial year, it will not be possible to recruit to the agreed headcount if this were possible. Effectively the social work teams will be smaller for a period.

This will impact the effectiveness of the social work teams and have a cumulative impact on other colleagues working across the mental health system, providers supporting service users, service users directly (e.g. delays to care and support changes, access to benefits and services, signposting/referral to other support services), their families and carers and will also increase the general risks linked to this cohort of service users. This impact for both staff and service users will be continually monitored throughout delivery of the service in the coming years into 25/26 when recruitment to vacant posts will complete.

## 4. Financial Impact for Business Plan 2023-2028

### Revenue Implications:

This table is completed in recurring format as per the Business Plan.

	<b>One off or Permanent</b>	<b>2022-23 £000</b>	<b>2023-24 £000</b>	<b>2024-25 £000</b>	<b>2025-26 £000</b>	<b>2026-27 £000</b>	<b>2027-28 £000</b>
Saving	£100k one off / £50k permanent		-150	100			
Income							
Investment							
Pressure							
<b>Total</b>			<b>-150</b>	<b>100</b>			

Activity Title:	Post Hospital Discharge Reviews - Prevent, Reduce, Delay		
Reference No:	A/R.6.204		
Triple Bottom Line Approach – score range from -5 to +5 with 0 being neutral	Social Score 4	Environment Score 0	Financial Score 1
Business lead / sponsor:	Debbie McQuade Director of Adults and Safeguarding		
Document prepared by:	Kirstin Clarke		
Financial Summary:	£110k permanent investment to deliver £310k recurrent saving		
Financials signed off by:	Justine Hartley		
Date:	24/10/2022	Version	1.0

## 1. Driver / reason for the activity

When people are discharged from hospital and require support with their social care needs, there is an opportunity to ensure we consider a range of options which support a better recovery. Through the targeted use of interventions such as TEC (Technology Enabled Care) and reablement, and through the right strengths-based conversations and links to community assets we can support speedier recovery and greater independence in the longer term, thus preventing, reducing or delaying the need for more costly long-term care being required.

This project will enhance the current working practices of the Discharge and Review Teams and the Long-Term Teams support at Review stage to:

- achieve more reablement,
- use more technology enabled care (TEC),
- increase the use of Occupational Therapists,
- apply more joint working, to focus on maximising independence, and
- recognise patient strengths and assets.

These changes will prevent, reduce or delay the number of patients discharged from hospital who require a long-term care plan, which will result in cost avoidance.

## 2. Proposed activity or intervention(s)

This proposal describes how the required **changes in operating behaviour** will be achieved and sustained.

1. A **strength-based practice training package** will be delivered across all hospital and community adult social care teams. This will be embedded within team meetings and management briefings and include feedback on practice improvements and progress towards financial savings. Monitoring will also be undertaken via supervision and case file audit.

2. The **“Challenge to Care Practice” tool will be re-introduced** at the same time as the training noted in 1. above. This will be used to monitor improvements in practice.

3. **Cost avoidance** will be tracked initially through an ‘off-line’ spreadsheet for each service user; this will need to be maintained by the relevant team as the service user progresses through the care pathway. Consideration will be given to replace this ‘off-line’ spreadsheet system by building the necessary data capture elements into our existing Mosaic IT system, as part of the overall hospital system review. Our Finance team will report to the Assistant Director of Adults and Safeguarding, initially on an 8-weekly basis on the notional cost avoidance assessment.

## 3. Equality, Diversity & Inclusion (EDI) and Socio-economic inequalities Assessments undertaken to inform the proposed activity

Has an Equality Impact Assessment been completed? Yes

**Summary of key points to consider in terms of benefits, negative impacts and any mitigations:**

Predominantly those over the age of 65 will be disproportionately affected, as they form the largest user groups from care and support services. However, there would also be an impact on adults of working age who are carers or who have disabilities / long term conditions. However, the existing Adults Positive Challenge Programme has evidence that these ways of working generally deliver better outcomes for individuals, and therefore the impact is not anticipated to be negative. A positive impact is intended and very likely. These impacts will be monitored over this next financial year to ensure better outcomes are being achieved and the impacts are positive.

## 4. Financial Impact for Business Plan 2023-2028

### Revenue Implications:

This table is completed in recurring format as per the Business Plan.

	<b>One off or Permanent</b>	<b>2022-23 £000</b>	<b>2023-24 £000</b>	<b>2024-25 £000</b>	<b>2025-26 £000</b>	<b>2026-27 £000</b>	<b>2027-28 £000</b>
Saving	Permanent		-310				
Income							
Investment	Permanent		110				
Pressure							
<b>Total</b>			<b>-200</b>				