

# ADULTS COMMITTEE



**Thursday, 16 January 2020**

**Democratic and Members' Services**

Fiona McMillan  
Monitoring Officer

**14:00**

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/ccc-conduct-code>*
2. **Minutes - 18 December 2019** **5 - 14**
3. **Petitions and Public Questions**

### KEY DECISIONS

4. **Adult Social Care Charging Policy Review** **15 - 58**
5. **Procurement of Care and Support Services in Extra Care Schemes** **59 - 64**  
**– Jubilee Court, Park View, Nichols Court and Doddington Court**
6. **Older Peoples Accommodation Approach and Re-Tender of** **65 - 80**  
**Current Block Contract and Residential and Nursing Care**

7. **East Cambridgeshire Adult Social Care Service Development** 81 - 86

**DECISIONS**

8. **Housing Related Support Services** 87 - 96
9. **Finance Monitoring Report - November 2019** 97 - 130
10. **Delayed Transfers of Care (DTC) Update** 131 - 142
11. **Service Directors Report - Adult Safeguarding and Commissioning, including Outcomes of ADASS Regional Self Assessment** 143 - 208

**INFORMATION AND MONITORING**

12. **Adults Committee Agenda Plan -January 2020** 209 - 212
- Adults Committee Training Plan 2019-20** 213 - 216
13. **Date of Next Meeting**  
12 March 2020

The Adults Committee comprises the following members:

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

Councillor Adela Costello Councillor Sandra Crawford Councillor Janet French Councillor Derek Giles Councillor Mark Goldsack 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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<https://tinyurl.com/CommitteeProcedure>

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**ADULTS COMMITTEE: MINUTES**

- Date:** Wednesday 18 December 2019
- Time:** 2.00 pm to 4.00 pm
- Present:** Councillors A Bailey (Chairwoman), S Crawford, M Goldsack, M Howell (Vice-Chairman), D Wells and G Wilson.
- Apologies:** Councillors A Costello, J French, D Giles and N Harrison.

**235. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies received from Councillors Costello, French, Giles and Harrison

No declarations of interest were received.

The Chairwoman made an announcement in relation to Cambridgeshire County Council and LGSS Digital successful bid for £120K to build a new website for adults with learning disabilities, and their support network, to find out about technology that can support their independence. She explained that this funding was awarded following a six month project that identified the need for an accessible way to connect people to information about technology and care. The new website would be called TECHknow and would provide resources specific to someone's own support needs with real-life case studies to showcase the innovative technology that's available.

The Chairwoman also announced that two members of staff Ella Warman and Dan Grimes had won Gold Awards for Newly Qualified Social Worker at the Annual Social Worker of the Year Awards.

The Committee congratulated all of those involved on their achievements.

**236. MINUTES AND ACTION LOG – 7 NOVEMBER 2019**

The minutes of the meeting held on 7 November 2019 were agreed as a correct record and signed by the Chairwoman. Members noted the completed actions on the action log.

**237. PETITIONS AND PUBLIC QUESTIONS**

None received.

**238. EARLY INTERVENTION AND PREVENTION RE-PROCUREMENT**

The Committee considered a report that sought approval for a recommended approach to tender services to support Early Intervention and Prevention.

In presenting the report officers highlighted a number of points in the report including :

- that there were number of contracts due to end in March 2020 and the report sought approval for the extension of these contracts whilst the new framework was mobilised so that there was no break in the continuity of service.
- the new framework would deliver a holistic, accessible early intervention and prevention service across Cambridgeshire and Peterborough.
- the new framework would give flexibility on the approach to services in relation to local need and would provide continuity. It was a system wide approach aligned with communities, supporting community lead activity.
- the use of the term Pseudo-Framework related to a greater freedom and flexibility compared to the traditional formal framework contracts.
- there would be two phases to the tender process, phase one would be a quality evaluation, bidders would submit detailed answers and examples of where they met a set of quality criteria. Only those approved at this stage would then go through to phase two and submit financial bids.
- there were four lots on the framework including; support for care homes, support at home, discharge support and admissions avoidance and sensory services.

In discussing the report Members:

- Queried why some contracts had to be extended. Officers explained that they had to review the effectiveness of contracts over a six month period and that there was a need to ensure that contracts continued and services were in place whilst the framework was developed.
- Questioned why the key performance indicators (KPIs) focused on output and activity measures rather than the impact on individuals. Officers clarified that they were looking at more meaningful KPIs going forwards and recognised that there was an ongoing journey regarding outcomes based commissioning. Officers explained that there was a shift towards contracts being more outcome focused and that contract management meetings took a much more qualitative approach.
- Welcomed the expansion of the number of potential contracts.

- Queried how the Council would assure third sector partners that work would be available to them through the contract.

The Chairwoman explained that she, along with the Vice-Chairman, had met with a number of the providers. She queried why the spend was quite different in some areas. Officers explained that the contracts were aligned with historical budget allocations and that the outcomes for the new framework would be aligned with the outcomes highlighted from the IMpower review and would be tailored towards a model of place based commissioning. Officers clarified that the existing services would continue but that the new framework would bring more flexibility and would allow other contracts to join the framework.

The Chairwoman moved a motion to amend point three of the recommendation on the report to include the wording 'in consultation with the Chair of the Adults Committee'. The Committee agreed unanimously to amend the recommendation.

It was resolved unanimously to:

- 1) provide Adults Committee with an overview and seek approval for tendering of a framework agreement for commissioning of Early Intervention and Prevention services.
- 2) seek approval for the necessary extensions of existing contracts until new contracts are awarded.
- 3) seek approval for delegated authority to the Executive Director of People and Communities, in consultation with the Chair of the Adults Committee, for award of contracts after evaluation of bids.

### **239. FINANCE MONITORING REPORT – OCTOBER 2019**

The Committee received the October 2019/20 Finance Monitoring report for People and Communities and highlighted the financial position of services that were under the Committee's responsibility. Officers clarified that at the end of October, Adults services were forecast to overspend by £1,408K, around 0.9% of the budget. This was £707k more than in September. Within that, budgets relating to care provision were forecast to overspend by £6.4m, mitigated by around £4.7 million of additional funding. This put the projected overspend back to where it was in the August Report.

In discussing the report Members:

- Queried why the projected overspend had gone back to that predicted in the August report. Officers explained that they used the current activity to project forwards and this could fluctuate. Officers

kept a close eye on current activity so that they could project spend as accurately as possible.

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

#### **240. PERFORMANCE REPORT – QUARTER 2 2019/20**

The Committee considered a report on the status of performance indicators for Adults Committee as at the end of Quarter 2 2019-20.

In introducing the report officers explained that there had been a couple of amendments to the reporting following feedback from Committees including:

- Amendments made to the colour grading system changed from 'very green' to 'blue'.
- The change in performance box had changed and the arrow had been replaced with the words 'improving' or 'declining'.
- Explanatory notes for each indicator had now been included.
- There were proposals to review the direction of improvement arrow.

Officers explained that there had been a discrepancy with the data for Indicator 162 'Number of carers receiving Council funded support per 100,000 of the population'. This had been in relation to issues around the statutory report method and the fact that the council had moved to the new Mosaic system in 2018-19.

Officers clarified that there were currently two red indicators one relating to Direct Payments to carers which they hoped would show improvement in the future as the new Mosaic system allowed for more accurate data. The second red indicator related to Delayed Transfers of Care.

In discussing the report Members:

- Discussed the carers indicator and commented that the indicator description was not helpful as the Council had reviewed carers support and were improving the way in which carers are supported as part of the APC Programme rather than just providing a one off direct payment.

It was resolved unanimously to note and comment on performance information and take remedial action as necessary.

**241. ADULTS COMMITTEE REVIEW OF DRAFT REVENUE AND CAPITAL BUSINESS PLANNING PROPOSALS FOR 2020/21 TO 2024/25**

The Committee received a report that provided an overview of the draft Business Plan revenue and capital proposals for services that were within the remit of the Adults Committee.

In introducing the report officers commented that the overall savings gap for the Council had been brought down to £3.9 million and the gap for future years ranged from £4 million - £10 million. Officers commented that the spending review from Government was still awaited and they would review figures again following the review. Officers explained that all of the changes to proposals that had been made since the last report were set out in section five of the report and included:

- A/R.6.114 - Learning Disabilities Commissioning (-250k)
  - Increasing independence and resilience when meeting the needs of people with learning disabilities.
  - Delivering more outcomes when meeting the needs of people with learning disabilities
- A/R.6.178 - Improved Better Care Fund (-170k)
- A/R.6.179 - Mental Health Commissioning (-24k)
- A/R.6.181 - Review of commissioned domiciliary care (-300k)
- A/R.7.215 - Income from utilisation of vacant block care providers provision by self-funders (-150k)

In discussing the report Members:

- Queried the gaps in various sections of the business cases. Officers to review the gaps and whether the template needs to be amended. **ACTION**
- Questioned whether the Peterborough team leading on the Domiciliary Care Review were comfortable doing so and whether it would work carrying the review out remotely. Officers clarified that the Peterborough team were comfortable with carrying out the review and were the right people and would be backfilled. Officers explained that the majority of the information required to carry out the review was electronic. There were some points when officers would go on site but it was primarily desktop based. Officers commented that there was a formalised system in place between CCC and PCC to manage the cost share as a result of shared services. The Chairwoman commented that the Domiciliary Care Review needed to incorporate the Neighbourhood Cares principles and the more that this could happen at a local level the better.

- Commented on A/R.7.215 - Income from utilisation of vacant block care provision by self-funders and whether there was a risk that these people would take up beds needed by the Council for Council funded clients. Officers explained that there was a potential risk but it was anticipated this would not be a significant risk.

In bringing the debate to a close the Chairwoman commented that the Adult Social Care budget had gone up year on year and that the authority was investing more in services. She explained that the strategic management of the budget had been outstanding, with savings being made year on year which had driven innovation and in many cases were delivering better outcomes for people. She explained that she was very proud and thanked all of the officers and people on the front line.

It was resolved unanimously to:

- a) note the overview and context provided for the 2020/21 to 2024/25 Business Plan revenue proposals for the Service, updated since the last report to the Committee in October.

It was resolved by majority to:

- b) comment on the draft budget and savings proposals that are within the remit of the Adults Committee for 2020/21 to 2024/25, and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.
- c) comment on the changes to the capital programme that are within the remit of the Adults Committee and endorse them to the General Purposes Committee as part of consideration for the Council's overall Business Plan.

## **242. NEIGHBOURHOOD CARES PILOT FINAL REPORT**

The Committee considered a report that set out the evaluation of the Neighbourhood Cares pilot and outlined how the approach could be taken forward.

In introducing the report officers set out the key highlights of the report which included:

- Giving the workforce a framework within which to operate based on self-management that had been successful and resulted in a better work-life balance.
- Better quality of care and support including having conversations with individuals about what mattered to them, helping individuals to live the way they wanted to live.

- Highlighting that some of the challenges were around sustaining and changing the domiciliary care market and that the pilot had not managed to reform the way domiciliary care is delivered.
- Use of the libraries had been extremely beneficial.
- The external evaluation report highlighted in the cost benefit analysis that the benefit from a financial point of view was across the whole social care system and that the authority needed to learn from this and develop its approach further. Some of the team were working with Buurtzorg UK to share the findings and promote the approach.
- The 'Changing the Conversation' workstream of the Adults Positive Challenge programme was taking the learning from the pilots and looking at how this could be used to create the best tools and support for practitioners including promoting reflective practice and positive risk taking.
- The continuation of community based schemes in Soham and St Ives following the pilot

In discussing the report Members;

- Acknowledged the continued successes of the pilots and supported the role out of the approach across the County. The Local Member for Soham explained that he had been involved in a number of the local activities as part of the pilots and praised the lasting legacy of the project. He explained that the Soham Man Shed had been established as part of the Neighbourhood Cares Pilot and that the Shed had now been moved to the local football club and linked up to the maintenance of the football ground. The Amateur Dramatics Society had also connected up with the football club in a Tree Planting Scheme. And that this was a legacy for all.

The Chairwoman thanked all of the individuals involved in the pilots and stated that she was proud of the outcomes achieved by the pilots and that the Neighbourhood Cares approach and principles would continue through the Council's Think Communities work in collaboration with partners. She acknowledged that there was a need to sell the approach to central Government and that she would be sharing the evaluation with the Secretary of State for Health Matt Hancock.

It was resolved unanimously to:

endorse the adoption of the Neighbourhood Cares approach and principles through the Council's commitment to 'Think Communities' and the future development of Adult Social Care.

**243. DOMICILIARY CARE – REVIEW OF USED CAPACITY**

The Committee received a report that requested their endorsement to General Purposes Committee of £259,000 of transformation funding for resources to support a review of domiciliary care packages to facilitate additional capacity.

In introducing the report officers stated that Peterborough City Council had completed an audit of their domiciliary care capacity and had identified and prioritised individuals who were in need of assessment and that this reviewed had so far delivered £350k of savings per annum. Officers explained that there was sufficient evidence to propose extending the project to cover Cambridgeshire using the resources of the project team set up in Peterborough. The forecast savings were to the value of £600k per annum with a stretch target of £1.1 million. The review included the use of Power BI to show where care workers were providing calls within the same postcode, working to maximise the use of the hours.

In discussing the report Members;

- Queried the element of choice in terms of using the same care workers across a postcode. Officers clarified that there would be choice.
- Questioned whether there would be further savings to be made after 2021. Officers explained that there would be further savings to be made.

It was resolved unanimously to endorse this proposal to General Purposes Committee.

**244. AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN**

Councillor Wilson requested a visit to the MASH team towards the end of February 2020. **ACTION**

It was resolved unanimously to:

note the Agenda Plan and the Training Plan.

**245. DATE OF NEXT MEETING**

It was resolved to note the date of the next meeting as Thursday 16 January 2020.

**Chairwoman**



## ADULTS COMMITTEE

## Minutes Action Log

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **18 December 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 3 January 2020

**Meeting 12 September 2019**

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
203.	<b>ADULT SOCIAL CARE CHARGING POLICY REVIEW</b>	Charlotte Black	Officers to include a proposed implementation process for the charges and the associated costs when the report comes back to committee in January with the results of the consultation	Report on Committee agenda for January 2020	<b>Closed</b>	

**Meeting 7 November 2019**

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
226.	<b>CAMBRIDGESHIRE &amp; PETERBOROUGH ADULTS SAFEGUARDING PARTNERSHIP BOARDS ANNUAL REPORT 2018-19</b>	Jo Procter	Members requested that the key performance indicators be included at the front of the report next year in order that the Committee could then clearly review progress against the targets set.	Performance data will be included in the 2019/20 annual report.	<b>Will be completed in next annual report</b>	
		Jo Procter	Members requested information in the next annual report covering roles and responsibilities of all of the different safeguarding partners.	Information will be included in the 2019/20 annual report.	<b>Will be completed in next annual report</b>	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
233.	<b>LEARNING DISABILITY PARTNERSHIP - BASELINE 2020/21 (POOLED BUDGET REVIEW)</b>	Mubarak Darbar	Members discussed the report and requested updates on progress.	<p><b>LDP Baseline 2020/21.</b> Discussions with the CCG on the baseline for 2020/21 is ongoing with preparations are underway to mobilise the CHC review work. We are working with the CCG where possible.</p> <p>We expect the project to be fully mobilised in Jan 2020 once the personnel are appointed.</p> <p>The Adults Committee will be provided a report on the progress of the work early Feb 2020.</p>	<b>Will be completed in February 2020</b>	<b>Feb 2020</b>

#### Meeting 18 December 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
241.	<b>ADULTS COMMITTEE REVIEW OF DRAFT REVENUE AND CAPITAL BUSINESS PLANNING PROPOSALS FOR 2020/21 TO 2024/25</b>	Charlotte Black	Members queried the gaps in various section on the business cases. Officers to review the gaps and whether the template needs to be amended.	Business cases being reviewed and comments have been fed back to Transformation team about the template to review for next round of business planning.	<b>Action completed</b>	
244.	<b>AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN</b>	Charlotte Black	Councillor Wilson requested a visit to the MASH team towards the end of February 2020.	Helen Duncan has arranged this for 19 February 2020.	<b>Action completed</b>	

**ADULT SOCIAL CARE CHARGING POLICY REVIEW**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

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

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

*Forward Plan ref:* **2020/006** *Key decision:* **Yes**

*Purpose:* The purpose of this report is to:

- Provide information for consideration on a number of proposed changes to the Council's adult social care charging policy following an extensive consultation exercise
- Receive responses, comments and feedback from the consultation exercise
- Seek approval of the recommended changes to the charging policy and the method of implementation.

*Recommendation:*

- a) The Committee is asked to consider and approve the following recommended changes to the charging policy:
  - i. Change the standard Minimum Income Guarantee (MIG) figure used in the financial assessment for those over state pension age to the level permitted by the Department of Health & Social Care (currently £189.00 in 2019/20)
  - ii. Include in the financial assessment the higher rates of Attendance Allowance, Disability Living Allowance (care component) and Personal Independence Payment (daily living part) and increase the standard disability related expenditure allowance used in the calculation for people receiving the higher rates of these benefits from £20 per week to £28 per week in line with the figures used in neighbouring Authorities
  - iii. Not to adopt the original proposal to charge for respite care using residential care charging rules
  - iv. Introduce a flat-rate weekly charge for the Council-provided appointee service for clients with capital in excess of £2,000 of £10 for residential clients and £12.50 for clients living in the community - to be increased annually in line with inflation
  - v. Increase the arrangement fee for self-funders living in the community who opt for the Council to arrange and administer their care to an annually recurring charge of £400.

- b) Request the Chairman of the Committee to write to the Secretary of State for Health and Social Care asking for the level of Minimum Income Guarantee to be reviewed and increased, and for it to rise with inflation each year.
- c) Approve the implementation of these changes for existing clients over a phased period throughout the 20/21 financial year - to be undertaken by personalised financial assessment at a home visit where appropriate or requested by the client.
- d) Recommend that the Council's General Purposes Committee approve an outline transformation funding bid for up to £230k to increase the staffing complement and capacity of the financial assessment service for a period of up to 18 months and improve quality and customer satisfaction levels - and also, if approved, implement the charging policy changes.

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## 1. BACKGROUND

1.1 Thousands of people in Cambridgeshire currently arrange and pay for their care and support with no involvement from the Council – but of those in receipt of Council arranged care services, over 60% contribute from their own finances towards the cost of their care. This contributes significantly to the Council's Adult Social Care budget, and helps the Council to meet its statutory care obligations within very tight financial margins. It also enables the Council to invest in prevention and early help services to support people to live in the community and avoid or delay the need for a more expensive care package. The 2019 Think Communities engagement process (with over 500 people taking part) has shown that people have a range of views regarding adult social care, including:

- importance of investing in communities and preventative services
- protecting older people from danger
- individuals taking responsibility for their future as they get old
- Individuals to be properly looked after when they need extra help.

As an organisation that has to deliver statutory adult social care responsibilities with increasing pressure on budgets, charging people for chargeable elements of their care enables the Council to prioritise services to protect resources for those who most need them. Where charging has been introduced by other local authorities reports suggests they have been able to protect those key services without impacting significantly on those who have been charged. To lessen the need that people will also need adult social care (ASC), we are also investing in whole Council transformation work that will support the important role communities play in promoting wellbeing and preventing many of the issues that may mean an individual needs statutory support from ASC (e.g. loneliness, support for carers etc). This will provide further support in the future for those affected by the charging policy, but will also mean we can continue to protect core services.

1.2 Under the Care Act 2014, Local Authorities that provide adult social care services are able to decide locally whether and how to charge for certain types of care and support on a means tested basis, but must only charge people what they can afford to pay. This is achieved by ensuring that after paying care charges people are left with a guaranteed minimum income level on which to live. The Care Act introduced a number of changes that Local Authorities can choose to adopt and implement as part of their own charging policies. In response to this, Cambridgeshire's policy on charging for adult social care services was reviewed during 2017, culminating in a report to Adults Committee of 9<sup>th</sup> November 2017. A number of changes were proposed to the charging policy, and following a 12 week period of public consultation these were considered by Adults Committee in March 2018. After taking into account the consultation responses and the financial position of the Authority at that time, Adults Committee chose not to introduce these changes to the charging policy.

1.3 In common with all Councils with social services responsibilities, Cambridgeshire has in recent years faced growing and acute financial, demographic and demand pressures in Adult Social Care – including the impacts of an increasingly ageing population and significant financial volatility in the care provider market. Setting the Council's 2019/20 budget proved to be particularly challenging because of ongoing reductions in

Government funding levels and continuing increases in demand. Cambridgeshire needs to invest at least £25m per year just to stand still because of these pressures. In September 2017 Cambridgeshire launched its '#fairdeal4Cambs' funding campaign to lobby the Government to review the perceived unfairness of its funding formula and to increase Central Government funding for the County and bring this into line with the funding allocations of other upper tier County Councils and London Boroughs. This follows significant and unprecedented reductions in Government funding since 2010, including reductions in the Revenue Support Grant - a historic core funding element of Local Authorities - which has fallen year on year from £111m in 2010/11 to zero in 2019/20. The Council continues to regularly bid for all available funding from Government and other funding bodies to supplement its funding sources and has invested heavily in transformation programmes over the last few years. This has helped to reduce operating costs and delivered efficiency savings of around £25m in 2017/18 and 2018/19.

- 1.4 The difficult financial context that all Councils continue to face, combined with unprecedented increases in demand for Council arranged care and support has consequently obliged Cambridgeshire to revisit its Adult Social Care charging policy. Cambridgeshire's charging policy has therefore been carefully reviewed against the Care Act charging legislation and guidance, and also through benchmarking with neighbouring and other Councils to achieve consistency and some alignment of care charging policy and minimise any 'postcode lottery' effects. This review identified a number of changes for consideration in how clients contribute towards the cost of their care and support. It also highlighted a pressing need to change Cambridgeshire's approach to undertaking financial assessments to become more personalised, more customer-focused, more responsive and less transactional.

### **Key issues**

- 1.5 Five proposed changes to the Council's charging policy were considered by Adults Committee on 12 September 2019, and approval was given to undertake a full public consultation on these (see web link)  
[https://cambridgeshire.cmis.uk.com/ccs\\_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1108/Committee/3/Default.aspx](https://cambridgeshire.cmis.uk.com/ccs_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1108/Committee/3/Default.aspx)
- Most neighbouring Councils, including Peterborough, Essex, Norfolk, Northamptonshire and many other Councils have now adopted and implemented these changes, which have subsequently become established charging practice in these Authorities. The proposals for Cambridgeshire provide an opportunity to limit and offset the very serious impact of continuing financial pressures without reducing or withdrawing essential care, support and preventative services.
- The five proposals which were consulted on are:
- i) Change the standard Minimum Income Guarantee (MIG) figure used in the financial assessment calculation for those over state pension age to the lower level permitted by the Department of Health & Social Care. Original estimates of the number of people affected by this proposed change were between 1300 and 1500, however further, more detailed analysis has identified that up to 2100 people could be affected, and might experience a contribution increase of up to £5.50 per week. Appendix 1 shows a worked example of this proposed charging change.

- ii) Include the higher rate of Attendance Allowance, Disability Living Allowance (care component) and Personal Independence Payment (daily living part) in the financial assessment. This change could increase charges for approximately 2100 clients by up to £28.95 per week. See Appendix 1 for a worked example of this proposed charging change.
- iii) Change the way that care contributions for respite care home stays are calculated from a community based financial assessment, to a residential care based financial assessment Subject to the outcome of individual financial assessments, individual client contributions for around 100 – 250 clients could potentially increase by up to £140 per week. See Appendix 1 for a worked example of this proposed charging change.
- iv) Introduce a charge for the appointeeship service for service users whose social security benefits and finances are managed by the Council and who have capital above £1000. The proposed weekly charge is £10 for those in residential care, and £12.50 for those living in the community. Around 40 clients will be affected by this proposal. Subject to confirming the individual levels of capital held by appointee clients, the additional income would enable the service to be made available to more people.
- v) Increase the care arrangement fee for self-funding people living in the community who have chosen the Council to arrange their care for them from the existing one-off fee of £75, to an annual (recurring) maximum fee of £400. Around 200 people have been charged the one-off arrangement fee so far in Cambridgeshire, but there is potential to apply the proposed annual charge to around 800 people in total.

1.6 In response to the consultation it is not recommended that changes to charging for respite care are implemented, for the reasons set out at paragraph 2. Other changes are also being recommended as a result of the consultation and are set out in Section 2.

1.7 The anticipated additional income that would be generated from the above changes is expected over two years to be £1.7m in 2020/21 and a further £1.7m in 2021/22; totalling £3.4m. This is an estimated calculation as there are a number of variables including the outcome of individual financial assessments, personalised levels of disability related expenditure, the period over which the changes are implemented and the fact that the cohort of people affected will change over the two year period.

### **Impact**

1.8 If all the proposals were to be fully adopted and implemented, some service users could experience maximum weekly increases in their standard care contribution of up to £34.45. These individuals will have higher incomes that will not previously have been taken into account in the financial assessment. Appendix 1 sets out the possible impact of one or a combination of more than one of the proposed changes in more detail. However it is important to note that there are a number of established protections in place to ensure they are able to afford their care contribution. In summary these protections are:

- Financial assessment – if the changes were agreed and implemented, everyone will receive a new personalised financial assessment, by home visit if requested, to ensure that their income (after charges have been paid) meets or exceeds statutory

protected income levels, collectively known as the Minimum Income Guarantee, below which no person's income is permitted to fall after payment of care charges.

- Disability Related Expenditure – an appropriate allowance must be made within the financial assessment for the reasonable cost of any additional items or expenses incurred by a service user as a result of their disability – this is in addition to the Minimum Income Guarantee. The standard level of disability related expenditure used in Cambridgeshire's financial assessment calculation has also been a focus of some concern during the consultation exercise, and has therefore also been subject to review at this time. Consequently an increase in the standard level of disability related expenditure is being recommended as set out in Section 2.
- The Care Act 2014 statute and charging guidance sets out a range of standard income types and capital that must be disregarded in the financial assessment (e.g. the mobility component of both Disability Living Allowance and Personal Independence Payment, and earnings from paid employment)
- Councils continue to retain discretionary powers to set charging levels for individuals – taking into account their own personal financial circumstances and other relevant factors to ensure that the contribution they are assessed as needing to make is reasonable, fair and affordable.
- Underlying entitlement to any welfare benefit or financial concession is routinely identified as part of the financial assessment, and direct personal assistance is provided to help claim these benefits/concessions – maximising people's incomes wherever possible.

## **2. CONSULTATION**

2.1 An extensive and comprehensive public consultation on the charging proposals was undertaken during the 12 week period 23 September to 15 December 2019. The methods of consultation included:

- Holding six face to face public consultation events at various locations across the County attended by over 60 people
- Issuing 3486 consultation letters and surveys to service users (or their nominated representatives) who might be affected by any changes (including easy read versions)
- Discussing the proposals in detail as an agenda item at all the Council's Adult Social Care Partnership Boards
- Engagement with the Council's voluntary and community sector partners and other relevant service user fora
- Engaging the general public via the Council's website. Local press and radio also reported on the Council's proposals during the consultation period.

A total of 517 online and paper surveys were completed – with 649 comments made by individuals/organisations. A dedicated email in box and telephone line were set up and 151 telephone calls and emails were received.

2.2 A summary of responses from the consultation is shown at Appendix 2 (containing links to the detailed consultation findings report and survey comments), but the survey results and key themes identified from the responses are set out below in respect of each proposal.

i) Change the Minimum Income Guarantee figure to the level set by the Department of Health & Social Care

41% of survey respondents agreed with the proposal, 59% disagreed. The three main areas of comment were:

- 1) The proposed change would impact disproportionately on the most vulnerable members of society, people who can least afford to pay more – even £5.50 per week
- 2) Cambridgeshire is an expensive place to live and having a locally set slightly higher Minimum Income Guarantee level for those of state pension age would reflect this
- 3) The impact of this change would put increased strain on carers who are already carrying the burden of care

ii) Include in the financial assessment the higher rate of Attendance Allowance, Disability Living Allowance (care component), and Personal Independence Payment (daily living part)

26% of survey respondents agreed with the proposal, 74% disagreed. The three main areas of comment were:

- 1) People who receive higher rates of disability benefits do so for a reason, i.e. their care and daily living needs are higher and this would penalise them due to their disability and/or complex needs
- 2) The current Disability Related Expenditure assessment process in Cambridgeshire is difficult to engage with, does not reflect the real additional costs that people have related to their disabilities, and is not fit for purpose.
- 3) The potential increased cost per week is not affordable and would have a long term detrimental impact on individuals and their families

iii) Change the way that care contributions for respite care home stays are calculated – using residential care charging rules.

32% of survey respondents agreed with the proposal, 68% disagreed. The three main areas of comment were:

- 1) People will still have costs to pay while in respite accommodation and the proposed change would put a huge strain on people's finances
- 2) People were worried that this could be potentially a large increase in contribution and that it was not a fair proposal
- 3) People were worried that families may be put off using respite services because of this proposal and this would affect the health and wellbeing of not only the people who would have been using respite but also place added strain on their family carers, leading to possible carer breakdown.

iv) Introduce a charge for the appointeeship service

41% of survey respondents agreed with the proposal, 59% disagreed. The three main areas of comment were:

- 1) This proposal discriminates against people who do not have family or friends to undertake this service. In these circumstances the Council should bear the cost of this work.

- 2) For those who agreed with the proposal they felt that making a charge for the service was fair but that it should be kept to a reasonable amount
- 3) Also people felt that the £1,000 capital/savings figure should be higher

v) Increase the care arrangement fee

40% of survey respondents agreed with the proposal, 60% disagreed. The three main areas of comment were:

- 1) The Council should provide a good quality service and information and advice offer about care choices – and some people did not think this was happening at the moment and so did not agree with the proposed charge
- 2) For some of those who did agree in principle to increasing the charge, they thought it should be for a smaller amount
- 3) Some people thought that if people have the money then they should pay for the service

### **Overview and recommendations**

- 2.3 A significant theme from the public consultation was the concern that people felt about increasing the level of care contribution for people in receipt of social security benefits who were in need of care and living in the community, especially where the service user lives in the family home and contributes towards the family budget. Concerns were expressed about leaving people with enough disposable income, which might impact on their ability to lead as normal a life as possible.

Some significant general dissatisfaction was also expressed about the way that the financial assessment process was carried out in Cambridgeshire; in particular that an individual's disability related expenditure was not sufficiently and appropriately considered and allowed for in the financial assessment.

A standard weekly disability related expenditure allowance of £20 is currently applied to all service users receiving disability benefits in Cambridgeshire's financial assessments, with around 9% of service users receiving an enhanced, higher disability related expenditure figure that reflects their own higher disability related costs. People can choose to have the level of their disability related expenditure reviewed if they feel this doesn't properly reflect their circumstances. The published statutory guidance on what counts as disability related expenditure is attached at Appendix 3 for information. Any types of disability related expenditure agreed locally that are not listed as examples in the statutory guidance will be recorded and referenced for future financial assessment good practice purposes.

In response to these concerns, the operation and delivery of the Council's financial assessment service is currently being reviewed and is changing. This is to ensure that it is more accessible and responsive to people's needs, and that each person assessed receives a thorough and personalised financial assessment, by home visit if appropriate, taking proper account of their disability related expenditure, in accordance with Government guidance and best practice. This will help to provide a high standard of financial assessment delivered in a timely way, and will give additional assurance that the service user is demonstrably able to afford the level of their care contribution and all

their personal circumstances have been taken fully into account in the calculation of their charge.

2.4 Taking an approach that balances the concerns raised from the consultation exercise and the significant financial and demand pressures faced by the Council in line with other Local Authorities, the recommended changes to the Council's charging policy are to:

- Reduce the standard Minimum Income Guarantee (MIG) figure for those over state pension age to the level permitted by the Department of Health & Social Care
- Include in the financial assessment the higher rate of Attendance Allowance, Disability Living Allowance (care component) and Personal Independence Payment (daily living part), and increase the standard disability related expenditure allowance used in the financial assessment calculation for people receiving these higher rates of disability benefits from £20 per week to £28 per week. This is in line with the figures used in neighbouring Authorities and will reduce the maximum charge increase that a person may experience as a result of this change from £28.95 to £20.95 per week.
- Introduce a flat-rate weekly charge for the Council-provided appointee service for those with capital in excess of £2,000 (increased from the previously proposed £1000 figure) of £10 per week for residential clients and £12.50 per week for clients living in the community - to be increased annually in line with inflation
- Increase the arrangement fee for self-funders living in the community who opt for the Council to arrange and administer their care to an annual, recurring charge of £400.

2.5 The original proposal to change the way that care contributions for respite care is calculated using residential care charging rules is not being recommended, following the consultation. This is because a significant number of strong concerns were raised from the consultation exercise about the size of the care charge increase from this change and the resulting impact on people's finances. Concerns were also raised about the potential that people might be put off using respite services which could adversely impact on the health and wellbeing of the service user and place additional strain on family carers; possibly leading to carer breakdown.

### **Implementation**

2.6 It is recommended that, if approved, the changes to the charging policy be applied to all new service users from the start of the 2020 financial year onwards, and for existing service users to be applied individually on a phased, rolling basis starting also from April 2020 and continuing throughout the 20/21 financial year. This would be undertaken by a re-focused, responsive and more personalised financial assessment process offering the option of a financial assessment by home visit where appropriate or where requested. Each person affected by the changes will receive an individual financial assessment that looks at their finances (capital, savings, income, expenses and outgoings) and will ensure that the care charge they are assessed to pay is individually affordable, and that any benefits which the person is entitled to are claimed and received. People will always be left with at least the minimum protected income figure set by the Government after their care charges have been paid, and will also have an allowance on top of this for any disability-related costs. The Council will also continue to be able to exercise its discretion to take into account individual hardship and exceptional

circumstances in setting a person's care charge. The financial assessment service will be managed within the Council as an in house service by a Head of Service with expertise in this area who will ensure consistency, quality and standards.

The additional work required to implement the changes, and the resulting likely rise in enquiries from service users would require an increase in staffing resource for the financial assessment service. It is recommended that this should initially be resourced from the Council's Transformation Fund. This would be to enable the Council to implement a step-change to the financial assessment process, completing the financial reassessments of existing clients in the first financial year, with the extra cost thereafter to be met from Council revenue funding derived from increased care charges. The additional capacity required for this work is anticipated to be an additional four financial assessment officer posts for a period of 18 months costing up to £230k, with costs met through core budget thereafter.

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

#### **3.1 A good quality of life for everyone**

The recommended changes have been considered alongside the need to support people to live healthy and independent lives, and continue to fully comply with the requirements of Government guidance on financial assessments for service user contributions to care and support packages.

#### **3.2 Thriving places for people to live**

There are no significant implications for this priority.

#### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

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

- Section 1 of the report sets out the financial context of the recommended changes, and it should be noted that linked business planning items going to committees in December show that there is still a budget gap of £4m for 2020/21. The Council is legally required to set a balanced budget in February. The Adult Social Care budget needs to grow by around 5% each year just to stand still and without making savings, due to demographic, legislative and market pressures. There are a number of future financial risks that cannot yet be quantified, in particular reliance on unconfirmed funding sources. In that context additional revenue generated through changes to the care charging policy significantly help to offset the budget pressures faced in a way that doesn't reduce services and builds in a stable, recurrent funding source that helps to reduce budget uncertainty
- Increased revenue from changes to the care charging policy is dependent on the delivery of the financial assessment service in an effective way and to a high

standard. Within the proposals there are some risks that will have associated costs, particularly where additional resources may be required - such as financial assessment staffing resource costs initially met from Transformation Fund bids, but in time, met from revenue funding.

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

There are no significant implications within this category.

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

- 4.3.1 The Care Act provides a single legal framework for charging for care and support, and enables Local Authorities to decide whether or not to charge individuals for the care and support they receive, except where it is expressly stated in the Act and in the Care and Support Regulations and statutory guidance that charges must not apply. The overarching charging principle is that people should only pay what they can afford, and will be entitled to local authority financial support on a means-tested basis, and some will be entitled to free care.
- 4.3.2 The Care Act provides a number of broad powers for Councils to carry out certain functions. Where a Council chooses to exercise these powers, it may be necessary to consult on how it intends to do so. A Council would only usually be expected to consult locally where it is using its discretion in the exercise of a particular function.
- 4.3.3 With regard to the disability benefits review proposal, concerns have previously been raised that these changes could be vulnerable to legal challenge in cases where the service user was not receiving night care for which the higher disability benefit rates are intended. The Care Act and associated guidance specifically does not prohibit the inclusion of the higher rates of Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (daily living part) in the financial assessment.
- 4.3.4 Precedent has been set in this regard, as many other Local Authorities now routinely include higher rates of these disability benefits in their financial assessments and charging policies - and have done for some time now. In one Local Authority's case, Counsel's advice was sought on this specific point to confirm its legitimacy. The Local Government Ombudsman, responding to a recent complaint by an individual about this issue, has upheld the affected Council's decision and practice to include the higher rate of disability benefits in the financial assessment calculation.
- 4.3.5 Approving and implementing the charging proposals could lead to a higher risk of unpaid care charge invoices and subsequent increased bad debt provision, and potentially also an increase in concerns and complaints raised by service users and their families. There is also a risk that people may decide not to go ahead with arrangements to meet their care needs or cancel services as a result of increased charges. However the application of the policy will ensure that charges are calculated consistently and in a way that does not result in people being charged more than is reasonably practicable for them to pay. Investment in the financial assessment service means that people will receive a higher standard of assessment which takes full account of their circumstances, and also a

higher standard of service in respect of their ongoing interactions with the Council in respect of the financial aspects of their care.

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

The proposals only impact on those people assessed as having eligible needs for social care support which is a means tested service, and requires the Council to undertake financial assessments on a fair, consistent and equitable basis to determine the contribution that each individual should make towards the cost of their care and support.

A full Community (Equalities) Impact Assessment has been completed in respect of the proposed changes – Appendix 4

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

A full, comprehensive and extensive County-wide public consultation has been undertaken in respect of these proposals - in line with the Cambridgeshire Compact. A summary of survey results, feedback and comments from the consultation are set out in Appendix 2

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

There are no significant implications within this category.

#### 4.7 **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 or No: Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes or No: N/A Name of Officer:
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes or No: Yes Name of Legal Officer: Salma Kantharia (LGSS Law)
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes or No: Yes Name of Officer: Charlotte Black

<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes or No: Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes or No: N/A Name of Officer:
<b>Have any Public Health implications been cleared by Public Health</b>	Yes or No: N/A Name of Officer:

<b>Source Documents</b>	<b>Location</b>
Adults Committee – Adult Social Care Charging Policy Review 12 Sept 2019	<a href="https://cambridgeshire.cmis.uk.com/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1108/Committee/3/Default.aspx">https://cambridgeshire.cmis.uk.com/ccclive/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/1108/Committee/3/Default.aspx</a> X
Care and Support Statutory Guidance <i>Last updated 26 October 2018</i>	<a href="https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance">https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</a>

**Proposal 1 - Minimum Income Guarantee****Example 1**

	<b>Weekly charge Current policy</b>	<b>Weekly charge Revised policy</b>
State Pension & Pension Credit	£233.10	£233.10
Attendance Allowance	£58.70	£58.70
	<b>£291.80</b>	<b>£291.80</b>
Less Protected Income (MIG)	-£194.50	-£189.00
Less disability related expenditure	-£20.00	-£20.00
Weekly charge	<b>£77.30</b>	<b>£82.80</b>
<b>Increased charge</b>		<b>£5.50</b>

**Proposal 2 - Disability Benefits Review****Example 2**

	<b>Weekly charge Current policy</b>	<b>Weekly charge Revised policy</b>
State Pension & Pension Credit	£233.10	£233.10
Attendance Allowance	£87.65	£87.65
	<b>£320.75</b>	<b>£320.75</b>
Less Protected Income (MIG)	-£194.50	-£194.50
Less disability related expenditure	-£20.00	-£28.00
Disregarded AA	-£28.95	£0.00
Weekly charge	<b>£77.30</b>	<b>£98.25</b>
<b>Increased charge</b>		<b>£20.95</b>

**Proposal 2 - Disability Benefits Review****Example 3**

	<b>Weekly charge Current policy</b>	<b>Weekly charge Revised policy</b>
Employment & Support Allowance	£128.45	£128.45
Personal Independence Payment (PIP) - enhanced rate	£87.65	£87.65
	<b>£216.10</b>	<b>£216.10</b>
Less Protected Income (MIG)	-£151.45	-£151.45
Less disability related expenditure	-£20.00	-£28.00
Disregarded PIP	-£28.95	£0.00
Weekly charge	£15.70	£36.65
<b>Increased charge</b>		<b>£20.95</b>

## Proposals 1 and 2 combined - Minimum Income Guarantee and Disability Benefits Review

### Example 4

	Weekly charge Current policy	Weekly charge Revised policy
State Pension & Pension Credit	£233.10	£233.10
Attendance Allowance (AA)	£87.65	£87.65
	<b>£320.75</b>	<b>£320.75</b>
Less Protected Income (MIG)	-£194.50	-£189.00
Disability related expenditure	-£20.00	-£28.00
Disregarded AA	-£28.95	£0.00
Weekly charge	£77.30	£103.75
<b>Increased charge</b>		<b>£26.45</b>

## Proposal 3 - Respite calculation method

### Example 5

	Weekly charge Current policy	Weekly charge Revised policy
State Pension & Pension Credit	£167.25	£167.25
Disability Care Allowance (Mobility)	£61.20	£61.20
Attendance Allowance (AA)	£58.70	£58.70
	<b>£287.15</b>	<b>£287.15</b>
Less Protected Income (MIG) or Personal Expenses Allowance in proposed residential calculation	-£194.50	-£24.90
Disability related expenditure	-£20.00	£0.00
Disregarded AA	£0.00	-£58.70
Disregarded DLA Mobility	-£61.20	-£61.20
Typical allowance for housing costs		-£25.00
Weekly charge	£11.45	£117.35
<b>Increased charge</b>		<b>£105.90</b>

**Extract from the Care and Support Statutory Guidance  
Annex C: Treatment of Income**

**Disability-related expenditure**

39) Where disability-related benefits are taken into account, the local authority should make an assessment and allow the person to keep enough benefit to pay for necessary disability-related expenditure to meet any needs which are not being met by the local authority.

40) In assessing disability-related expenditure, local authorities should include the following. However, it should also be noted that this list is not intended to be exhaustive and any reasonable additional costs directly related to a person's disability should be included:

1. (a) payment for any community alarm system
2. (b) costs of any privately arranged care services required, including respite care
3. (c) costs of any specialist items needed to meet the person's disability needs, for example:
  1. (i) Day or night care which is not being arranged by the local authority
  2. (ii) specialist washing powders or laundry
  3. (iii) additional costs of special dietary needs due to illness or disability (the person may be asked for permission to approach their GP in cases of doubt)
  4. (iv) special clothing or footwear, for example, where this needs to be specially made; or additional wear and tear to clothing and footwear caused by disability
  5. (v) additional costs of bedding, for example, because of incontinence
  6. (vi) any heating costs, or metered costs of water, above the average levels for the area and housing type
  7. (vii) occasioned by age, medical condition or disability
  8. (viii) reasonable costs of basic garden maintenance, cleaning, or domestic help, if necessitated by the individual's disability and not met by social services
  9. (ix) purchase, maintenance, and repair of disability-related equipment, including equipment or transport needed to enter or remain in work; this may include IT costs, where necessitated by the disability; reasonable hire costs of equipment may be included, if due to waiting for supply of equipment from the local council
  10. (x) personal assistance costs, including any household or other necessary costs arising for the person
  11. (xi) internet access for example for blind and partially sighted people
  12. (xii) other transport costs necessitated by illness or disability, including costs of transport to day centres, over and above the mobility component of DLA or PIP, if in payment and available for these costs. In some cases, it may be reasonable for a council not to take

account of claimed transport costs – if, for example, a suitable, cheaper form of transport, for example, council-provided transport to day centres is available, but has not been used

13. (xiii) in other cases, it may be reasonable for a council not to allow for items where a reasonable alternative is available at lesser cost. For example, a council might adopt a policy not to allow for the private purchase cost of continence pads, where these are available from the NHS

41) The care plan may be a good starting point for considering what is necessary disability-related expenditure. However, flexibility is needed. What is disability-related expenditure should not be limited to what is necessary for care and support. For example, above average heating costs should be considered.

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### **Example of disability related expenditure**

Zach is visually impaired and describes the internet as a portal into the seeing world – in enabling him to access information that sighted people take for granted. For example he explains that if a sighted person wants to access information they can go to a library, pick up a book or buy an appropriate magazine that provides them with the information they need.

The internet is also a portal into shopping. For example without the internet if Zach wanted to shop for clothes, food or a gift he would have to wait until a friend or family member could accompany him on a trip out, he would be held by their schedule and they would then have to explain what goods were on offer, what an item looked like, the colour and would inevitably be based on the opinion and advice of said friend. A sighted person would be able to go into a shop when their schedule suits and consider what purchase to make on their own. The internet provides Zach with the freedom and independence to do these things on his own.



## Appendix 2

### Summary of Responses to Adult Social Care Charging Policy Review

#### **Consultation on Proposed Changes to Cambridgeshire County Council's Adult Social Care Charging Policy**

<b>1.0</b>	<b>Introduction</b>
1.1	<p>The proposals on the revisions to Cambridgeshire County Council's Adult Social Care charging policy were consulted on widely for a 12 week period from 23 September to 15 December 2019 via:</p> <ol style="list-style-type: none"><li>1. 3486 letters sent to individual service users who might be impacted by the changes (or their nominated representatives), inviting them to complete a paper survey, from which 363 completed responses were received.</li><li>2. An online survey published on the Council's website, from which 154 completed submissions were received.</li><li>3. Six public consultation events from which comments were recorded in detail.</li><li>4. A telephone line and dedicated e-mail address were provided offering support with completion of the survey. 151 calls and emails were received.</li><li>5. Direct contact to 33 key local voluntary and community sector partner organisations.</li><li>6. Presentations to all five Cambridgeshire Adult Social Care Partnership Boards and to the Adult Social Care Forum, which include expert by experience representatives.</li><li>7. Seven drop-in meetings for adults with learning disabilities or autism, held by the Speak Out Council.</li></ol>
1.2	<p>Also the Council published a Frequently Asked Questions document online which was available during the consultation period.</p>
1.3	<p>The following is a summary of the responses received from the consultation, in general and in response to the five specific changes proposed.</p>
<b>2.0</b>	<b>General Responses to the Consultation</b>
2.1	<p>The various meetings which took place to raise awareness of the proposed changes to the Adult Social Care charging policy did bring forward some generic points around the current charging policy not related to any one specific proposal. Three general overarching themes emerged:</p> <ol style="list-style-type: none"><li>1. The financial assessment process in Cambridgeshire is regarded as not fit for purpose and needs to be reviewed. It needs to be more personalised to people's individual circumstances and provide clear information in a timely and efficient manner.</li></ol>

	<ol style="list-style-type: none"> <li>2. The Disability Related Expenditure (DRE) assessment process in Cambridgeshire is regarded as not fit for purpose. Better guidance needs to be given on what can be considered as a disability related expense, the process needs to be easier to manage, proportionate, and personalised to people's individual circumstances.</li> <li>3. The proposals do not take into account the stress and demands on carers, not only in terms of providing care but also because they are often having to step in to cover any shortfalls out of their own money.</li> </ol>
2.2	<p>The Council received formal responses to the consultation from partner organisations including:</p> <ol style="list-style-type: none"> <li>1. <b>Pinpoint</b> – “Care support budget reductions over the last decade, particularly to support access to the community have meant that disability benefits have played a significant part in mitigating the effects of those reductions for disabled people. The new charging may have a significant role in reducing the ability of disabled people to lead purposeful lives outside their homes.”</li> <li>2. <b>MND Association</b> – “The Association acknowledges there are significant financial pressures being faced by Local Authorities as they try to best meet the social care needs of their residents and that difficult decisions need to be made. We also understand that the proposals contained within Cambridgeshire County Council's consultation are in line with the Care Act. However, we believe the proposals will negatively and disproportionately impact on people living with and affected by severely disabling conditions such as Motor Neurone Disease (MND). We recommend the Council does not progress with these policies.”</li> <li>3. <b>Alzheimer’s Society</b> – “Alzheimer's Society recognise the challenges that local authorities face in providing social care to an increasingly aging population within the context of funding pressures and an 11% decline in successful CHC applications nationally over the last 4 years. However, we are extremely concerned that the changes proposed to Cambridgeshire County Council's charging policy will have a disproportionate impact on some of the most financially vulnerable people in the community. <ol style="list-style-type: none"> <li>a) Cambridgeshire County Council decided against changes to its financial assessment two years ago. The changes proposed now are in response to increased financial pressure and the need to look at ways to continue to provide social care affordably. However, the Council must also recognise that vulnerable people affected by dementia continue to need high quality support and care. The needs of people requiring social care haven't changed in the last two years while incomes have decreased at a time of growing cost.</li> <li>b) People living with dementia and their carers already face catastrophic costs of care. Alzheimer's Society regularly hear from people who have spent all of their life savings on care. Due to the complexity of the condition, the cost of dementia care is on average 15 per cent more expensive than other types of social care – we call this the 'Dementia Penalty'. We are campaigning for change in the way that social care is funded in England through our 'Fix Dementia Care' campaign.</li> </ol> </li> </ol>

	<p>c) We fear that any increased revenue the Council will generate in the short term will be outweighed by significant increases in costs for caring for people. Higher costs may make it difficult to access social care services and place more pressure on the health service. With moves towards the integration of health and social care, the system for charging for social care should not be looked at in isolation from health care provision.</p> <p>d) Although the consultation document sets out how many people the individual change will effect, it is not clear how many people will be affected by two or more of the proposals. Has the Council analysed what would happen in the case of someone affected by a lowered MIG, increased respite costs and additional benefits included in the financial assessment all in one go?</p> <p>e) The consultation paper says that Cambridgeshire County Council can use their discretion not to charge and insist they will judge each case individually to check the changes are affordable. Alzheimer's Society would urge the Council to review how often they have used this discretion on the grounds of affordability since the Care Act came in, and what guidance they have in place, so that staff who will be responsible for implementing changes know how to apply this discretion."</p>												
2.3	<p>Healthwatch Cambridgeshire and Peterborough was unable to submit a formal response to the consultation.</p> <p>This was because in the pre-General Election 'purdah' period it took advice from Healthwatch England and assessed all of its activities for potential political implications. As Healthwatch Cambridgeshire and Peterborough considered that there were significant political implications in the proposed changes it decided, following discussions with its Chair and Board, that it was not able to engage fully with the consultation and therefore was not in a position to submit a formal response.</p> <p>However, Healthwatch Cambridgeshire and Peterborough were able to comment that, as a general point, they would always look to see that the most vulnerable people are protected in any changes.</p>												
3.0	<p><b>Proposal 1 – To change the Minimum Income Guarantee figure used to the level set by the Department of Health and Social Care. (This proposal applies only to those of State Pension age or older.)</b></p>												
3.1	<p>485 people responded to this proposal in the survey with 200 (41%) agreeing and 285 (59%) disagreeing, see table below:</p> <table border="1" data-bbox="277 1671 1099 1864"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes, I agree</td> <td>200</td> <td>41.24%</td> </tr> <tr> <td>No, I do not agree</td> <td>285</td> <td>58.76%</td> </tr> <tr> <td>No response to this question</td> <td>32</td> <td></td> </tr> </tbody> </table>	Response	Number	Percentage	Yes, I agree	200	41.24%	No, I do not agree	285	58.76%	No response to this question	32	
Response	Number	Percentage											
Yes, I agree	200	41.24%											
No, I do not agree	285	58.76%											
No response to this question	32												

3.2	<p>162 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none"> <li>1. The proposed change would impact disproportionately on the most vulnerable members of society, people who can least afford to pay more – even £5.50 per week.</li> <li>2. Cambridgeshire is an expensive place to live and having a locally set slightly higher Minimum Income Guarantee level for those of state pension age and above reflects this.</li> <li>3. The impact of this change would put increased strain on carers who are already carrying the burden of care.</li> </ol>
3.3	<p>Themes from the consultation meetings about proposal one are outlined below:</p> <ol style="list-style-type: none"> <li>1. The Minimum Income Guarantee (MIG) level has been frozen for some years and this has already had a detrimental impact on people's income and standard of living. People's real disposable income has been eroded and the proposed change would make this worse.</li> <li>2. The cost of living in Cambridgeshire is higher than in many parts of the country which also has an impact on people's standard of living. The MIG does not reflect regional differences.</li> <li>3. The MIG should be index linked to inflation.</li> <li>4. The MIG is an ageist policy – it isn't fair that younger people have lower MIG levels, further protecting older people's income levels adds to this inequality.</li> <li>5. People with sensory impairments have a higher average cost of living than the general population and so any reduction in the MIG level would have a higher impact on them.</li> <li>6. The proposed change will have a huge impact on older people and their carers, who have the highest support needs. These people are already on low incomes and struggling to make ends meet.</li> <li>7. Although the proposed increase per week appears small, for many people it is a significant percentage of their weekly/annual income.</li> <li>8. Any additional strain on the family income may mean that some carers feel they are unable to pay, so choose to reduce the care they pay for and this could lead to carer breakdown and have the knock-on effect of increased costs to the Council.</li> <li>9. Some people mentioned that there are other financial benefits available specifically to older people, for example free bus travel, winter fuel payment, etc. that may not be available to other groups of people. Some people thought this would be inequitable and therefore using the MIG level set by the Department of Health and Social Care for people of State Pension age and older would bring this group into line with the approach for other adults where the Council applies the nationally set MIG level for their age/circumstance.</li> </ol>
3.4	<p>Responses received from partner organisations in relation to proposal one are summarised below:</p> <p><b>MND Association</b> – “The Association recommends that recipients of social care in Cambridgeshire should continue to be entitled to the same MIG levels as previously</p>

	<p>held, so they can better manage the significant financial cost of living with MND. The Association notes that Cambridgeshire County Council proposes to use the savings as a result of this policy change to protect existing prevention and short-term services. It is important to note that these initiatives will be of limited use for people living with progressive and terminal conditions such as MND, where intense support needs are inevitable and will only increase as the disease progresses.”</p> <p><b>Cambridgeshire and Peterborough Clinical Commissioning Group</b> – “The amount of additional money is relatively small but may be a barrier to the most deprived. The number of people impacted is relatively high at 1300-1500. The cumulative impacts of this change and other changes to social care funding and associated grants have not been assessed.”</p> <p><b>Alzheimer’s Society</b> – “we have concerns that the proposed change does not sufficiently take into account the higher costs for people living in Cambridgeshire ... In addition, the minimum income guarantee does not reflect the unique needs and additional costs of caring for someone living with dementia. For example, people with dementia may not show interest in eating and drinking sufficient amounts. They often need special diets or foods that may be out of reach to someone on a low income and may not be taken into account as part of the calculation of minimum income. Many elderly people feel the cold, and this is particularly the case for someone living with dementia. In addition, it is common for people with dementia and their carers to spend a large proportion of their day in the home, requiring it to be heated for longer. Opportunities to get out of the house and be part of the community are more difficult for people with dementia, with cost of travel and the significant rurality of the county being particular challenges.”</p>												
<b>4.0</b>	<b>Proposal 2 – To include all rates of the following disability benefits in the financial assessment calculation: Attendance Allowance; Care component of Disability Living Allowance; Daily living component of Personal Independence Payment.</b>												
4.1	<p>469 people responded to this proposal in the survey with 122 (26%) agreeing and 347 (74%) disagreeing, see table below:</p> <table border="1" data-bbox="280 1398 1099 1593"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes, I agree</td> <td>122</td> <td>26.01%</td> </tr> <tr> <td>No, I do not agree</td> <td>347</td> <td>73.99%</td> </tr> <tr> <td>No response to this question</td> <td>48</td> <td></td> </tr> </tbody> </table>	Response	Number	Percentage	Yes, I agree	122	26.01%	No, I do not agree	347	73.99%	No response to this question	48	
Response	Number	Percentage											
Yes, I agree	122	26.01%											
No, I do not agree	347	73.99%											
No response to this question	48												
4.2	<p>148 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none"> <li>1. People who receive higher rates of disability benefits do so for a reason, i.e. their care and daily living needs are higher and this would penalise them due to their disability and/or complex needs.</li> </ol>												

	<ol style="list-style-type: none"> <li>2. The current Disability Related Expenditure assessment process in Cambridgeshire is difficult to engage with, does not reflect the real additional costs that people have related to their disabilities, and is not fit for purpose.</li> <li>3. The potential increased cost per week is not affordable and would have a long-term detrimental impact on individuals and their families.</li> </ol>
4.3	<p>Themes from the consultation meetings about proposal two are outlined below:</p> <ol style="list-style-type: none"> <li>1. The higher rates of disability benefits are awarded to people to reflect all the additional 'living' costs that people have because of their disability – it isn't just given to them for their care.</li> <li>2. The potential increased charge of £28.95 per week would have a huge impact on people already on low income and their families.</li> <li>3. The people affected by this proposal have already suffered from multiple and ongoing cuts to their income and support over many years, because of the impact of austerity and the erosion of welfare benefits.</li> <li>4. People have found the Disability Related Expenditure (DRE) process difficult to manage, time consuming and too rigid. Many said that it felt like a 'tick box' exercise and that the financial assessment was not taking into account their individual circumstances/those of the person they care for.</li> <li>5. People said that more items needed to be considered as possible DRE.</li> <li>6. For people with sensory impairments the current standard DRE allowance of £20.00 per week is not enough to cover their additional needs. For example, a person with a visual impairment living in a rural area without public transport may need to use a taxi to go to an appointment and this could use up their weekly DRE allowance in one go.</li> <li>7. People felt that the current standard DRE allowance of £20.00 per week needed to be higher.</li> <li>8. People with sensory impairments have a higher average cost of living than the general population and so any changes to the rules on disability benefits will have a greater impact on them.</li> <li>9. Some people felt that it was unfair that when they were awarded higher rates of some disability benefits because of their needs that the Council could then potentially 'take them away' again as part of the financial assessment process.</li> <li>10. Some people felt that the most vulnerable members of society with the highest support needs were being 'picked on' again by the Council.</li> </ol>
4.4	<p>Responses received from partner organisations in relation to proposal two are summarised below:</p> <p><b>MND Association</b> – “We take issue with the wording in the consultation, which states: <i>"Many people in receipt of social care support receive disability benefits which are paid specifically to help people pay for their care and support."</i> To be clear, PIP is not specifically designed for the payment of care and support costs. Rather, PIP is a disability benefit designed to help meet the extra daily living and mobility costs associated with living with a disability, a far broader remit.”... “<i>MND Costs</i>, a research report written in 2017 by Demos on behalf of the MND Association, found that on average people living with MND face an additional cost of £12,000 a year, before</p>

	<p>taking loss of earnings into account” ... “These include higher energy bills, increased insurance costs, and increased transportation costs.”</p> <p><b>Cambridgeshire and Peterborough Clinical Commissioning Group</b> – “These people are likely to be older and or have more disabilities than the general population. These additional costs are likely to have a significant impact on the individuals on whom they fall. This may lead to them being unable to fund care which will have an adverse effect on health outcome in these vulnerable groups and an additional impact on health service attendance and health service activity, both through primary, secondary and Continuing Health Care routes. The CCG would like to monitor impacts alongside the County Council.”</p> <p><b>Alzheimer’s Society</b> – “For people with dementia or other degenerative conditions, the costs of additional disability related expenditure may go up over time. If Cambridgeshire County Council include any of the rate of disability related benefits in the calculation, the Council must ensure that their financial assessments are flexible to take into account these variations in expenditure, not just deduct a set amount. In addition, it is vital that the system is responsive to changes in expenditure. For example, when people have signed up to a new disability related expenditure eg a community alarm, they shouldn't have to wait months for their financial assessment to reflect this, with potential negative impacts their health and wellbeing. Before implementing this change, we would like to see the Council review what the current waiting time is when a new financial assessment is requested and set enforceable targets to ensure that people affected are not financially penalised when their care needs change.”</p>												
<b>5.0</b>	<b>Proposal 3 – To change the way that the charge for short-term respite care is calculated, using 'residential' care charging rules.</b>												
5.1	<p>439 people responded to this proposal in the survey with 139 (32%) agreeing and 300 (68%) disagreeing, see table below:</p> <table border="1"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes, I agree</td> <td>139</td> <td>31.66%</td> </tr> <tr> <td>No, I do not agree</td> <td>300</td> <td>68.34%</td> </tr> <tr> <td>No response to this question</td> <td>78</td> <td></td> </tr> </tbody> </table>	Response	Number	Percentage	Yes, I agree	139	31.66%	No, I do not agree	300	68.34%	No response to this question	78	
Response	Number	Percentage											
Yes, I agree	139	31.66%											
No, I do not agree	300	68.34%											
No response to this question	78												
5.2	<p>133 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none"> <li>1. People will still have costs to pay whilst in respite accommodation and the proposed change would put a huge strain on people's finances.</li> <li>2. People were worried that this could be potentially a large increase in contribution and that it was not a fair proposal.</li> <li>3. People were worried that families may be put off using respite services because of this proposal and this would affect the health and wellbeing of not only the</li> </ol>												

	people who would have been using respite but also place added strain on their family carers, leading to possible carer breakdown.
5.3	<p>Themes from the consultation meetings about proposal three are outlined below:</p> <ol style="list-style-type: none"> <li>1. This proposal may prevent people from accessing respite which will place added strain on carers who need supporting, possibly leading to carer breakdown.</li> <li>2. People should not be penalised for needing respite care – this is vital for the individual having the respite and also for their carers.</li> <li>3. Family carers are under enough pressure as it is and if they had to stop using respite the situation may become too much and then their family member might have to move permanently into residential care – which the individual and the family wouldn't want and it would cost the Council more money.</li> <li>4. People thought that the Council didn't understand all the bills and support needs that individuals and their families still continue to have even if a person is having a respite stay – it isn't just things such as housing costs.</li> <li>5. For many families, where the carer is unable to work due to their caring responsibilities, the cared for person's income may be a significant contribution to the overall household income and so the impact on these families of such a large reduction in their income, even for a few weeks a year, would be significant and unsustainable.</li> <li>6. Where some people could understand the principle behind the proposed change, they felt that the cost should be capped to a much lower level, to acknowledge people's continuing costs at home but also to recognise that there was an additional cost to the Council from offering respite care.</li> </ol>
5.4	<p>Responses received from partner organisations in relation to proposal three are summarised below:</p> <p><b>Cambridgeshire and Peterborough Clinical Commissioning Group</b> – “For those who cannot afford to fund the difference there will be a decrease in respite care available with a consequent impact on the health of 100- 250 carers.”</p> <p><b>Alzheimer’s Society</b> – “Out of all the proposals this one raises the most concern for the Alzheimer's Society and the people we work with in Cambridgeshire ... If carers no longer ask for their loved one to be placed in respite as frequently or at all, this will in turn mean that they will experience higher levels of stress, fatigue or not be able to care for as long. It may mean that increasing numbers of people have to enter residential care rather than being cared for in the community. The economic benefit of unpaid family carers in Cambridgeshire is estimated at £142.3m and anticipated to rise by 73.6% to £246.9 m by 2030*. This unpaid care saves the Council supporting someone in residential care where the costs are considerably higher ... we recommend that Cambridgeshire County Council abandon this proposal and instead choose to support and promote the wellbeing of their unpaid carers, many of whom already have to overcome feelings of guilt to ask for help.</p>

	Although this is presented as a change to the financial assessment of the person with dementia, under the Care Act, respite care serves the function of meeting a carer's needs and if the carer is eligible, the Council has a duty to arrange it. If the costs of respite care become prohibitive for carers, Cambridgeshire County Council must have an alternative plan to meet the needs of carers that they are under a duty to meet. A local authority cannot avoid not fulfilling this duty due to a lack of resources.”												
<b>6.0</b>	<b>Proposal 4 – To introduce a new administration fee to Adult Social Care service users whose social security benefits and finances are managed by the Council acting as their Department for Work and Pensions corporate appointee.</b>												
6.1	436 people responded to this proposal in the survey with 177 (41%) agreeing and 259 (59%) disagreeing, see table below: <table border="1" data-bbox="277 720 1099 917"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes, I agree</td> <td>177</td> <td>40.60%</td> </tr> <tr> <td>No, I do not agree</td> <td>259</td> <td>59.40%</td> </tr> <tr> <td>No response to this question</td> <td>81</td> <td></td> </tr> </tbody> </table>	Response	Number	Percentage	Yes, I agree	177	40.60%	No, I do not agree	259	59.40%	No response to this question	81	
Response	Number	Percentage											
Yes, I agree	177	40.60%											
No, I do not agree	259	59.40%											
No response to this question	81												
6.2	92 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points: <ol style="list-style-type: none"> <li>1. This proposal discriminates against people who do not have family or friends to undertake this service. In these circumstances the Council should bear the cost of this work.</li> <li>2. For those who agreed with the proposal they felt that making a charge for the service was fair but that it should be kept to a reasonable amount.</li> <li>3. Also people felt that the £1,000 savings balance should be higher.</li> </ol>												
6.3	Themes from the consultation meetings about proposal four are outlined below: <ol style="list-style-type: none"> <li>1. Some people thought that it was unfair to charge vulnerable people for this service because they didn't have family/friends who could help them instead.</li> <li>2. Some people thought that the proposed weekly fees were too high – for example, some people said it shouldn't cost that amount to manage somebody's money if they were in residential care.</li> <li>3. People thought that the savings/capital balance should be higher to allow for capital item replacements, unexpected expenses (such as a boiler breaking down), holidays, funeral costs, etc. Suggestions ranged from £3,000 - £6,000.</li> <li>4. People suggested that the proposed charge should be considered as a Disability Related Expenditure item.</li> <li>5. Some people said that there were other providers out there offering this service that people could go to and they were often charging more, so felt that this was a fair proposal.</li> </ol>												

6.4	<p>Responses received from partner organisations in relation to proposal four are summarised below:</p> <p><b>Cambridgeshire and Peterborough Clinical Commissioning Group</b> – “This proposal disadvantages the most deprived and vulnerable who have no-one else to manage their benefits. The annual amount paid is a significant total of the capital threshold CCG recommendation is to increase the capital threshold to £25,000.”</p> <p><b>Alzheimer’s Society</b> – “Alzheimer’s Society recognises that there are professional companies and solicitors who charge more for being an appointee than the sum being proposed by Cambridgeshire County Council, and that deputyship as an alternative would be even more costly, however, before implementing this change, we would like the Council to examine the following points:</p> <ul style="list-style-type: none"> <li>• We have some concerns over people who lack capacity, potentially in the case of someone living with dementia, being signed up to this scheme in their 'best interests'. Although it is cheaper than the alternatives and they can't be without assistance, the Council should be satisfied that there is no conflict of interest. The council may be in the position of determining that it is in someone's best interests and also the beneficiary of that decision if there is a policy of charging for it. If there was clear third party (DWP for example) guidance about charging, as there is for example from the Court of Protection regarding deputyship, then the conflict of interest would be less acute.</li> <li>• It is widely accepted that "professional" appointees can charge for their service although the basis for charging is not clear and there is no guidance about the level of charges. If the Council decides to impose charges they should be proportionate and reasonable. We would like the Council to confirm what legal basis it has for charging for these services, and how they have calculated what the charge will be. Our view is that acting as an appointee as a last resort is part of the Council's general care and support duties for which they shouldn't be charging, or only charging on a means tested basis.</li> <li>• We would like to know whether the Council have completed an equalities impact assessment bearing in mind the duty under the Equality Act not to discriminate, and the public sector equality duty.”</li> </ul>									
7.0	<p><b>Proposal 5 – To charge an annual (recurring) care arrangement fee to those people living in the community who are able to afford the full cost of their own care but have chosen to ask the Council to arrange this for them.</b></p>									
7.1	<p>443 people responded to this proposal in the survey with 177 (40%) agreeing and 266 (60%) disagreeing, see table below:</p> <table border="1" data-bbox="277 1734 1099 1854"> <thead> <tr> <th>Response</th> <th>Number</th> <th>Percentage</th> </tr> </thead> <tbody> <tr> <td>Yes, I agree</td> <td>177</td> <td>39.95%</td> </tr> <tr> <td>No, I do not agree</td> <td>266</td> <td>60.05%</td> </tr> </tbody> </table>	Response	Number	Percentage	Yes, I agree	177	39.95%	No, I do not agree	266	60.05%
Response	Number	Percentage								
Yes, I agree	177	39.95%								
No, I do not agree	266	60.05%								

	No response to this question	74		
7.2	<p>114 individual comments were made within the submitted surveys in relation to this proposal. The comments can be summarised into the following three main points:</p> <ol style="list-style-type: none"> <li>1. The Council should provide a good quality service and information and advice offer about care choices - and some people did not think this was happening at the moment and so did not agree with the proposed charge.</li> <li>2. For some of those who did agree in principle to increasing the charge, they thought it should be for a smaller amount.</li> <li>3. Some people thought that if people have the money then they should pay for the service.</li> </ol>			
7.3	<p>Themes from the consultation meetings about proposal five are outlined below:</p> <ol style="list-style-type: none"> <li>1. Some people supported the proposal and said that it was not a large amount on a weekly basis.</li> <li>2. Some people agreed with the principle of an annual charge for the service, but thought it should be at a lower level than the maximum of £400 per year mentioned in the proposal.</li> <li>3. People thought that there needed to be more information and advice available about care choices for self-funders.</li> <li>4. People said that if the Council was going to introduce an annual charge then it needed to deliver a better quality service for the money - for example, some people mentioned about invoicing mistakes.</li> </ol>			
7.4	<p>Responses received from partner organisations in relation to proposal five are summarised below:</p> <p><b>Cambridgeshire and Peterborough Clinical Commissioning Group</b> – “This disadvantages a vulnerable group of people who presumably have other frailty / disability issues which mean that they are not willing to arrange their own care. Recommendation: A capital threshold for this charge should be set at £25,000 for this fee.”</p> <p><b>Alzheimer’s Society</b> – “It is well acknowledged that self-funders prop up the social care system by paying higher home care and care home rates than those who have care arranged by the Council. Although the consultation document states that they benefit from lower fees as a result of asking the LA to help arrange care rather than by themselves, a lot of older people (especially people affected by dementia) may have little knowledge of the social care system and the rules in which it operates and may feel they have no choice but to pay these costs to get any help.</p> <p>If Cambridgeshire County Council decides to impose this fee, we would also like to see them introduce information and advice services to offer residents a legitimate choice to educate themselves about the social care sector and empower them to arrange care for themselves.”</p>			

<b>8.0</b>	<b>Additional Documents</b>
8.1	<p>Additional documents available online:</p> <ul style="list-style-type: none"><li>• Consultation Findings Report: <a href="https://www.cambridgeshire.gov.uk/_data/assets/pdf_file/0016/12256/Adult-Social-Care-charging-policy-consultation-findings-report-20-08-01-20.pdf">https://www.cambridgeshire.gov.uk/_data/assets/pdf_file/0016/12256/Adult-Social-Care-charging-policy-consultation-findings-report-20-08-01-20.pdf</a></li><li>• Blank copy of the consultation survey: <a href="https://www.cambridgeshire.gov.uk/_data/assets/pdf_file/0017/12257/Adult-Social-Care-charging-policy-consultation-survey-08-01-20.pdf">https://www.cambridgeshire.gov.uk/_data/assets/pdf_file/0017/12257/Adult-Social-Care-charging-policy-consultation-survey-08-01-20.pdf</a></li></ul>

## Equality Impact Assessment For employees and/or communities

*This EIA form will assist you to ensure we meet our duties under the Equality Act 2010 to take account of the needs and impacts of the proposal or function in relation to people with protected characteristics. Please note, this is an ongoing duty. This means you must keep this EIA under review and update it as necessary to ensure its continued effectiveness.*

### Section 1: Proposal details

Directorate / Service Area:		Person undertaking the assessment:	
Adult Social Care		<b>Name:</b>	Mark Gedney
<b>Proposal being assessed:</b> Client contributions:- <ul style="list-style-type: none"> <li>• Align Minimum Income Guarantee with statutory levels for those over state pension age</li> <li>• Include higher rates of disability benefits as income within the financial assessment</li> <li>• Introduce a charge for the Corporate Appointee Service</li> <li>• Increase the care arrangement fee for self-funders</li> </ul>	<b>Job Title:</b>	<b>Head of Service, Adult Social Care Financial Operations</b>  Adults & Safeguarding - People & Communities Department Peterborough City Council and Cambridgeshire County Council	
	<b>Contact details:</b>	Email <a href="mailto:mark.gedney@peterborough.gov.uk">mark.gedney@peterborough.gov.uk</a> Telephone: (01733) 452335 Mobile 07920 160328	
<b>Business Plan Proposal Number:</b> (if relevant)	A/R.7.102	<b>Date commenced:</b>	
		<b>Date completed:</b>	
Key service delivery objectives:			
<p><i>Include a brief summary of the current service or arrangements in this area to meet these objectives, to allow reviewers to understand context.</i></p> <p>The Council recently reviewed its Adult Social Care charging policy to ensure that it fully aligns with the Care Act 2014. It has taken this opportunity to look for ways to fairly and affordably raise revenue from charges to help to sustainably provide and pay for care and support services to people with assessed care needs in the face of severe central government funding reductions and increasing demand pressures.</p> <p>Following the review, four proposals have been recommended to make changes to the Council's Adult Social Care charging policy, which will mean that some groups of people receiving care services may pay more towards these. Care charges are calculated by the completion of a financial assessment for the person receiving care; which considers their income, capital and a range of other financial circumstances to ensure that the charge they are to pay is reasonable and affordable.</p> <p>Increased income from charges will help the council to protect, maintain, and extend the range of care services it offers to those that are in need of them.</p>			

## Equality Impact Assessment For employees and/or communities

Following consideration of the proposals by the Adults Committee on 12<sup>th</sup> September 2019, an extensive consultation exercise has been undertaken from 23<sup>rd</sup> September 2019 to 15<sup>th</sup> December 2019.

### Key service outcomes:

*Describe the outcomes the service is working to achieve*

The aim is to update the Council's Fairer Contributions Adult Social Care charging policy to reflect current guidance and consider options available to the Council to generate additional revenue which can help to off-set some of the care costs associated with providing individual tailored care packages. There are four recommendations for adoption, delivering the following desired collective outcomes:-

- To ensure that statutory requirements are fully met
- To continue to charge people for their care services in a fair, consistent, affordable and equitable way
- To align Cambridgeshire's protected income levels used in the financial assessment calculation with those set nationally by Government (Department of Health and Social Care – minimum income guarantee levels)
- Align more closely Cambridgeshire's care charging policy with its neighbouring authorities and those that it shares services and borders with.
- To enhance income from charges, and in so doing generate additional revenue that will assist the Council in setting a balanced budget, and will help to maintain and extend Adult Social Care services against a background of increasing demand and financial constraints.

### What is the proposal?

*Describe what is changing and why*

The Council consulted on five proposed changes to its Adult Social Care charging policy. They are:

- 1) To change the Minimum Income Guarantee figure used to the level set by the Department of Health and Social Care.
- 2) To include all rates (low, middle and high) of the following disability benefits in the financial assessment calculation:
  - a. Attendance Allowance (AA)
  - b. Care component of Disability Living Allowance (DLA Care)
  - c. Daily living component of Personal Independence Payment
- 3) To change the way that the charge for short-term respite care is calculated, using 'residential' care charging rules.
- 4) To introduce a new administration fee to Adult Social Care service users whose social security benefits and finances are managed by the Council acting as their Department for Work and Pensions (DWP) corporate appointee.
- 5) To charge an annual (recurring) care arrangement fee to those people living in the community who are able to afford the full cost of their own care but have chosen to ask the Council to arrange this for them.

Since the introduction of the Care Act 2014 local authorities have been permitted, subject to protected guaranteed minimum income levels set by the Government, to charge for certain non-statutory adult social care services. Councils are also able to take into

## Equality Impact Assessment For employees and/or communities

account higher levels of some disability benefits in their charging calculations – and the majority of councils across the country have subsequently introduced such changes.

When Cambridgeshire County Council reviewed its charging policy two years ago it made no changes at that time. However, since the issue was last looked at, the financial situation has changed and the pressure on the Council's Adult Social Care budget is increasing. The additional revenue generated through the proposed changes would help the Council to absorb some of these financial pressures and protect existing prevention and short-term services that help people to stay living as independently as possible in their own homes.

### What information did you use to assess who would be affected by this proposal?

*For example, statistics, consultation documents, studies, research, customer feedback, briefings, comparative policies etc.*

- Demographic, financial and care package information held by the council obtained from care assessments and financial assessments.
- Benchmarking comparisons with the charging policies of other councils.
- Financial modelling of the impact of the increased charges.
- Current and historic experience of the application of the Council's Adult Social Care charging policy and its impacts on individuals.
- Current and historic consultation on the Adult Social Care charging policy with individuals and the wider community.
- Feedback from a formal 12 week consultation from 23<sup>rd</sup> September 2019 – 15<sup>th</sup> December 2019.

### Are there any gaps in the information you used to assess who would be affected by this proposal?

*If yes, what steps did you take to resolve them?*

N/A – Clients that might be affected by the proposals have been informed and invited to participate in the consultation via letter tailored to their needs.

### Who will be affected by this proposal?

*A proposal may affect everyone in the local authority area / working for the local authority or alternatively it might affect specific groups or communities. Describe:*

- *If the proposal covers all staff/the county, or specific teams/geographical areas;*
- *Which particular employee groups / service user groups would be affected;*
- *If minority/disadvantaged groups would be over/under-represented in affected groups.*

*Consider the following:*

- *What is the significance of the impact on affected persons?*
- *Does the proposal relate to services that have been identified as being important to people with particular protected characteristics / who are rurally isolated or experiencing poverty?*
- *Does the proposal relate to an area with known inequalities?*

## **Equality Impact Assessment For employees and/or communities**

- *Does the proposal relate to the equality objectives set by the Council's Single Equality Strategy?*

Those affected by these proposals are:

- 1) People receiving care who:
  - Are over state pension age and receive care and support services in the community.
  - Receive higher rates of Disability Living Allowance – care component, Personal Independence Payment – daily living component, and Attendance Allowance.
  - Have capital above the funding threshold figure (£23,250), and ask the council to arrange their care for them.
- 2) People whose finances are managed by the Council as DWP corporate appointee.
- 3) These changes might also impact on carers and family members of disabled, older, and vulnerable people receiving care services for which charges are made.

## Equality Impact Assessment For employees and/or communities

### Section 2: Scope of Equality Impact Assessment

Scope of Equality Impact Assessment					
<i>Check the boxes to show which group(s) is/are considered in this assessment. Note: * = protected characteristic under the Equality Act 2010.</i>					
*	Age	<input checked="" type="checkbox"/>	*	Disability	<input checked="" type="checkbox"/>
*	Gender reassignment	<input type="checkbox"/>	*	Marriage and civil partnership	<input type="checkbox"/>
*	Pregnancy and maternity	<input type="checkbox"/>	*	Race	<input type="checkbox"/>
*	Religion or belief (including no belief)	<input type="checkbox"/>	*	Sex	<input type="checkbox"/>
*	Sexual orientation	<input type="checkbox"/>	<del>_____</del>		
	Rural isolation	<input type="checkbox"/>		Poverty	<input type="checkbox"/>

### Section 3: Equality Impact Assessment

***The Equality Act requires us to meet the following duties:***

*Duty of all employers and service providers:*

- *Not to directly discriminate and/or indirectly discriminate against people with protected characteristics.*
- *Not to carry out / allow other specified kinds of discrimination against these groups, including discrimination by association and failing to make reasonable adjustments for disabled people.*
- *Not to allow/support the harassment and/or victimization of people with protected characteristics.*

*Duty of public sector organisations:*

- *To advance equality of opportunity and foster good relations between people with protected characteristics and others.*
- *To eliminate discrimination*

For full details see the [Equality Act 2010](#).

*We will also work to reduce poverty via procurement choices.*

Research, data and/or statistical evidence
<p><i>List evidence sources, research, statistics etc., used. State when this was gathered / dates from. State which potentially affected groups were considered. Append data, evidence or equivalent.</i></p> <ul style="list-style-type: none"> <li>• Demographic, financial and care package information held by the council obtained from care assessments and financial assessments.</li> <li>• Benchmarking comparisons with the charging policies of other councils.</li> <li>• Financial modelling of the impact of the increased charges.</li> <li>• Current and historic experience of the application of the Council's Adult Social Care charging policy and its impacts on individuals.</li> </ul>

## Equality Impact Assessment For employees and/or communities

- Current and historic consultation on the Adult Social Care charging policy with individuals and the wider community.
- Feedback from a formal 12 week consultation from 23<sup>rd</sup> September 2019 – 15<sup>th</sup> December 2019.

### Consultation evidence

*State who was consulted and when (e.g. internal/external people and whether they included members of the affected groups). State which potentially affected groups were considered. Append consultation questions and responses or equivalent.*

### **Consultation responses have been collated, analysed and summarised to be presented to the Council's Adults Committee on 16 January 2020.**

Following consideration of the proposals by the Adults Committee on 12<sup>th</sup> September 2019, an extensive consultation exercise has been undertaken to set out the council's charging proposals, and as part of this, information on the changes has been provided to a number of service users, and a comprehensive range of stakeholders. The consultation exercise undertaken consists of the following:

- Posting of explanatory letters and consultation questionnaires (totaling 3486) to service users (and if applicable their representatives) who might be affected by the proposals (in standard and easy read format).
- Online consultation information and surveys published on the Cambridgeshire County Council website.
- Public meetings at various accessible locations and times - across the county in each district.
- Dedicated email address and telephone number to take feedback/views and respond to/address any pressing concerns from service users about the proposals.
- Engagement with the Council's voluntary and community sector partners and other relevant service user fora.
- Presentations of the proposals to all the Council's Adult Social Care Partnership Boards.

### **Based on consultation evidence or similar, what positive impacts are anticipated from this proposal?**

*This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.*

The Council will align its protected income levels with those set nationally by Government (Department of Health and Social Care – the minimum income guarantee), and the Council's Adult Social Care charging policy will also be more closely aligned and consistent with its neighbour authorities and those that it shares services and borders with.

Additional revenue from care charges will help to ensure that the Council can maintain and extend its adult social care services against a background of increasing demand and significant financial constraints. Additionally it assists the Council in setting a balanced budget which is a legal requirement.

## Equality Impact Assessment For employees and/or communities

To continue to charge people in a fair, reasonable, affordable, consistent and equitable way.

The revised charging policy will help to ensure that Adult Social Care services continue to be accessible to all sections of the local population, including those with fewer financial resources and lower incomes, but will reduce variation by treating service users with high incomes / high capital resources consistently and more equitably.

### **Based on consultation evidence or similar, what negative impacts are anticipated from this proposal?**

*This includes impacts retained from any previous arrangements. Use the evidence you described above to support your answer.*

Concerns raised from the consultation exercise were broadly grouped around the following themes:

- 1) Significant increases in care charges, especially where higher levels of disability benefits are taken into account in the financial assessment, may not be affordable for vulnerable individuals and could have a detrimental effect on their lives and on the lives of their families – potentially placing a greater burden on carers.
- 2) Cambridgeshire's financial assessment service, and in particular the assessment of an individual's disability related expenditure, was regarded as not fit for purpose and needs to be more personalised.

### **How will the process of change be managed?**

*Poorly managed change processes can cause stress / distress, even when the outcome is expected to be an improvement. How will you involve people with protected characteristics / at risk of poverty/isolation in the change process to ensure distress / stress is kept to a minimum? This is particularly important where they may need different or extra support, accessible information etc.*

Clients have been identified through the Council's adult social care IT system (the database application that holds all care clients benefit and financial assessment data). Clients have received letters tailored to their requirements explaining the charging policy proposals and the consultation process – and included was a paper version of the consultation survey for them to complete with a pre-paid envelope. Throughout the consultation there has been a dedicated phone line and e-mail for clients to make contact and receive support through the process.

If approved, it is proposed that the changes will start to be implemented from April 2020 by the application of a more personalised financial assessment taking proper account of an individual's financial circumstances, particularly their disability related expenditure – by home visit if requested. New clients to the service will be subject to the changed charging policy post April 2020 from when their care provision commences, and existing clients will have their financial assessments reviewed on a phased basis throughout the financial year, and any new charge will be effective only from the date that the financial assessment has been undertaken.

## Equality Impact Assessment For employees and/or communities

### How will the impacts during the change process be monitored and improvements made (where required)?

*How will you confirm that the process of change is not leading to excessive stress/distress to people with protected characteristics / at risk of isolation/poverty, compared to other people impacted by the change? What will you do if it is discovered such groups are being less well supported than others?*

- The impact of any charging policy changes will be monitored through the financial assessment process for individuals, and by the monitoring of care activity and uptake from the information reporting capabilities of Cambridgeshire's Adult Social Care service. It will also be monitored via feedback received from individuals affected by these changes.
- Financial assessments will be available face to face in their home for all service users that want it.
- Individual financial assessments will be closely monitored to ensure all relevant personal and financial circumstances are taken into account in the charging assessment and that the policy is applied correctly and fairly and that exceptional circumstances are taken fully and properly into account.
- Awareness of the new charging rules will be raised across all operational staff – as well as highlighting the implications of this and the available discretion in exceptional circumstances. A fast-track pathway will be created to deal quickly with any specific concerns identified as a result of a charge increase.
- Disability related expenditure operational guidance will be refreshed and updated – with close reference to the National Association of Financial Assessment Officers practice guides.
- Requests for financial assessment review / complaints will be monitored closely.
- Clients declining care services because of charges / charge increases will be monitored in terms of individual impacts (and further support/advice will be given if appropriate) and in terms of numbers.

## Equality Impact Assessment For employees and/or communities

### Section 4: Equality Impact Assessment - Action plan

See notes at the end of this form for advice on completing this table.

Details of disproportionate negative impact (e.g. worse treatment / outcomes)	Group(s) affected	Severity of impact (L/M/H)	Action to mitigate impact with reasons / evidence to support this or Justification for retaining negative impact	Who by	When by	Date completed
<p><b>Age</b></p> <p>A greater proportion of care service users in Cambridgeshire are over pension age (c18% of Cambridgeshire's population is aged 65+) but approximately 60% of people receiving care and support funded by the Council are over pension age.</p> <p>Older people are clearly therefore the largest single group of care and support service users as they are more likely to need help with care and support needs as a result of ill-health, frailty, disability and long term conditions and be at risk of physical injury.</p> <p>Older people are also more likely to have accumulated savings and investments in their lifetimes.</p> <p>The proposed changes that may increase care charges for some individuals are therefore more likely to affect older people to a significant extent. Adults under pension age with a range of disabilities and care needs may also be affected by the charging policy changes that are proposed, although numbers will be proportionally much lower than for people over pension age.</p>		H	<p>Clients will receive a 'face-to-face' financial assessment in their homes with a trained member of the Council's Financial Assessment Team in all cases where this is judged to be helpful in undertaking the assessment or where the client requests this. This approach will also be key in determining individual, personal levels of disability related expenditure in the financial assessment. Additional staffing resources will be deployed in delivering this enhanced form of financial assessment. Individuals will be notified of the assessment outcome and the date from when the new charges will apply – which if not previously notified, will be a current or future date.</p> <p>The increase in revenue from these proposed changes will help the council to sustain the delivery of targeted, personalised and effective Adult Social Care services to those with eligible care needs and to fund and provide low level preventive services that help people return home from hospital more quickly and enable them to continue living independently for as long as possible in their own homes.</p>			

## Equality Impact Assessment For employees and/or communities

Details of disproportionate negative impact <i>(e.g. worse treatment / outcomes)</i>	Group(s) affected	Severity of impact <i>(L/M/H)</i>	Action to mitigate impact with reasons / evidence to support this or Justification for retaining negative impact	Who by	When by	Date completed
			Only those who have the means to pay increased charges at an affordable rate will be affected by these changes.			
<p>Disability</p> <p>All people eligible for Adult Social Care support will have some form of disability or impairment affecting their daily living that has been identified within their care assessment.</p> <p>Some people who are disabled and in receipt of Attendance Allowance, Disability Living Allowance (care component), and Personal Independence Payment (daily living component) at the higher rates could be subject to a substantial charge increase, however their charge will still be affordable against nationally set Government standards as their remaining incomes will not fall below minimum protected income levels (collectively known as the Minimum Income Guarantee), and disability related expenditure levels will also be individually/personally considered to mitigate any charge increases where applicable.</p> <p>Around 23% of people receiving care and support funded by Cambridgeshire County Council have been assessed as having a Learning Disability, and</p>		H	<p>Financial assessments are undertaken on an equitable and consistent basis across all client groups, and compared uniformly against national eligibility criteria.</p> <p>Charges apply to all types of care services, irrespective of an individual's level of need, or type / severity of disability – and the financial assessment takes account of a person's finances and their individual level of additional expenditure that is disability related. Those people with a higher level of disability that impacts on their personal expenditure will not therefore be financially disadvantaged by this in the calculation of their charge.</p> <p>It is proposed that the standard disability related expenditure figure used in the financial assessment be increased from £20 to £28 for this client cohort to mitigate the effects of any charge increase.</p>			

## Equality Impact Assessment For employees and/or communities

Details of disproportionate negative impact <i>(e.g. worse treatment / outcomes)</i>	Group(s) affected	Severity of impact <i>(L/M/H)</i>	Action to mitigate impact with reasons / evidence to support this or Justification for retaining negative impact	Who by	When by	Date completed
<p>approximately 8% have been assessed as having a physical disability.</p> <p>Around 40% of the cohort that receive the higher rates of these disability benefits are adults with a learning disability - living with family or with a tenancy in a community setting. Service users with a learning disability are recognised as a socially excluded group with low incomes, and the proposed changes will have an adverse impact on levels of disposable income and potentially their ability to access the community – which could undermine the current strategy of deregistration of residential homes into supported living.</p> <p>Increased care charges could also impact on carers and family members where the service user’s income is included in the family budget.</p>			<p>The increase in revenue from these proposed changes will help the council to sustain the delivery of targeted, personalised and effective Adult Social Care services to those with eligible care needs and to fund and provide low level preventive services that help people return home from hospital more quickly and enable them to continue living independently for as long as possible in their own homes.</p> <p>Clients will receive a ‘face-to-face’ financial assessment in their homes with a trained member of the Council’s Financial Assessment Team in all cases where this is judged to be helpful in undertaking the assessment or where the client requests this. Plans for the provision of additional financial assessment staffing resources are being drawn up to provide a more personalised assessment, particularly to undertake more detailed disability related expenditure assessments. Clients will be notified of the assessment outcome and the date from when the new charges will apply – which if not previously notified, will be a current or future date.</p>			

## Equality Impact Assessment For employees and/or communities

### Section 5: Approval

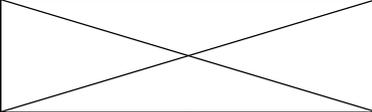
<b>Name of person who completed this EIA:</b>		<b>Name of person who approves this EIA:</b>	
<b>Signature:</b>		<b>Signature:</b>	
<b>Job title:</b>		<b>Job title:</b> <i>Must be Head of Service (or equivalent) or higher, and at least one level higher than officer completing EIA.</i>	
<b>Date:</b>		<b>Date:</b>	

### ***Guidance on completing the Action Plan***

*If our EIA shows that people with protected characteristics and/or those at risk of isolation/poverty will be negatively affected more than other people by this proposal, complete this action plan to identify what we will do to prevent/mitigate this.*

### **Severity of impact**

*To rate severity of impact, follow the column from the top and row from the side and the impact level is where they meet.*

		Severity of impact				Priority and response based on impact rating		
		Minor	Moderate	Serious	Major	High	Medium	Low
	<b>Inevitable</b>	<b>M</b>	<b>H</b>	<b>H</b>	<b>H</b>	<i>Amend design, methodology etc.</i>	<i>Introduce measures to</i>	<i>Impact may be acceptable</i>

## Equality Impact Assessment For employees and/or communities

<b>Likelihood of impact</b>	<b>More than likely</b>	<b>M</b>	<b>M</b>	<b>H</b>	<b>H</b>	<i>and do not start or continue work until relevant control measures are in place. Or justify retaining high impact</i>	<i>control/reduce impact. Ensure control measures are in use and working. Or justify retaining medium impact</i>	<i>without changes or lower priority action required. Or justify retaining low impact</i>
	<b>Less than likely</b>	<b>L</b>	<b>M</b>	<b>M</b>	<b>H</b>			
	<b>Unlikely</b>	<b>L</b>	<b>L</b>	<b>M</b>	<b>M</b>			

**Actions to mitigate impact will meet the following standards:**

- Where the Equality Act applies: achieve legal compliance or better, unless justifiable.
- Where the Equality Act does not apply: remove / reduce impact to an acceptably low level.

**Justification of retaining negative impact to groups with protected characteristics:**

*There will be some situations where it is justifiable to treat protected groups less favourably. Where retaining a negative impact to a protected group is justifiable, give details of the justification for this. For example, if employees have to be clean shaven to safely use safety face masks, this will have a negative impact on people who have a beard for religious reason e.g. Sikhism. The impact is justifiable because a beard makes the mask less effective, impacting the person's safety. You should still reduce impact from a higher to a lower level if possible, e.g. allocating work tasks to avoid Sikhs doing tasks requiring face masks if this is possible instead of not employing Sikhs.*



**PROCUREMENT OF CARE AND SUPPORT SERVICES IN EXTRA CARE SCHEMES – JUBILEE COURT, PARK VIEW, NICHOLS COURT AND DODDINGTON COURT.**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

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

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

*Forward Plan ref:* **2020/014**                      *Key decision:* **Yes**

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

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

- a) **Agree to tender the care and support services in the following extra care schemes:**
  - (i) **Jubilee Court**
  - (ii) **Park View**
  - (iii) **Nichols Court**
  - (iv) **Doddington Court.**
  
- b) **Delegate award of the contracts to the Executive Director for People and Communities for decision.**

<b><i>Officer contact:</i></b>	<b><i>Member contacts:</i></b>
Name: Lynne O'Brien Post: Commissioner Email: <a href="mailto:Lynne.o'brien@cambridgeshire.gov.uk">Lynne.o'brien@cambridgeshire.gov.uk</a>	Names: Cllr Anna Bailey / Cllr M Howell Post: Chair / Vice Chair Email: <a href="mailto:Anna.bailey@cambridgeshire.gov.uk">Anna.bailey@cambridgeshire.gov.uk</a> <a href="mailto:Mark.howell@cambridgeshire.gov.uk">Mark.howell@cambridgeshire.gov.uk</a>
Tel: 01223 507142	Tel: 01223 706398

## **1.0 BACKGROUND**

- 1.1 Extra care housing schemes are specialist housing schemes for older people that have been specifically designed to maximise independence. All tenants have their own apartment with a front door and yet also benefit from the availability of the 24/7 onsite care and support service. The supportive environment in extra care enables older people to live independently for longer. It is an important aspect of the prevention agenda as people's health and wellbeing is maintained thereby delaying or preventing the use of residential care. Two case studies are attached in Appendix A.
- 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 daytime hours, more than one member of staff will be available to provide care and one person available overnight. Any additional hours above the daytime core of 140 are dependent upon the assessed care needs of the tenants.
- 2.2 It is proposed that contracts for care and support in the following four services – Jubilee Court, Park View, Nichols Court and Doddington Court are tendered at the same time thereby reducing overall procurement costs.

## **3.0 JUBILEE COURT**

- 3.1 Jubilee Court is a purpose built extra scheme and is located in March and has 36 self-contained flats. The scheme is conveniently located near the centre of March with access to local facilities and shops.
- 3.2 The contract value for the core care service of 203 hours and support is £191,851 per annum. The current contract expires on 28 July 2020.

## **4.0 PARK VIEW**

- 4.1 Park View in Huntingdon was opened in 2011 and is a purpose built extra care scheme. The scheme comprises 29 one bedroom flats and 5 two bedroom leasehold flats and is located near to local shops and a GP surgery.
- 4.2 The contract value for the core care service of 203 hours and support is

£160,052 per annum. The current contract expires on 28 July 2020.

## **5.0 NICHOLS COURT**

5.1 Nichols Court is located in Linton in South Cambridgeshire and was opened in 2010. The scheme has a total of 40 flats and has a range of communal facilities.

5.2 The contract value for the core care service of 203 hours and support is £197,490 per annum. The current contract expires on 28 July 2020.

## **6.0 DODDINGTON COURT**

6.1 Doddington Court was opened in January 2013 and is adjacent to Doddington Community Hospital. The extra care scheme has 50 flats and a range of communal facilities. In addition, there are 9 reablement flats used for people who no longer require acute care in hospital but would benefit from a period of ongoing targeted, social care intervention. This also supports a reduction in delayed transfers of care from hospital.

6.2 The contract value for the core care service of 266 hours and support is £229,775 per annum. The current contract expires on 28 July 2020. The reablement beds are currently funded separately via the Improved Better Care Fund (iBCF) and the funding is currently £168,000 per annum.

## **7.0 RECOMMENDATION**

7.1 It is recommended that the Council re-commissions the care and support contracts for 3 years with an option to extend for a further year.

## **8. ALIGNMENT WITH CORPORATE PRIORITIES**

### **8.1 A good quality of life for everyone**

The report above sets out the implications for this priority in paragraphs 1.1. and 1.2.

### **8.2 Thriving places for people to live**

There are no significant implications for this priority.

### **8.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority.

## **9. SIGNIFICANT IMPLICATIONS**

### **9.1 Resource Implications**

The contract provides a flexible arrangement regarding the provision of care and usually there are a healthy number of responses to extra care tenders which

ensures they are secured at a competitive rate.

**9.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

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

**9.3 Statutory, Legal and Risk Implications**

There are no significant implications within this category.

**9.4 Equality and Diversity Implications**

There are no significant implications within this category.

**9.5 Engagement and Communications Implications**

There are no significant implications within this category.

**9.6 Localism and Local Member Involvement**

There are no significant implications within this category.

**9.7 Public Health Implications**

There is an evidence base that suggests that extra care housing improves health and wellbeing 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: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus De Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any engagement and communication implications been cleared</b>	Yes Name of Officer: Matthew Hall

<b>by Communications?</b>	
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
N/A	

### Case study one

Mrs X came to Nichols Court in 2018. She suffered with Chronic obstructive pulmonary disease (COPD) and lung cancer. When she moved to the scheme she self-medicated and used inhalers. As time progressed her condition deteriorated with frequent admissions to Addenbrookes. Her illness was terminal but she wanted to stay at home as she felt that she could not be treated in hospital to improve her condition.

The care provider liaised with Arthur Rank, Macmillan Nurses and the District Nurses and with frequent visits from the GP managed to put together an End of Life plan so that she could remain at Nichols Court. This alleviated the need for her to go to a nursing home or hospital which would have caused her a great deal of stress. BOC installed an oxygen concentrator allowing her to have 24/7 oxygen due to her increasing needs. The care provider arranged for a profile bed with pressure relieving mattress to be delivered, Etac slide sheets were installed so she could be moved easily for bed care to be delivered and a commode so she could be nursed in her bedroom with all her familiar belongings around her which gave her great comfort.

Her care was increased and the care provider liaised with continuing care who assessed her eligibility. Mrs X always wore her lifeline pendant and her bed was positioned near the pull cord in her bedroom so she could call in an emergency. As her needs increased the care provider was able to contact all professionals to attend as and when required.

District nurses eventually administered her end of life medication enabling her to die at home with peace and dignity with her family around her. Her daughter lived in Greece so the care provider was able to accommodate her in the guest suite in the extra care scheme when she came over for the last couple of weeks. Mrs X and her family were grateful that care staff were on hand 24/7 who knew her and this gave them all great re-assurance.

### Case study two

Mr B has been diagnosed with a severe form of Parkinson's. To improve / maintain his quality of life and decrease the side effects of the Parkinson's Mr B was prescribed medication which needed to be taken 7 times daily. If Mr B had not been living in an extra care scheme, this would have resulted in a large care package. The care provider contacted the CCC Technology Enabled Care Team who worked closely with Mr B to promote his independence. The care provider also worked alongside the pharmacy and arranged for Mr B to have Pivotell boxes made up on a weekly basis.

A Pivotell Automatic Pill dispenser is widely used as part of a care package to enable the person to remain independent with their medication. This box is fitted with an alarm system to remind the person when their medication is due and the box will open the correct medication at the correct times. These are pharmacy filled boxes.

This enabled Mr B to remain living in an extra care scheme with his current care package of 3 calls per day and promoted his independence as he was able to administer his own medication at the correct times and 7 times daily. This also reduced any funding costs of calls not required 7 times daily.

**OLDER PEOPLE'S ACCOMMODATION APPROACH AND RE-TENDER OF  
CURRENT BLOCK CONTRACT RESIDENTIAL AND NURSING CARE**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

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

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

*[The My Cambridgeshire representation map on the web may help:*

*<http://my.cambridgeshire.gov.uk/myCambridgeshire.aspx>]*

*Forward Plan ref:* **2020/005**                      *Key decision:*      **Yes**

*Purpose:*                      **To approve the Older People's Accommodation Commissioning Approach and to approve the re-tender current Residential and Nursing block contracts**

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

- a) Approve the Cambridgeshire Older People's Accommodation Approach.**
- b) Approve the re-tender of the current Residential and Nursing block contracts.**
- c) Delegate authority of the award of contract(s) to the Executive Director of People and Communities.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Adam Thorp</b>	Names:	Councillor Bailey
Post:	Commissioner	Post:	Chair
Email:	Adam.Thorp@cambridgeshire.gov.uk	Email:	<a href="mailto:Anna.bailey@cambridgeshire.gov.uk">Anna.bailey@cambridgeshire.gov.uk</a>
Tel:	07791 291411	Tel:	01223 706398

## **1. BACKGROUND**

### **1.1 Older People's Accommodation Approach**

In 2016 the first Cambridgeshire Older People's Accommodation Strategy was launched, this set out the key pressures and challenges in the older people's accommodation system and highlighted our approach to combat these.

In the last four years the council has successfully supported people to remain independent at home and therefore the number of residential and nursing placements made has fallen rather than risen as previously predicted. However, the cost of placements has continued to increase and this has been at an unsustainable level. This tells us that there is still a shortage of affordable capacity for local authority funded residents.

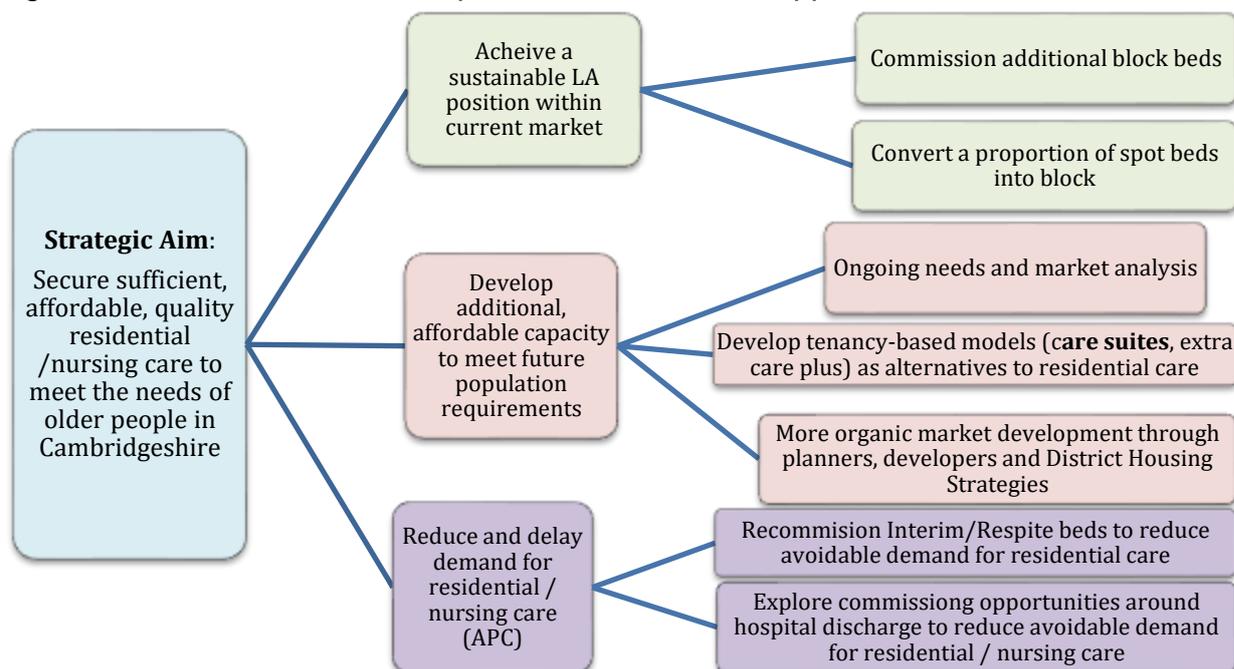
As a result of the changing picture over the last 4 years, the Commissioning Directorate has produced a revitalised and refreshed Cambridgeshire older people's accommodation approach. This is an approach that will be regularly reviewed and adapted as result of any major changes including:

- A shift in market dynamics
- An increase in affordable capacity
- Government Legislation
- Changing levels and types of need

The overarching aim of the older people's accommodation approach is to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community. This strategic aim underpins all commissioning activity being undertaken.

Commissioners are seeking to achieve the above aim through a multi-faceted approach which will enable us to gain control of the local market. This will include reducing demand for residential care, better market management and development of alternative delivery models such as 'care suites' and 'extra care plus'. This approach is illustrated below.

Figure 1: Overview of Older People's Accommodation Approach



A key factor in achieving sustainable local authority provision is reducing our reliance on spot purchased care home provision and instead, issuing more cost effective block contracts. As set out in the paper to Adults Committee on 12<sup>th</sup> September 2019, the rationale behind this approach is clear:

1. Market prices for older people's placements have been increasing (particularly amongst spot purchased beds) and are projected to increase further in the next 5 years
2. The council has a 75:25 ratio of spot purchased to block purchased care home provision and therefore a high exposure to non-controllable market forces
3. The majority of spot placements are below current market rates and, if replaced at those rates, will present a significant cost pressure to the council.

In addition to reducing the council's reliance on spot purchased care, a multi-faceted approach is required to achieve the overarching aims. Further activity as set out in the older people's accommodation approach includes:

- a. Securing and adding to existing Care Home Capacity
- b. Re-assessment of local need to inform long term capacity requirements
- c. Ongoing Market Engagement
- d. Piloting alternative service delivery models
- e. Delivery of Care Suites
- f. Review and refine commissioning intentions

A detailed breakdown of this activity is highlighted in Appendix 1 – Draft Cambridgeshire Older People's Accommodation Approach

## 1.2 Work Completed to Date

The following tender activity has been completed, achieving increased, affordable care home capacity for the council:

<b>Commissioning Activity</b>	<b>Additional Bed Capacity</b>	<b>Timescales</b>
Extension of current block contracts	39 beds	Delivered Autumn 2018
Tender for additional block residential dementia, nursing and nursing dementia beds. Resulting in 18 additional block bed provisions.	18 beds	Delivered summer 2019
Renegotiation and extension to the current block contracts enabling commissioners to convert spot capacity to block	13 beds	Delivered summer 2019

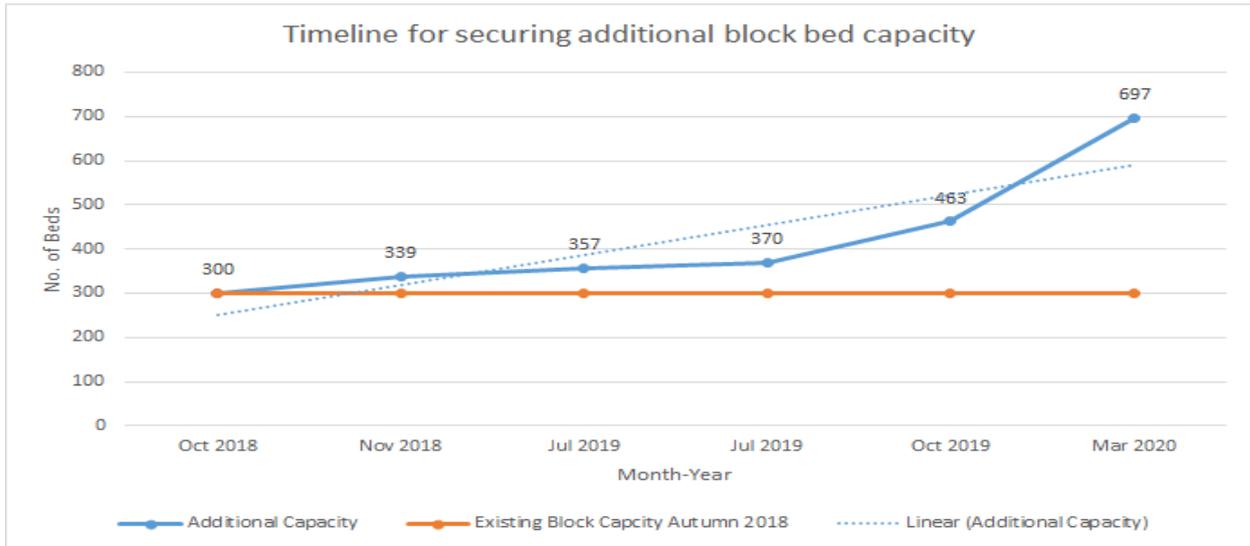
So since summer 2018, a total of 52 new block beds have been added taking the net figure from 321 block beds to 373. This will increase to a total of 391 beds following completion of the 18 beds highlighted in the table above.

## 1.3 Current Tender Activity

On 12<sup>th</sup> September 2019, Adults Committee approved the commissioning of 103 new block beds and 234 block beds to reduce reliance on spot purchasing. This recommendation was set out in the 'Care Home Development WS2 Recommendation'. These tenders are currently live and are summarised in the table below:

<b>Commissioning Activity</b>	<b>Additional Bed Capacity</b>	<b>Timescales</b>
Tender to achieve new, affordable capacity	103 beds included in tender	Contracts to be awarded in March 2020
Tender to reduce reliance on spot purchasing	234 beds included in tender	Contracts to be awarded in March 2020

The graph below details the overall capacity increase achieved and anticipated to achieve following current tender activity:



## 2. MAIN ISSUES

### 2.1 Current Residential and Nursing Block Bed Capacity

In addition to the current tendering activity described in section 1.3, Cambridgeshire County Council has a number of existing block contracts across 23 care homes in the county, totalling 373 residential and nursing beds. These block beds were originally commissioned in 2016 for 3 years and were extended in 2019 for a further two years, bringing the contract end date to 31<sup>st</sup> July 2021.

### 2.2 Residential and Nursing Block Bed Re-tender

As set out in the discussed Cambridgeshire Older People’s Accommodation Approach, in order for the council to have a clear picture of the capacity and cost of residential and nursing care for the next 5-15 years, it is recommended that the council begins the re-commissioning exercise of existing block bed provision (which are due to expire in July 2021) in April 2020. This will ensure the outcome of the live tender to deliver 103 new block beds and 234 block beds to reduce spot purchasing is known.

By concluding the recommissioning of all block bed provision by autumn 2020, the council will have a clear understanding of its block contract provision for the next 5-15 years. Paired with a refreshed need and market analysis, the LA will have a clear picture of any outstanding and future affordable capacity requirements to inform subsequent commissioning activities. Carrying out this work will give the council greater visibility and control of the cost pressures in the residential and nursing care market

A brief timeline of the activity required is below:

Activity	Timescales
Cambridgeshire Older People’s Accommodation Needs Assessment	December 2019 – February 2020
Cambridgeshire Care Homes Market Analysis	December 2019 – February 2020

Residential and Nursing Block Contract Tender	April 2020 – June 2020
Tender Evaluation and Moderation	June 2020
Contract Award	June 2020 – July 2020

### 2.3 **Contract Length**

In order to achieve greater affordability and sustainability for the council and care home providers, it is recommended that a total possible contract term of 15 years to be included in the tender. This would comprise of an initial term of 5 years followed by discretionary extension periods of 5+2+2+1 years.

### 2.4 **Ensuring High Quality Services**

To ensure the Council only block contracts high quality provision, the tender exercise will include a series of quality award questions for providers that will be evaluated and scored by a panel of officers including representation from social care services, commissioning, contract management and finance.

Furthermore, it is recommended that care homes can only progress to the quality award stage of the tender process if they have a current Care Quality Commission (CQC) of 'Good' and 'Outstanding'.

The council will reserve the right to not award a contract to a home if the CQC Rating falls below 'Good' following the submission of a tender bid and prior to the contract award date.

### 2.5 **Financial Sustainability**

Annual funding of current block residential and nursing care contracts is £11,998,432.82.

As detailed in the 'Care Home Development WS2 Recommendation' paper at 12<sup>th</sup> September 2019 Adults Committee, the rationale for increasing block contracted provision is due to significant forecasted spot increases.

If the council is not able to secure ongoing block contract capacity, costs will increase dramatically due to projected cost increases in spot purchased care home provision.

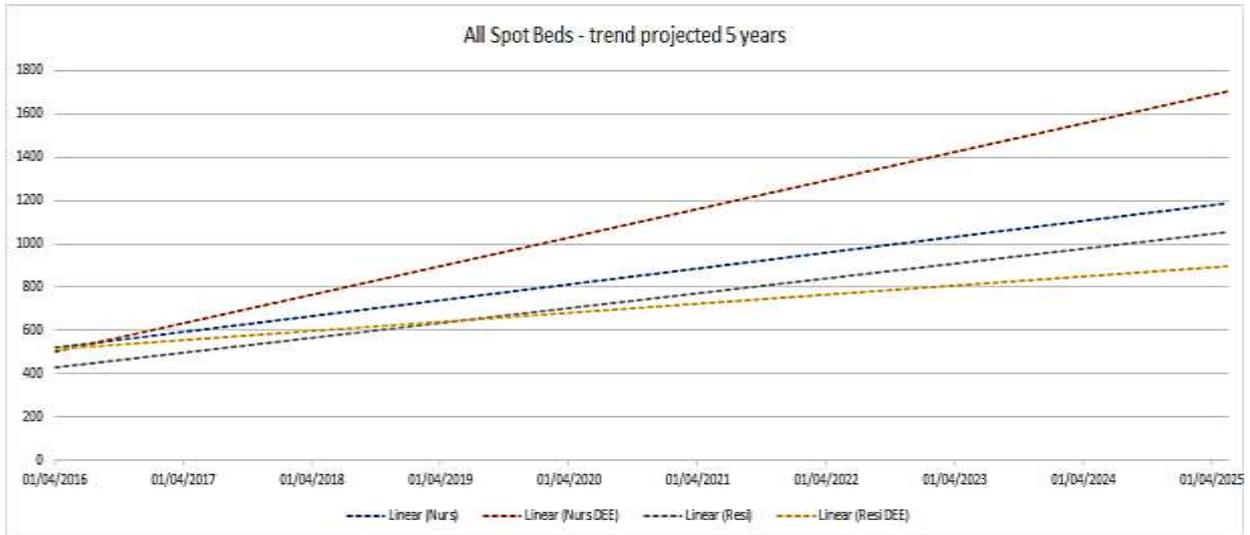
The table below details the percentage increase in the cost of care projected to 2024 based on 2016-19 market increases. It shows significant increases in the cost of all bed types.

Figure 2: Projection of average weekly spot purchased rates 2018-24 (based on 2016-19 market trends) \*

	Residential	Residential Dementia	Nursing	Nursing Dementia
2024 Projected Weekly Rate	£979.64	£849.15	£1,105.76	£1,556.57
<b>2018 - 2024 % Increases</b>	<b>65%</b>	<b>39%</b>	<b>55%</b>	<b>93%</b>

Source: LGSS Finance, Cambridgeshire County Council

The graph below shows the trend in increasing spot purchasing rates split by care type between 1<sup>st</sup> April 2016 to 1<sup>st</sup> April 2025



Re-commissioning current block care home capacity will mitigate against the risk of increasing costs relating to spot purchased provision.

Via the tender process, we will ensure the ongoing cost of block contract provision is at a financially sustainable level to the council and offers a cost avoidance when compared to spot purchasing.

### 3. ALIGNMENT WITH CORPORATE PRIORITIES

#### 3.1 A good quality of life for everyone

Re-commissioning existing care home provision will enable the Council to provide individuals with more choice and control over arrangements to meet their long term ongoing needs within high quality settings.

#### 3.2 Thriving places for people to live

Ensuring block contract capacity in the care home market will secure employment for local care workers

#### 3.3 The best start for Cambridgeshire’s Children

There are no significant implications for this priority.

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

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

Significant resource implications set out in sections 2.5

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

Significant implications relating to this category are set out in section 2.2-2.3

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

*There are no significant implications in this category*

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

*There are no significant implications in this category*

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

*There are no significant implications in this category*

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

*There are no significant implications in this category*

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

*There are no significant implications in this category*

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus De Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: 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 Name of Officer: Tess Campbell

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

# APPENDIX 1:

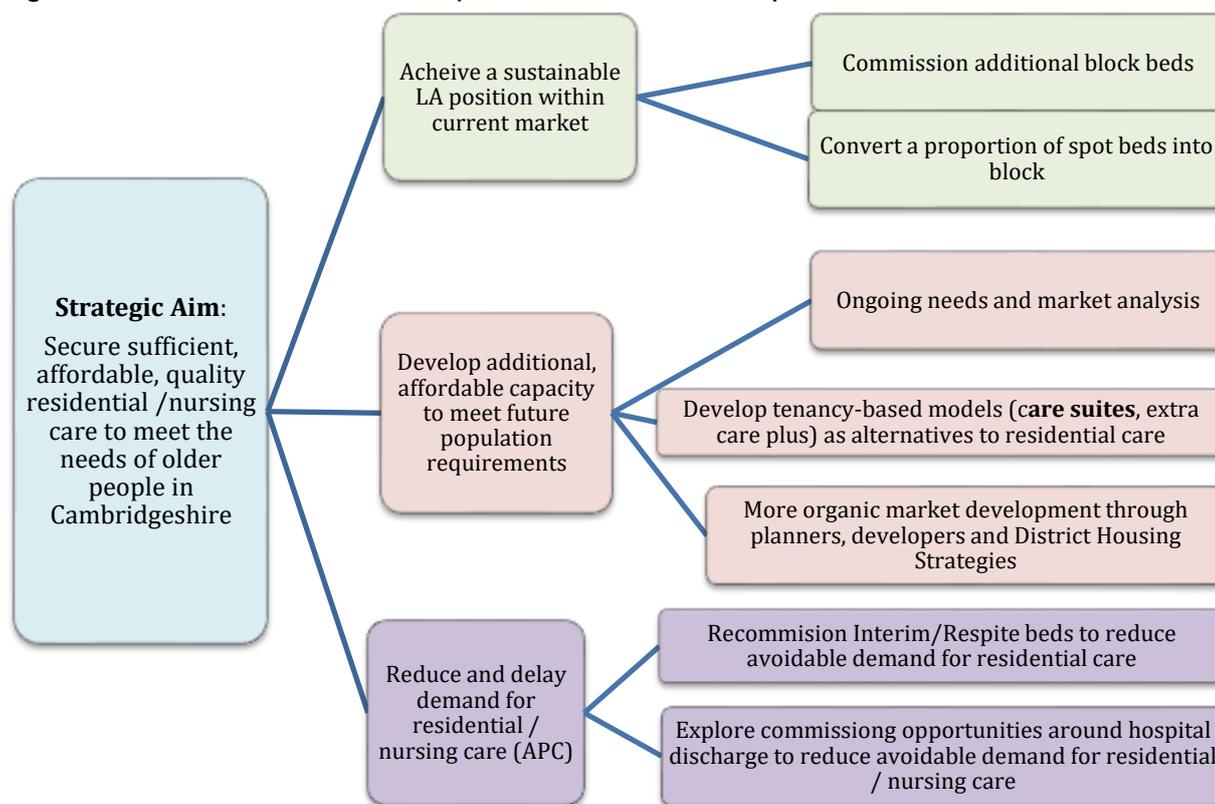
## DRAFT - Cambridgeshire Older People's Accommodation Approach

January 2020

### 1. Background

The overarching aim of the Older People's Accommodation Approach is **to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community**. This strategic aim underpins all commissioning activity being undertaken. We are seeking to achieve the above through a multi-faceted plan which will help us gain more control of the local market. This includes reducing demand for residential care, better market management and development of alternative delivery models such as 'care suites' and 'extra care plus'. This plan and approach is illustrated below.

Figure 1: Overview of Older People's Accommodation plan



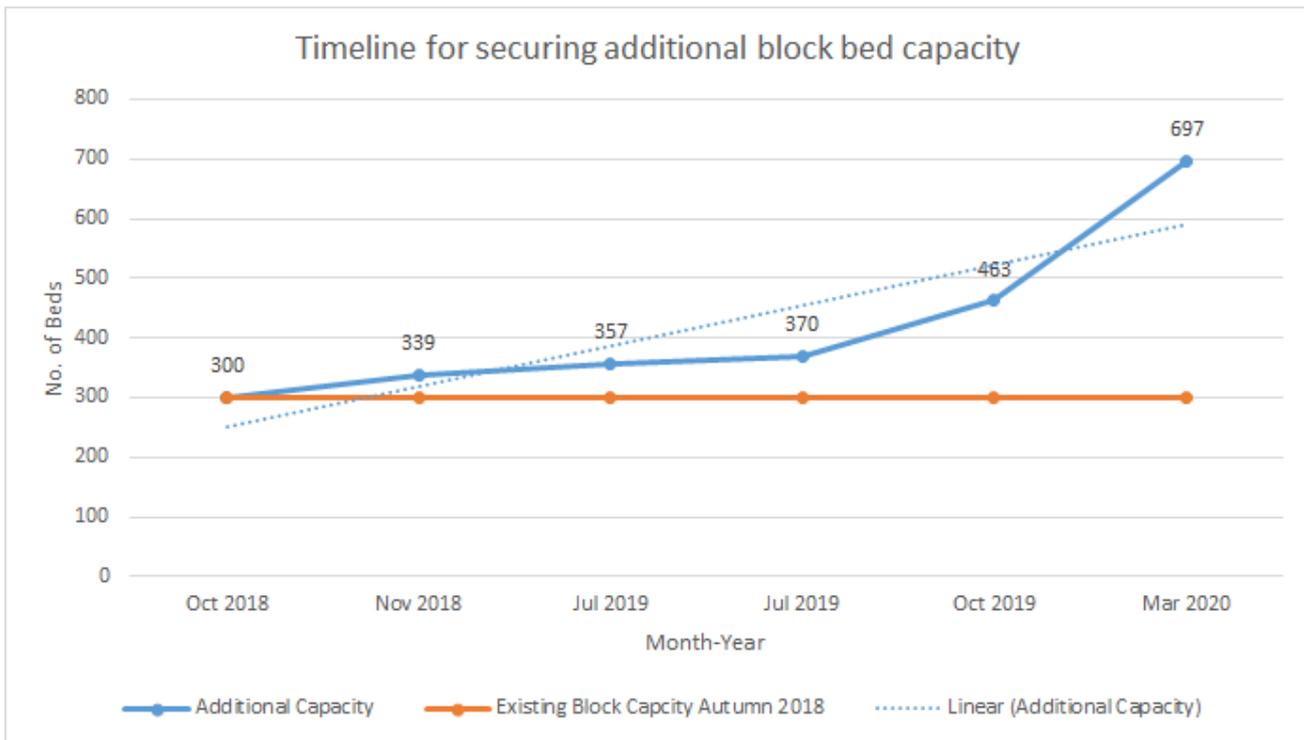
Shortage of supply is often assumed to be the main cause of increasing costs of care, but the evidence doesn't fully support this. Market capacity has grown organically since 2016 and data gathered weekly on vacancies indicates there is available capacity in the market. The latest data also suggests the number of people requiring LA funded residential/nursing care has not risen as predicted. Together, these two facts suggest that the shortages in capacity originally forecasted by the Care Homes Development Programme in 2016 may not be as acute as initially thought.

As a result, the LA's strategic commissioning intentions set in 2016 via the Care Home Development Programme are in need of refinement. Progressing procurement of a strategic partner to build 4-5 care homes risks committing the local authority to develop more capacity than

may be needed in a number of high cost ventures. Instead, it is recommended to take a more prudent approach of obtaining additional capacity from the market on an incremental basis. This includes working more closely with the market to stimulate the development of new affordable provision. Work to do this has already commenced, and the plan outlined below is has and is expected to have the following impact:

<b>Commissioning Activity</b>	<b>Additional Block Capacity</b>	<b>Timescales</b>
Extension of current block contracts	39 beds	Delivered Autumn 2018
Tender for additional block residential dementia, nursing and nursing dementia beds.	18 beds	Delivered summer 2019
Renegotiation and extension to the current block contracts enabling commissioners to convert spot capacity to block	13 beds	Delivered summer 2019
Tender exercise for the remaining 93 block beds and conversion of 30% of spot beds into block beds to rebalance the ratio of block to spot giving the LA more control of the market.	93 beds 234 beds (spot to block)	Tender Launch: October 2019 Capacity delivered from March 2020
Re-tender of existing block contract due to end in 2021. Whilst this will not add additional capacity, it will enable commissioners to secure existing capacity and mitigate against the risk of any cost pressures likely to surface in 2021, again giving the LA greater control of the market.	0	Tender Launch: March 2020 Capacity secured: July 2020
<b>Total additional beds</b>	<b>397</b>	<b>Anticipated by March 2020</b>

The forecast trajectory for increased capacity is displayed within the graph below:



In addition, we have also been working to extend the use of extra care so delaying the need for care home placements and engaging with the market to promote increase development of care home provision over time. This approach enables the LA to maximise market control, add capacity and manage rising cost pressures within the shortest timescales. It is recommended that if these actions (and those to delay and divert demand) do not yield sufficient affordable capacity, then the LA considers commissioning future care facilities based on alternative tenancy-based models on an individual basis according to the specific needs and market situation in a given geographical area.

The following provides a high level plan, setting out recommendations to achieve sufficient, affordable and quality residential and nursing care for older people.

Please note the Older People’s Accommodation Approach is separate and distinct from potential commercial opportunities to develop retirement living and/or residential care provision on LA land.

The Older People’s Accommodation Approach will be reviewed regularly in order to adapt to any major changes across the system and will therefore be a live, dynamic approach.

## 2. Recommendations for delivering sufficient, affordable and quality residential/nursing care

A detailed plan setting out the steps needed to secure sufficient, affordable and quality residential/nursing care for older people can be found in the Gantt chart at the end of the report. A summary overview is provided below

### a.) Securing and adding to existing Care Home Capacity

As summarised above, it is recommended that before any land acquisition or procurements to design and build new care facilities are undertaken, it is essential to (i) recommission the LA’s block bed provision and (ii) convert a proportion of spot purchased placements into block bed contracts. These actions intend to:

- obtain additional affordable capacity in terms of the bed types and locations the LA is currently short of in its existing block bed contracts
- reduce the high level of spot purchasing to reduce LA exposure to market forces and hedge forward against potential pressure arising from the increasing costs of spot purchased care (estimated to be in the region of £4-5 million if no corrective action is taken)
- confirm the LA's block bed provision and cost for the next 15+ years

This involves a series of procurement exercises several of which are already underway, with a completion date of Autumn 2020. By procuring beds on a longer term basis at a rate the market deems to be a fair cost of care, the LA may be able to acquire most of its affordable capacity requirements for the next 5 years without requiring capital investment to build care provision.

#### ***b.) Re-assessment of local need to inform long term capacity requirements***

There is a need to reassess the LA affordable capacity needs for the medium-long term. This requires a refreshed needs analysis and robust understanding of the local market, including potential care homes and extra care developments in planning by developers. This work can be commenced alongside the block bed recommissioning, to be finalised in Autumn 2020 once the outcomes of the block bed procurements are known.

#### ***c.) Ongoing Market Engagement***

Commissioners continue to engage with and stimulate development of additional capacity throughout this process.

By making links with existing providers and potential developers it may be possible to stimulate development of the LA's future affordable capacity requirements through organic growth in the market (again without requiring LA capital investment to build its own care provision).

There is ongoing market engagement to understand the market's appetite and preferences in developing affordable capacity for the LA in the medium to long term. This will shape the business model and approach to land acquisition taken by the LA going forward in its subsequent commissioning activities. The market preferences are to build and own the asset alongside care provision.

These activities can run concurrently with the block bed procurements with a target completion date of March 2020.

#### ***d.) Piloting alternative service delivery models***

We will continue to develop, test and refine potential alternative delivery models alongside the work outlined above.

Extra Care Plus is a local concept in which additional night care hours are commissioned to enable individuals with more complex needs to remain living in their Extra Care tenancy rather than transferring to residential care or nursing care. An initial pilot of Extra Care Plus is underway in one setting and will be permanently commissioned across two schemes during an imminent retender, going live in April 2020. A review will be conducted after 6 months, reporting findings by

December 2020. Should the pilot deliver the intended impact on spend and outcomes commissioners will seek to embed it across all Extra Care contracts by 2022.

Development of the LA's first care suite is currently underway; it is an adaption of a Care Suite model operated in Kent and will be based upon a LA block contract rather than targeting self-funders as in the Kent model. This innovation requires detailed development. There are a number of challenges still to be overcome to operationalise the concept with minimal risk to the council. For example, financial feasibility of the model is contingent on support from District Councils (unlike the Kent model). Housing Benefit determinations from District Councils are in the process of being obtained.

Following the first care suite becoming operational which is expected by April 2021, a period of review and refinement will follow (approximately 6 months until November 2021) to ensure the concept can be operationalised successfully and deliver the efficiencies and quality of care required. Learning from this initial care suite will inform subsequent commissioning intentions for future capacity.

#### **e.) *Delivery of Care Suites***

Again, concurrent to all of the work above, the Commissioning Directorate is working with Strategic Assets to scope potential land sites in areas most likely to require significant increases in capacity to meet future need during November and December 2019. This means that should the commissioning exercises completed above not deliver against future demand, there is a plan in place to mitigate against the impact of this. Early indications suggest this may be South Cambridgeshire and East Cambridgeshire for a mixture of nursing, dementia and residential care although this will be confirmed by the refreshed needs and market analysis undertaken in the New Year and finalised in Autumn 2020 upon conclusion of the block bed procurements.

#### **f.) *Review and refine commissioning intentions***

Autumn 2020 will be the critical point in which information and learning from all the activities described will be pulled together and reviewed. With additional and existing block bed provision secured for 15+ years, a refreshed need and market analysis, feedback from market engagement and potential developers and learning from the piloting of Care Suites and Extra Care Plus the LA will have a clear understanding of any outstanding and future affordable capacity requirements to inform subsequent commissioning activities along with indications of the feasibility of alternative delivery models.

It will be at this point during autumn 2020 that a set of commissioning recommendations for extra care and residential /nursing care will be developed to address any shortfalls in affordable capacity and develop a pipeline of future supply to meet population growth. The specific provision to be commissioned will be dependent upon need, market feedback and learning from the pilots.

Any subsequent procurements could commence by Winter 2020 at the earliest and, assuming a 175 day standard tender timeframe, award by Summer 2021. Intelligence gathered from the market has indicated that the process of planning for a new development is likely to take around 12-18 months, with the civil site work and build taking a further year. The likely timeframe for any associated design and build of new care facilities is around 3-4 years depending on the site availability and planning permissions.

As previously stated, review of this approach will be ongoing and the approach will be adapted as a result of any major changes in the system.

### **3. Conclusions**

We are seeking to secure sufficient, affordable and quality residential / nursing care to meet the needs of the local community via a multi-faceted approach. To date, the LA has had success in bringing additional capacity online and work continues to delivery this and increase market control in the shortest timescales possible.

Recommissioning and establishing the LA's block bed provision for the next 15+ years and reducing the proportion of spot purchased beds by June 2020 is the first priority. Alongside, commissioners will pilot the first LA block contracted care suite model as an alternative to residential/nursing care by January 2020, becoming operational by April 2021. Refinement and expansion of Extra Care Plus will also be pursued as an alternative to residential/nursing care. This approach will allow us to effectively test and refine both alternative service delivery models enabling the LA to maximise benefits and minimise risk.

Work to re-quantify the LA's future affordable capacity needs based on the most up to date intelligence gathered will be undertaken, along with market engagement and analysis. Initial scoping of potential sites for development has already commenced to reduce delays in any subsequent procurement should the building of new care facilities be required.

A review of findings will be undertaken and a set of commissioning intentions based on robust evidence and analysis will be developed in autumn 2020 in order to create a pipeline of future affordable, quality capacity.



**EAST CAMBRIDGESHIRE ADULT SOCIAL CARE SERVICE DEVELOPMENT**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

*From:* **Service Director: Commissioning**

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

*Forward Plan ref:* **2020/024**      *Key decision:* **Yes**

*Purpose:* **To request approval for the development of a specialist Supported Living Service for People with Learning Disabilities and/or Autism in East Cambridgeshire**

*Recommendation:* **The Committee is asked to approve the development of the service.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Amanda Roach</b>	Names:	Councillor Bailey
Post:	Commissioner – LD & Autism	Post:	Chair
Email:	Amanda.roach@cambridgeshire.gov.uk	Email:	<a href="mailto:Anna.bailey@cambridgeshire.gov.uk">Anna.bailey@cambridgeshire.gov.uk</a>
Tel:	07467 339208	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 This report outlines a development to provide a much needed Supported Living Service in East Cambridgeshire for people with learning disabilities and autism who have complex needs.

In response to Winterbourne View and the subsequent investigations and learning, the Transforming Care Program was put in place by the Department of Health, with the aim to improve health and care services so that more people can live in the community, with the right support, and close to home.

The proposed development of a specialist service is part of a broader strategy to build capacity in Cambridgeshire to enable Cambridgeshire County Council to repatriate people with Learning Disabilities and/or Autism from Out Of Area (OOA) provision, and provide suitable provision within County for young people moving into adulthood.

The proposal is to use County Council land and capital funds from both NHS England and the County Council to build six units of accommodation that meet the needs of service users with complex environmental requirements. The building and land will be leased to a Registered Housing Provider who will issue tenancies and provide specialist housing support, and the care and support will be commissioned from a Provider who has proven expertise and experience in supporting adults with complex needs. The support provider will provide twenty four hour support for the service users who will have complex learning disabilities and/or autism.

## **2. MAIN ISSUES**

- 2.1 Cambridgeshire County Council has limited provision in county that can meet the needs of adults with complex learning disabilities and/or autism with specific support and environmental needs.

This has led to Service Users being placed in specialist provisions out of county which does not support maintaining their local links with families and communities. Transforming Care Partnerships have been directed to ensure that where at all possible, Local Authorities develop local provisions for service users who have complex needs.

A number of individuals who are currently placed out of county would benefit from this new service and the specification of the building and support will be such that other service users who are currently in Specialist Commissioned placements could be supported to move here. Additionally, there are a number of young people who are currently out of county in Residential Education placements who will require specialist adult services and who will benefit from the development of this service.

One of the adults who would be considered for this new development has particular links with East Cambridgeshire which focused the development to this district.

2.2 Commissioners have looked at how Complex Service Users needs could be met and as part of this and have considered the following opportunities:

- Whether there is any current provision that could be adapted to support complex environmental requirements.
  - None were considered to be suitable, either because of cost implications, location, or existing tenants.
- Go to market for a developer/ service provider to build and deliver
  - Soft market testing was completed in 2018, responses were limited and financial commitment required in terms of land costs and building stated as the barrier
- What was available on the open market, both buildings that could be adapted or plots of land with building potential.
  - Extensive searches by Commissioners did not find anything suitable.
  - Various property developers and agencies were engaged to search for land across the District
- .Available land owned by the County Council
  - Two potential plots of land in East Cambridgeshire were identified, after completing a Feasibility Study to look at the merits of each plot, Burwell has been identified as the best option as satisfies both the environmental requirements and also the service requirements in terms of supporting community presence and community engagement.

2.3 A Project Board has been formed to consider how to take the proposal forward. This has included officers from Strategic Assets, Education Capital Build, Procurement, Finance, Transformation, Operations and Commissioning.

To date, In Principle Agreement has been given for capital funds of £2 million from NHS England and £1 million from the County Council. The feasibility study indicated the total cost for the project would be around £3 million and will take 24 months to complete.

2.4 The Project Board will be responsible for ensuring there are appropriate legal agreements between all parties and that the design and build meets the specifications required.

The current County Council Design and Build Framework will be use to commission the building of the service and current Learning Disability Complex Supported Living Framework will be used to commission an appropriate Support Provider.

2.5 The feasibility study considered the suitability of the two identified plots of land, and prepared a timeline of the process giving milestone targets to ensure the build and handover is completed within two years. The study also included an estimated cost breakdown.

The timeline indicates that there will be an allowance of two weeks for demolition of current buildings and de-contamination of the ground. The contractors who completed the feasibility study (Atkins), have undertaken this type of work previously and so have experience in terms of timescales for demolition and de-contamination. This phase of the project has been highlighted as a risk however there is slippage time built into the

overall project. Additionally, the estimated project cost allows a sizeable contingency fund that in the event of any unforeseen issue with demolition and contamination increased costs can be covered. The contingency reserves are £206,000 which is 10% of the construction costs.

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

#### **3.1 A good quality of life for everyone**

The development of this service will enable citizens of Cambridgeshire with complex needs to live within their County and maintain links with their local communities and families.

#### **3.2 Thriving places for people to live**

There are no significant implications for this priority

#### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

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

- The development of the service is dependent on the capital funding from both the County Council and NHS England.
- The supported living service will allow an alternative to out of county residential services and will allow service users to have more choice and control, they will be in receipt of benefits and will be able use them to enhance their quality of life.
- Often out of county placements are more expensive than local services because they fall out of the Framework Agreements. Having a local service we would be able to tie the providers to the Framework prices.
- It is anticipated that there may be an income from the lease of the building and land to a Registered Housing Provider.
- Having a local resource such as this will save on time and cost for professionals visiting out of area placements as well as family carers visiting.

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

The commissioning of the design and building of the service will be procured through existing frameworks and additionally, the commissioning of the social care support will be procured using the current frameworks.

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

Legal services will be engaged to ensure there are robust legal arrangements in place

in terms of the land and the capital funds invested in the services

**4.4 Equality and Diversity Implications**

*There are no significant implications within this category.*

**4.5 Engagement and Communications Implications**

*There are no significant implications within this category.*

**4.6 Localism and Local Member Involvement**

*There are no significant implications within this category.*

**4.7 Public Health Implications**

*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 Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Gus De Silva
<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 Will Patten
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Will Patten
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Tess Campbell

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



**HOUSING RELATED SUPPORT SERVICES**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

*From:* **Adrian Chapman, Service Director: Communities and Safety**

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

*Forward Plan ref:* **N/A** *Key decision:* **No**

*Purpose:* **To provide an update on the Housing Related Support Review, seek engagement in a Members Reference Group and agree contract extensions**

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

- 1) Note the content of this report**
- 2) Agree to the requested contract extension (2.3.3)**

<b><i>Officer contact:</i></b>	<b><i>Member contacts:</i></b>
Name: Lisa Sparks Post: Commissioner - HRS Email: lisa.sparks@cambridgeshire.gov.uk Tel: 01223 699277 / 07900 163590	Names: Councillors Anna Bailey Post: Chair Email: Anna.bailey@cambridgeshire.gov.uk Tel: 01223

## 1. BACKGROUND

- 1.1 The Housing Related Support budget pays for dedicated support staff who are able to deliver specialist support to meet the specific needs of each person for example support to access benefits, support to manage issues such as addiction, mental health issues and emotional wellbeing. Costs relating to accommodation, such as rent and service charges, are **not** covered by this funding.
- 1.2 To ensure that rough sleepers and vulnerable homeless adults accessing Housing Related Support services get the best outcomes possible, the Council has been working with district partners to look at how alternatives to hostel accommodation, such as Housing First, can be introduced across the county.
- 1.3 Housing First is a recognised good practice model which provides an opportunity to support those with the most complex needs in a way that enables them to engage and begin to make changes in a way that is manageable for them. Whilst, this model is being actively explored with partners, it is not designed to be a universal service, but will instead be one element of a solution which will need to take account of different locality needs.
- 1.4 Through delivering services differently, we can also realise some of the required savings for the Council whilst still maintaining dedicated accommodation and support for young people who are homeless or at risk of homelessness.
- 1.5 Over the last year a lot of work has been undertaken to determine the value received through existing Housing Related Support services. There has been a short term strategy to negotiate with existing providers to realise a level of savings for the council, without impacting the outcomes for people, this work has largely concluded with £327k of savings having been delivered to date.
- 1.6 A total of £100k was delivered in 2018/19. And a further £227k will be delivered within 2019/20. This comprises £85k of savings delivered from contract negotiations and £142k of identified efficiencies. The efficiencies principally include the commissioning of a countywide HRS floating support service, the re-commissioning of HRS visiting support and the integration of a teenage parents support contract. There has also been the termination of contracts, this has been in the form of Almshouses. It was found that these services were creating a level of inequity and duplication across the county and that newly commissioned countywide floating support services were able to meet the needs of residents without any impact on their outcomes. There was also the ending of contracts for two teenage parents' projects (note one ends on 31.12.2019). The newly commissioned countywide floating support services have been able to provide a continuity in service for these individuals.
- 1.7 As part of the ongoing work within HRS, it has been evident that some of the budget lines are clearly linked to core adult's social care budgets, and therefore to enable a more transparent process it is proposed to transfer:
  - £171k for Countywide Extra Care support
  - £960k for Countywide Visiting support services
  - £896k for Countywide Floating support service

- £788k for Mental Health support service

- 1.8 To enable a larger scale of transformation there is a requirement for a needs assessment to be undertaken to fully inform our thinking around housing related support, this assessment of need would shape the vision and strategy to enable an evidenced based delivery model to be applied to an assessed level of need.
- 1.9 The Council have commissioned Arc4 to undertake a targeted piece of research to enable us to ensure that the Housing Related Support review and service redesign work is underpinned by the best possible understanding of the needs of our vulnerable homeless population. This work is due to start in December 2019 and will map local need, and identify opportunities for all statutory partners across Cambridgeshire and Peterborough to deliver homelessness services in a more innovative and effective way. We are still committed to both the St Basil's Pathway and the Housing First Model, and will continue to work on the development of these with partners through existing stakeholder groups.
- 1.10 It is proposed that there are two points in the new year that reports will be taken to committees, firstly a full update report will be taken in January which will set out the approach and will also seek to establish a Members Reference Group, this group will be one of two engagement and shaping groups that will support the re commissioning and transformation of HRS services

## 2. MAIN ISSUES

### 2.1 Current HRS Services and spend

#### 2.1.1 Homeless & Rough Sleepers

The table below shows the currently commissioned HRS services for adults who are rough sleeping or homeless and in need of support.

Service	Provider	District	Value 19/20
Jimmy's Assessment Centre	Jimmy's	Cambridge	£411,327
Abbey Street Move-On	Jimmy's	Cambridge	£14,383
Controlled Drinkers Project	Jimmy's	Cambridge	£81,430
222 Victoria Road	Riverside Group	Cambridge	£304,193
Willow Walk	The Riverside Group	Cambridge	£239,832
Homeless Housing Related Support Service	Cambridge Cyrenians	Cambridge	£131,528
Princes Walk	Futures HA	Fenland	£27,544
The Ferry Project	Luminus	Fenland	£233,507
Corona House	CHS Group	Cambridge	£85,601

This table represents a current spend of £1,496,745 for 2019/20, compared to £1,529,345 in 2018/19.

- 2.1.2 Additional funding is also allocated to two services provided specifically for ex-offenders who are homeless and require support;

Service	Provider	District	Value 19/20
Offender Accommodation	Luminus Group	Hunts & Fenland	£74,695
Jubilee Project	Cambridge Cyrenians	Cambridge	£79,218

This table represents a current spend of £153,913 for 2019/20.

### Older People & Adults with Disabilities

- 2.1.3 The table below shows the currently commissioned HRS services for older people and adults with a disability.

Service	Provider	District	Value 19/20
Cambridge cluster, vicarage Terrace & Fern Court	Sanctuary HA	Cambridge & Hunts*	£788,588
Green Road	Suffolk MIND	South Cambs	£79,072
Older Persons Visiting Support - Cambridge City	Cambridge City Council	Cambridge	£180,000
Older Persons Visiting Support - South Cambs	South Cambridgeshire District Council	South Cambs	£302,00
Older Persons Visiting Support – East Cambs Fenland & Hunts	Age UK	Hunts, East Cambs & Fenland	£477,851
Extra Care HRS provision	Various (embedded within care contracts)	Countywide	£171,708
Abbeyfield Cambridge Vietnamese	Abbeyfield Vietnamese Society	Cambridge	£41,729
Russell Street	CHS Group	Cambridge	£223,538

\*Fern Court

This table represents a current spend of £2,200,222 for 2019/20, compared to £2,264,486 in 2018/19.

Going forward, the intention is for the budgets for these services to be transferred from HRS to the core budgets for older people, mental health and learning disabilities.

- 2.1.4 In addition to this, the table below identifies services whose funding ceased during this financial year, generating a saving of £17,054 within this financial year, and delivering a full year saving of £34,108 for 2020/21.

Service	Provider	District	Value 19/20
Storey's House	Foundation of Edward Storey	Cambridge	£21,874
Jones Court	Ramsey Welfare Charity	Hunts	£8,877
King John House	Wisbech Charities	Fenland	£3,357

### Cross Client Group Services:

- 2.1.5 The countywide floating support services aims to prevent families, couples and single adults from losing their accommodation and becoming homelessness.

Service	Provider
Countywide Floating Support	P3

This table represents a current spend of £896,388 for 2019/20.

## **2.2 Service Redesign and Savings**

- 2.2.1 Following Adult Committee's endorsement of our HRS Review approach in May 2019, we have been working with partners at Cambridge City Council and Fenland District Council on the development of Housing First for Cambridgeshire. Housing First is specifically targeted at those rough sleepers who face multiple disadvantages and whose needs cannot be met by the current services available. Whilst, this model is being actively explored with partners, it is not designed to be a universal service, but will instead be one element of a solution which will need to take account of different locality needs.
- 2.2.2 We have also been having discussions with Cambridge City Council about the potential to jointly commission a new service model for Cambridge City. This 'Streets to Home' would incorporate a range of provisions (including hostel accommodation and Housing First) into a single service, with the aim of maximising the resources available and delivering a more joined up service for Cambridge's rough sleepers and single homeless.
- 2.2.3 As agreed at Adults Committee, we will also seek to use opportunities for redesign to generate the required savings from the Housing Related support budget. Whilst any reduction or change will have an impact on service provision, it is also an opportunity to do things differently so that we can explore more innovative ways of providing services and improve outcomes for those using those services. If we can commission services in a different way which will help prevent people from returning to homelessness, then over time this will reduce demand and have a positive impact on clients' lives.
- 2.2.4 To enable bidders to utilise the resources they have access to in the most innovative way possible, we are also exploring ways to ensure flexibility within the service specification to allow some elements such as the way that support is delivered to be determined by the new service provider or providers. This approach should also give greater flexibility to those who may wish to consider partnerships or consortia bids.
- 2.2.5 As any redesign of services will also need to generate savings, it is important that new models of delivery are properly scrutinised and developed collaboratively with partners.

## **2.3 Next Steps**

- 2.3.1 The Council have commissioned Arc4 to undertake a targeted piece of research to enable us to ensure that the Housing Related Support review and service redesign work is underpinned by the best possible understanding of the needs of our vulnerable homeless population. This work is due to start shortly and will aim to map local need, and identify opportunities for all statutory partners across Cambridgeshire and Peterborough to deliver homelessness services in a more innovative and effective way.
- 2.3.2 This work will also help us to develop a greater understanding of the needs within each area and how this fits with the current allocation of resources. This can then be used to determine where funding should be targeted to meet these needs in the most effective and equitable way.

2.3.3 In recognition of the time needed to undertake this piece of research, the timetable for the HRS Review has been adjusted to ensure that the findings of this work can be used to fully inform our Housing Related Support Strategy and enable new models of delivery to take account of relevant recommendations and any identified good practice or innovations.

2.3.4 This adjustment of timetable will require a further extension of contracts so that the services listed below can continue to deliver existing services up until 31.03.21. The value associated with the extensions is also shown;

Service	Provider	Current contract end date	Value of extension
Jimmy's Assessment Centre & Abbey Street Move-On	Jimmy's	30.09.2020	£207,855
222 Victoria Road & The Springs	Riverside Group	30.09.2020	£152,096
Homeless Housing Related Support Service	Cambridge Cyrenians	30.09.2020	£65,764

2.3.6 We would also seek to establish a Member Reference Group (Appendix1) to support the service redesign work. Whilst the Reference Group will only be convened for a short period, it will provide a valuable opportunity for members to learn more about the models being proposed, how they will differ from current offers and what benefits changes will bring. It will provide an opportunity for questions to be asked and any concerns to be explored.

2.3.7 The intention will be for new contracts to now take effect from April 2021, rather than January 2021 as per the current timetable. This will result in a delay to savings being realised, but will ensure that the County is using the best evidence base possible for subsequent decisions.

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

#### **3.1 A good quality of life for everyone**

The report above sets out the implications for this priority in sections 1 and 2.

#### **3.2 Thriving places for people to live**

There are no significant implications for this priority.

#### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority.

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

- The Housing Related Support budget is reducing and this will impact on what can be delivered in future.
- Moving to new delivery models which reflect best practice may require further short term investment from the Transformation funding allocated to the Housing Related Support review.
- Any decision to maintain a service beyond the proposed savings realisation date will result in a reduced saving within that financial year.

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

- To enable the redesign work to take full account of the research work, the start date for new contracts will need to be put back to April 2021.

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

- The services are non-statutory so are not subject to any statutory guidance
- It is likely that this project will continue to generate ongoing media attention

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

- The redesign of services will include looking at current pathways and access to ensure that establish that services are easily accessible and that those in greatest need can be prioritised for services.
- Due regard has been given to the Council's Equalities duties under the Equality Act 2010 and Community (Equality) Impact Assessment s have been completed for all proposals.

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

- The view of current and potential services users have been sought as part of the young person's service redesign work.
- The view of those with lived experience will be sought as part of the redesign work around adult homeless services.
- Regular catch up meetings are taking place between Communication Lead & Lead Commissioner.

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

- The research work being undertaken by the consultants will consider the different levels and types of needs across areas of the County.

### **4.7 Public Health Implications**

- By redesigning services we will be promoting easier access to services for those who need them and enabling access to be prioritised for those most in need.

<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 the LGSS Head of Procurement?</b>	Yes or No Name of Officer:
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillian
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Adrian Chapman
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Jo Dickson
<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>
<i>Appendix 1 – Housing related support services by District</i>	Below in this report

## **APPENDIX 1**

### **Housing Related Support Service Redesign – Member Reference Group**

#### **Role of the Member Reference Group (MRG):**

This will be a time limited reference group who's input will help determine the models we are seeking to commission through a competitive tender process which is currently due to commence in April 2020.

The role of the MRG is to ensure that nominated Members from the Adults and Children's and Young People's Committees have an opportunity to be involved in the redesign of HRS homelessness services for rough sleepers, vulnerable adults and young people.

The MRG will provide an opportunity for members to be presented with potential models, explore options, challenge what is presented and give their views on proposals.

Members will also act as a conduit for feedback to the appropriate Committees and to highlight the work taking place.

#### **Membership:**

The group will comprise of between 10 and 12 members.

To ensure a wide range of views are represented the group should include members from both Adults and CYP Committees, who represent a variety of geographical areas across Cambridgeshire, and are members of different parties. Where possible, representative from each committee, will include individuals from each of the different parties.

The lead officer for the group will be the Housing Related Support Commissioner for Cambridgeshire County Council. Other officers will also attend to support work as required.

#### **Frequency of meetings:**

As the intention is to have the new models agreed by early April to support the current procurement timetable, two meeting meetings will be held – one in February and one in March.

Additional information will be shared electronically between meetings, where appropriate.

Meetings will be scheduled to take account of key decisions being made at Committees.

#### **Governance Arrangements:**

The work of this group will be regularly fed back to the HRS Governance Board overseeing the HRS Review work. This is an internal officer group currently chaired by Adrian Chapman, who is the lead for this work stream.



**FINANCE MONITORING REPORT – NOVEMBER 2019**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

*From:* **Chief Finance Officer**

**Executive Director: People and Communities**

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

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

*Purpose:* **To provide the Committee with the November 2019 Finance Monitoring Report for People and Communities (P&C).**

**The report is presented to provide the Committee with the opportunity to comment on the financial position for services that are the Committee's responsibility (set out in section 2 of the covering report) as at the end of November 2019.**

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

<b><i>Officer contact:</i></b>	
Name:	Stephen Howarth
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Email:	<a href="mailto:stephen.howarth@cambridgeshire.gov.uk">stephen.howarth@cambridgeshire.gov.uk</a>
Tel:	01223 507126

## 1.0 BACKGROUND AND SIGNIFICANT ISSUES

- 1.1 The revised Finance Monitoring Report will be at all scheduled substantive Committee meetings (but not reserve dates) to provide the Committee with the opportunity to comment on the financial position of Adults Services.
- 1.2 The Finance Monitoring Report for November is appendix A. This report sets out the financial position of P&C and is the key thing to be reviewed as part of this item. The main report contains these sections:

Section	Item	Description	Page
1	Revenue Executive Summary	High level summary of information: <ul style="list-style-type: none"> <li>• By Directorate</li> <li>• By Committee</li> </ul> Significant issues in revenue financial position	2-6
2	Capital Executive Summary	Summary of the position of the Capital programme within P&C	7
3	Savings Tracker Summary	Summary of the latest position on delivery of savings	7
4	Technical Note	Explanation of technical items that are included in some reports	7
5	Key Activity Data	Performance information linking to financial position of main demand-led services	8-12
Appx 1	Service Level Financial Information	Detailed financial tables for P&C's main budget headings	13-15
Appx 2	Service Commentaries	Detailed notes on financial position of services that are predicting not to achieve their budget	16-22
Appx 3	Capital Appendix	This will contain more detailed information about P&C's Capital programme, including funding sources and variances from planned spend.	23-26
<i>The following appendices are not included each month as the information does not change as regularly:</i>			
Appx 4	Savings Tracker	Each quarter, the Council's savings tracker is produced to give an update of the position of savings agreed in the business plan.	
Appx 5	Technical Appendix	Twice yearly, this will contain technical financial information for P&C showing: <ul style="list-style-type: none"> <li>• Grant income received</li> <li>• Budget virements into or out of P&amp;C</li> <li>• Service reserves</li> </ul>	

- 1.3 In particular, in reviewing the financial position of Adults Services, members may wish to focus on these sections:
- Section 1 – providing a summary table for the services that are the responsibility of Adults Committee, and setting out the significant financial issues (replicated below)
  - Section 5 – the key activity data for Adults Services provides information around client numbers and unit costs, which are principle drivers of the financial position
  - Appendices 1 & 2 – these set out the detailed financial projection by service, and provide more detailed commentary for services projecting a significant variance from budget.

- 1.4 Across all of People and Communities, the forecast at the end of November is an overspend of £3.7m (1.4%).
- 1.5 The summary position for Adults Services is below. This information is also contained in section 1 of the main FMR, with detailed information by service in appendix 1.

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Nov. 2019 £000	Forecast Outturn Variance £000
6,041	Adults & Safeguarding	148,054	117,986	6,117
107	Adults Commissioning (including Local Assistance Scheme)	16,114	-8,213	475
<b>6,148</b>	<b>Total Expenditure</b>	<b>164,168</b>	<b>109,773</b>	<b>6,591</b>
0	Grant Funding (including Better Care Fund, Winter Pressures Grant etc.)	-15,138	-9,855	0
-4,739	Expected deployment of grant and other funding to meet pressures			-4,739
<b>1,408</b>	<b>Total</b>	<b>149,030</b>	<b>99,917</b>	<b>1,852</b>

- 1.6 The significant financial issues for Adults Committee are replicated below from section 1.4.1 of the main report:
- 1.6.1 Similar to councils nationally, cost pressures are faced by adult social care. At the end of November, Adults services are forecast to overspend by £1,852k, around 1.1% of budget. This is £443k more than in October. Within that, budgets relating to care provision are forecasting a £6.8m overspend, mitigated by around £4.7m of additional funding.
- 1.6.2 There remains a risk of volatility in care cost projections due to the large volume of care being purchased each month, the continuing focus on reduced delayed discharges from the NHS, ongoing negotiations with providers around the rates paid for care, and the continuing implementation of Mosaic (the new social care recording and payments system).
- 1.6.3 **Older People's and Physical Disability Services** are continuing to forecast an overspend of £5.4m. The cause of the overspend is predominantly the higher than expected costs of residential and nursing care compared to when budgets were set, in part due to the ongoing focus on discharging people from hospital as quickly as is appropriate. A detailed explanation of the pressures due to prior-year activity was provided to Adults Committee and GPC in the first reports of the financial year, and much of the further in-year pressure is due to the trends in price increases continuing.
- 1.6.4 **The Learning Disability Partnership** is forecast to overspend by £598k, with the NHS paying a further £178k as part of the pooled budget. This is a relatively static cohort of service users whose needs have been increasing year on year in line with experiences nationally. Based on changes over the first half of the year, we expect these increases to exceed the level built into budgets. In particular, the cost of young people transitioning into adults is high, linked to rising cost of services for children with high needs. Savings delivery within the LDP is on track to overachieve, which provides some mitigation.
- 1.6.5 **Strategic Management – Adults** contains grant and financing mitigations that are partially offsetting care pressures. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ringfenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers

of care, we are able to hold a portion as a contingency against in-year care pressures. As pressures emerged, this funding is deployed effectively as an underspend against this line.

1.6.6 **Adults Commissioning** is projected to overspend by £481k, mainly as a result of increased demand on some centrally commissioned preventative and lower-level services. In particular, the community equipment service is facing rising costs due to more complex equipment being ordered and used for longer (likely preventing higher cost care being required), and more block purchased domiciliary care has been contracted this year than originally budgeted for to provide more capacity over the Winter period and to support the system pressures on delayed discharges.

## 2.0 ADULTS COMMITTEE – BUDGET LINES

2.1 The FMR 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. The budget lines within Appendix 1 of the main report relevant to Adults Committee are below.

<b>Adults &amp; Safeguarding Directorate</b>	
Strategic Management – Adults	Cross-cutting services including transport and senior management. This line also includes expenditure relating to the Better Care Fund, and holds pressure funding allocated from social care grants.
Principal Social Worker, Practice and Safeguarding	Social work practice functions under the Principal Social Worker.
Transfers of Care	Hospital based social work teams
Prevention & Early Intervention	Preventative services; particularly Reablement, Adult Early Help and Technology Enabled Care teams
Autism and Adult Support	Services for people with Autism
Carers	Direct payments to carers
<i>Learning Disability Partnership</i>	
Head of Service	Services for people with learning disabilities (LD). This is a pooled budget with the NHS – the NHS' contribution appears on the last budget line, so spend on other lines is for both health and social care.
LD - City, South and East Localities	
LD - Hunts & Fenland Localities	
LD – Young Adults	
In House Provider Services	
NHS Contribution to Pooled Budget	
<i>Older People and Physical Disability Services</i>	
Physical Disabilities	Services for people requiring physical support, both working age adults and older people (OP).
OP - City & South Locality	
OP - East Cambs Locality	
OP - Fenland Locality	
OP - Hunts Locality	
<i>Mental Health</i>	
Mental Health Central	Services relating to people with mental health needs. Most of this service is delivered by CPFT.
Adult Mental Health Localities	
Older People Mental Health	
<b>Commissioning Directorate</b>	
Strategic Management – Commissioning (shared with other P&C committees)	Costs relating to the Commissioning Director
Local Assistance Scheme	Scheme providing information, advice and one-off practical support and assistance
<i>Adults Commissioning</i>	
Central Commissioning - Adults	A number of discrete contracts and grants that support adult social care, such as Carer Advice, Advocacy and grants to day centres, as well as block domiciliary care contracts.
Integrated Community Equipment Service	Community equipment contract expenditure.
Mental Health Commissioning	Contracts relating to housing and community support for people with mental health needs.
<i>Executive Director</i>	
Executive Director (shared with other P&C committees)	Costs relating to the Executive Director for P&C

### 3.0 ALIGNMENT WITH CORPORATE PRIORITIES

#### **A good quality of life for everyone**

There are no significant implications for this priority.

#### **Thriving place for people to live**

There are no significant implications for this priority

#### **The best start for Cambridgeshire's Children**

There are no significant implications for this priority

### **SIGNIFICANT IMPLICATIONS**

#### **Resource Implications**

The appended Finance Monitoring Report sets out details of the overall financial position of the P&C Service.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

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

There are no significant implications within this category.

#### **Public Health Implications**

There are no significant implications within this category.

<b>Source Documents</b>	<b>Location</b>
As well as presentation of the FMR to the Committee at substantive meetings, 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>

<b>Service</b>	People and Communities (P&C)
<b>Subject</b>	Finance Monitoring Report – November 2019
<b>Date</b>	10 <sup>th</sup> December 2019

## KEY INDICATORS

Previous Status	Category	Target	Current Status	Section Ref.
<b>Red</b>	Revenue position by Directorate	Balanced year end position	<b>Red</b>	1.2
<b>Green</b>	Capital Programme	Remain within overall resources	<b>Green</b>	2

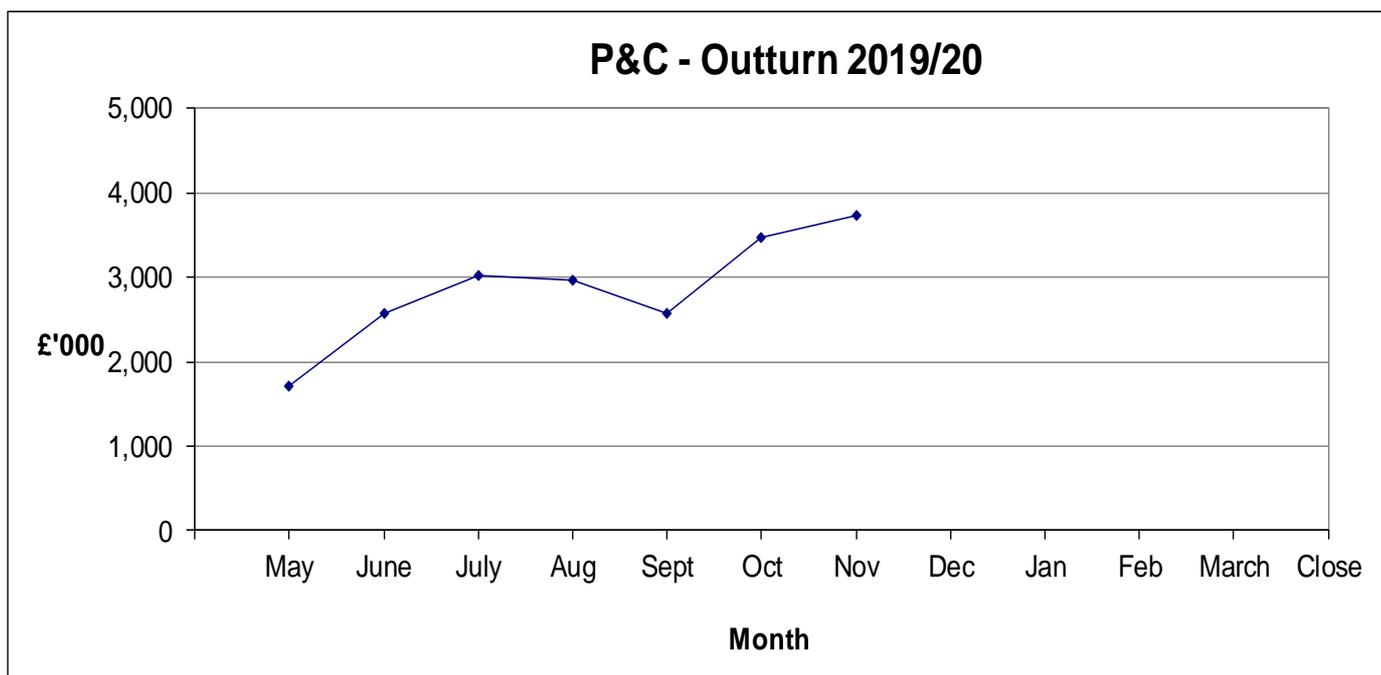
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2	Capital Executive Summary	Summary of the position of the Capital programme within P&C	7
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## 1. Revenue Executive Summary

### 1.1 Overall Position

People and Communities is forecasting an overspend of £3,729k at the end of November, an increase of £263k since October.



### 1.2 Summary of Revenue position by Directorate

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual £000	Outturn Variance £000	Outturn Variance %
1,301	Adults & Safeguarding	148,054	117,986	1,378	0.9%
757	Commissioning	41,984	7,805	1,070	2.5%
158	Communities & Safety	13,030	7,995	82	0.6%
750	Children & Safeguarding	59,829	39,572	750	1.3%
9,000	Education	94,210	62,996	9,450	10.0%
0	Executive Director	973	510	0	0.0%
<b>11,966</b>	<b>Total Expenditure</b>	<b>358,081</b>	<b>236,864</b>	<b>12,729</b>	<b>3.6%</b>
-8,500	Grant Funding	-95,145	-68,292	-9,000	9.5%
<b>3,466</b>	<b>Total</b>	<b>262,935</b>	<b>168,572</b>	<b>3,729</b>	<b>1.4%</b>

### 1.3 Summary by Committee

P&C's services are overseen by different committees – these tables provide committee-level summaries of services' revenue financial positions.

#### 1.3.1 Adults Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Nov 2019 £000	Forecast Outturn Variance £000
6,040	Adults & Safeguarding	148,054	117,986	6,117
107	Adults Commissioning (including Local Assistance Scheme)	16,114	-8,213	475
<b>6,147</b>	<b>Total Expenditure</b>	<b>164,168</b>	<b>109,773</b>	<b>6,591</b>
0	Grant Funding (including Better Care Fund, Winter Pressures Grant etc.)	-15,138	-9,855	0
-4,739	Expected deployment of grant and other funding to meet pressures			-4,739
<b>1,408</b>	<b>Total</b>	<b>149,030</b>	<b>99,917</b>	<b>1,852</b>

#### 1.3.2 Children and Young People Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Nov 2019 £000	Forecast Outturn Variance £000
650	Children's Commissioning	25,858	15,804	550
0	Communities & Safety - Youth Offending Service	2,163	1,167	-50
0	Communities & Safety - Central Integrated Youth Support Services	1,399	700	-0
750	Children & Safeguarding	59,829	39,572	750
9,000	Education	95,093	63,482	9,450
0	Executive Director (Exec D and Central Financing)	91	24	0
<b>10,400</b>	<b>Total Expenditure</b>	<b>184,433</b>	<b>120,749</b>	<b>10,700</b>
-8,500	Grant Funding (including Dedicated Schools Grant etc.)	-77,448	-56,259	-9,000
<b>1,900</b>	<b>Total</b>	<b>106,986</b>	<b>64,491</b>	<b>1,700</b>

#### 1.3.3 Community and Partnerships Committee

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual Nov 2019 £000	Forecast Outturn Variance £000
0	Strategic Management - Communities & Safety	15	91	0
0	Safer Communities Partnership	880	837	0
0	Strengthening Communities	495	371	-0
0	Adult Learning and Skills	2,438	1,302	0
0	Trading Standards	694	309	0
158	Cultural & Community Services	4,946	3,218	132
<b>158</b>	<b>Total Expenditure</b>	<b>9,468</b>	<b>6,128</b>	<b>132</b>
0	Grant Funding (including Dedicated Schools Grant etc.)	-2,560	-2,178	0
<b>158</b>	<b>Total</b>	<b>6,908</b>	<b>3,950</b>	<b>132</b>

## 1.4 Significant Issues

Within People and Communities, the major savings agenda continues with £75m of savings required across the Council between 2019 and 2024. P&C budgets are facing increasing pressures from rising demand and changes in legislation, with the directorate's budget increasing by around 3% in 2019/20.

At the end of November 2019, the overall P&C position is an overspend of £3,729k, around 1.4% of budget. This is an increase of around £263k from October.

The projected overspend are concentrated in adult social care, children in care and education – these key areas are summarized below. Appendix 1 provides the detailed financial information by service, and appendix 2 provides a narrative from those services projecting a significant variance against budget.

### 1.4.1 Adults

Similar to councils nationally, cost pressures are faced by adult social care. At the end of November, Adults services are forecast to overspend by £1,852k, around 1.1% of budget. This is £443k more than in October. Within that, budgets relating to care provision are forecasting a £6.8m overspend, mitigated by around £4.7m of additional funding.

There remains a risk of volatility in care cost projections due to the large volume of care being purchased each month, the continuing focus on reduced delayed discharges from the NHS, ongoing negotiations with providers around the rates paid for care, and the continuing implementation of Mosaic (the new social care recording and payments system).

**Older People's and Physical Disability Services** are continuing to forecast an overspend of £5.4m. The cause of the overspend is predominantly the higher than expected costs of residential and nursing care compared to when budgets were set, in part due to the ongoing focus on discharging people from hospital as quickly as is appropriate. A detailed explanation of the pressures due to prior-year activity was provided to Adults Committee and GPC in the first reports of the financial year, and much of the further in-year pressure is due to the trends in price increases continuing.

**The Learning Disability Partnership** is forecast to overspend by £598k, with the NHS paying a further £178k as part of the pooled budget. This is a relatively static cohort of service users whose needs have been increasing year on year in line with experiences nationally. Based on changes over the first half of the year, we expect these increases to exceed the level built into budgets. In particular, the cost of young people transitioning into adults is high, linked to rising cost of services for children with high needs. Savings delivery within the LDP is on track to overachieve, which provides some mitigation.

**Strategic Management – Adults** contains grant and financing mitigations that are partially offsetting care pressures. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ringfenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers of care, we are able to hold a portion as a contingency against in-year care pressures. As pressures emerged, this funding is deployed effectively as an underspend against this line.

**Adults Commissioning** is projected to overspend by £481k, mainly as a result of increased demand on some centrally commissioned preventative and lower-level services. In particular, the community equipment service is facing rising costs due to more complex equipment being ordered and used for longer (likely preventing higher cost care being required), and more block purchased domiciliary care has been contracted this year than originally budgeted for to provide more capacity over the Winter period and to support the system pressures on delayed discharges.

### 1.4.2 Children's

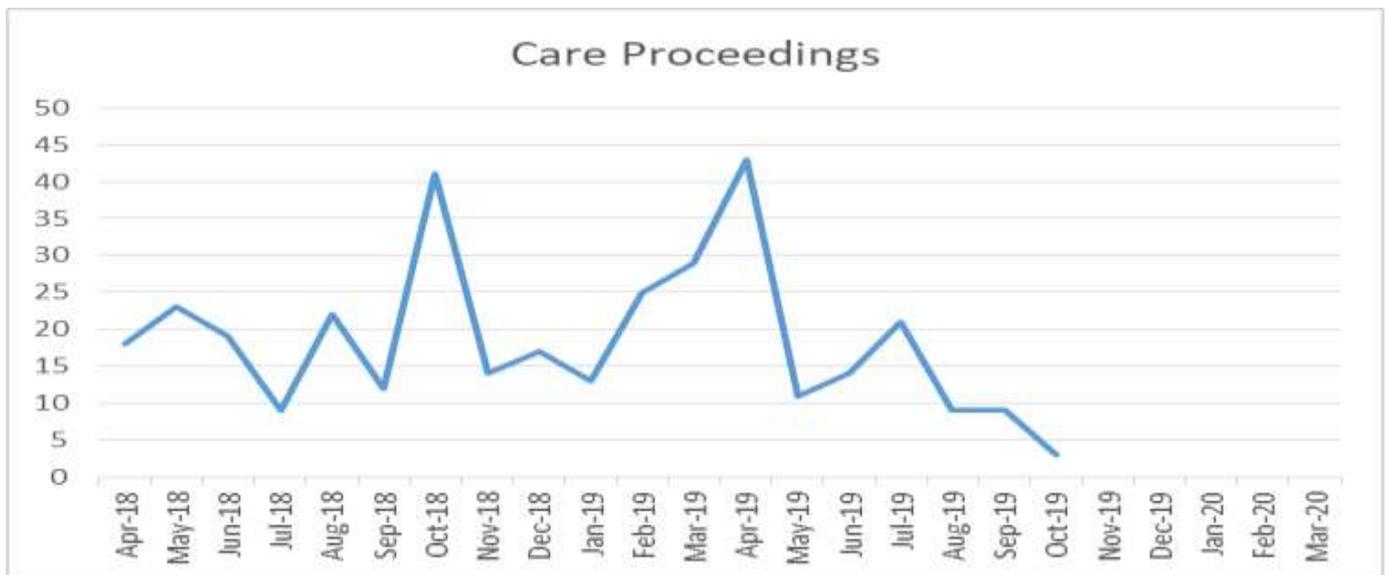
*Children in Care* is anticipating a pressure of c£350k across Unaccompanied Asylum Seeking Children budgets (£200k) and Supervised Contact (£150k). These pressures are offset in part by a forecast underspend across Fostering and the Corporate Parenting Teams. The service is working to mitigate these pressures by reviewing all applicable arrangements in order to attempt to bring these into line with the amount of government funding available.

*Children in Care Placements* is forecasting a year end overspend of £550k, despite a decrease in the number of children in care, an additional budget allocation of £350k as approved by GPC and the application of £500k of additional social care grant. Recent activity in relation to gang-related crime has resulted in additional high cost secure placements being required.

Significant work is underway to reduce high cost placements, however the placement market is saturated, with IFA providers having no vacancies which results in children going into higher cost residential placements. We are, however, seeing a net increase in, in-house fostering placements which is contributing towards planned savings.

*Legal Proceedings* is forecasting a £400k overspend. This is directly linked to numbers of care proceedings per month which increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. The spike in proceedings is related to the introduction of the new model of specialist teams, and greater scrutiny and management oversight. This has resulted in the identification of children for whom more urgent action was required. This is an illustration of the way in which the new model will improve services and outcomes in general. Following legal orders we are able to move to securing permanency for children.

There are currently (end Nov) 177 live care proceedings, and whilst we have seen reductions in live proceedings (183 end July) legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget. The expectation is that reductions in live proceedings will continue, further mitigating the overall pressure.



### 1.4.3 Education

*Home to School Transport – Special* is forecasting a revised overspend of £700k. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs. Between

1<sup>st</sup> April and 30<sup>th</sup> November 2019 there was an increase in the number of pupils with EHCPs of 379 (8.9%), compared with 307 (8%) over the same period last year.

Alongside this, we are seeing an increase in complexity of need resulting in assessments being made that the child/young person requires individual transport, and, in many cases, a passenger assistant to accompany them.

*Children in Care Transport* is forecasting an underspend of £400k – Ongoing work around route optimisation, combined with decreasing numbers of Children in Care have resulted in lower than budgeted costs, despite the pressures on the wider transport market.

*Home to School Transport – Mainstream* is reporting an anticipated £200k overspend for 2019/20. While savings were achieved as part of the annual tender process we are continuing to see a significant increase in the costs being quoted for routes in some areas of the county, these increases being in excess of the inflation that was built into the budget. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible, however these subsequent reductions cannot be guaranteed.

There have also been pressures due to the number of in-year admission requests when the local school is full. These situations require us to provide transport to schools further away, outside statutory walking distance. The effect on the transport budget is taken into account when pupils are placed in-year which has mitigated the effect of this to some degree, however in many cases the only viable transport is an individual or low-occupancy taxi.

*Dedicated Schools Grant (DSG)* – Initial in-year pressures have been forecast for a number of DSG funded High Needs Block budgets including funding for special schools and units, top-up funding for mainstream schools and Post-16 provision, and out of school tuition. As previously reported In 2018/19 we saw a total DSG overspend across SEND services of £8.7m which, combined with underspends on other DSG budgets, led to a deficit of £7.2m carried forward into 2019/20. Given the ongoing increase in numbers of pupils with EHCPs it is likely that a similar overspend will occur in 2019/20, however this will become clearer as we move towards the start of the new academic year and planned actions to deliver savings are implemented. Current estimates forecast an in-year pressure of approximately £9m. This is a ring-fenced grant and, as such, overspends do not currently affect the Council's bottom line but are carried forward as a deficit balance into the next year.

#### **1.4.4 Communities and Safety**

*Registration & Citizenship Services* are forecasting a surplus of £221k. An increase in the statutory charge for birth, marriage and death certificates has resulted in an over-recovery of income in the service. This increase is expected to continue into future years and as such has been recognised as part of the 2020/21 Business Plan.

*Coroners* is now forecasting an increased pressure of £353k. This is due to the increasing complexity of cases being referred to the coroner that require inquest and take time to conclude, requiring more specialist reports and advice and the recruitment of additional staff to complete investigations and prevent backlogs of cases building up. The cost of essential contracts for body storage, pathology, histology and toxicology has also increased.

## 2. Capital Executive Summary

### 2019/20 In Year Pressures/Slippage

At the end of November 2019 the capital programme forecast underspend continues to be zero. The level of slippage and underspend in 2019/20 is currently anticipated to be £8.4m and, as such, has not yet exceeded the revised Capital Variation Budget of £13.4m. A forecast outturn will not be reported unless this happens.

Details of the currently forecasted capital variances can be found in appendix 3.

## 3. Savings Tracker Summary

The savings tracker is produced quarterly, and will be included in the FMR once per quarter. The tracker at the end of quarter 2 is included as appendix 4, with a summary position of:

Committee	Number of Savings	Total Original Savings £000	Total Forecast Savings £000	Total Variance £000
Adults	9	-6,782	-6,810	-28
C&P	2	-60	-60	0
C&YP	14	-3,419	-3,404	15
Adults & CYP	1	-583	-321	262
<b>TOTAL</b>	<b>26</b>	<b>-10,844</b>	<b>-10,595</b>	<b>249</b>

Further information and commentary for each saving can be found in appendix 4.

## 4. Technical note

On a biannual basis, a technical financial appendix will be included as appendix 5. This appendix will cover:

- Grants that have been received by the service, and where these have been more or less than expected
- Budget movements (virements) into or out of P&C from other services (but not within P&C), to show why the budget might be different from that agreed by Full Council
- Service reserves – funds held for specific purposes that may be drawn down in-year or carried-forward – including use of funds and forecast draw-down.

## 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.

### 5.1 Children and Young People

5.1.1 Key activity data to November 2019 for **Children in Care Placements** is shown below:

Service Type	BUDGET				ACTUAL (Nov)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Nov 19	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	3	£425k	52	2,980.70	3	2.94	£455k	3,128.48	-0.06	£29k	147.78
Residential - secure accommodation	1	£376k	52	5,872.95	0	1.81	£613k	6,269.93	0.81	£237k	396.98
Residential schools	19	£2,836k	52	2,804.78	14	15.61	£1,736k	2,056.15	-3.83	-£1,099k	-748.63
Residential homes	33	£6,534k	52	3,704.67	37	36.87	£7,052k	4,025.67	3.87	£518k	321.00
Independent Fostering	240	£11,173k	52	798.42	289	298.57	£12,917k	851.88	58.69	£1,744k	53.46
Supported Accommodation	26	£1,594k	52	1,396.10	25	21.93	£1,584k	1,427.92	-4.35	-£10k	31.82
16+	7	£130k	52	351.26	7	7.98	£313k	491.04	0.86	£183k	139.78
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Additional one off budget/actuals	-	£750k	-	-	-	-	-£144k	-	-	-£894k	-
Mitigations required	0	£k	0	0.00	0	0.00	-£58k	0.00	-	-£58k	0.00
<b>TOTAL</b>	<b>330</b>	<b>£23,819k</b>			<b>375</b>	<b>385.71</b>	<b>£24,469k</b>		<b>55.98</b>	<b>£650k</b>	
In-house fostering - Basic	205	£2,125k	56	179.01	185	190.09	£1,958k	179.35	-14.91	-£167k	0.34
In-house fostering - Skills	205	£1,946k	52	182.56	192	203.43	£1,890k	195.14	-1.57	-£56k	12.58
Kinship - Basic	40	£425k	56	189.89	41	43.45	£467k	195.20	3.45	£42k	5.31
Kinship - Skills	10	£35k	52	67.42	13	12.25	£46k	70.76	2.25	£11k	3.34
<b>TOTAL</b>	<b>245</b>	<b>£4,531k</b>			<b>226</b>	<b>233.54</b>	<b>£4,362k</b>		<b>-11.46</b>	<b>-£169k</b>	
Adoption Allowances	107	£1,107k	52	198.98	106	106.36	£1,162k	200.76	-0.64	£55k	10.80
Special Guardianship Orders	307	£2,339k	52	142.30	281	265.00	£2,074k	141.48	-42	-£265k	-2.18
Child Arrangement Orders	88	£703k	52	153.66	87	88.04	£712k	156.00	0.04	£9k	2.34
Concurrent Adoption	5	£91k	52	350.00	1	0.78	£7k	210.00	-4.22	-£84k	-140.00
<b>TOTAL</b>	<b>507</b>	<b>£4,240k</b>			<b>475</b>	<b>469.61</b>	<b>£3,955k</b>		<b>-0.64</b>	<b>-£285k</b>	
<b>OVERALL TOTAL</b>	<b>1,082</b>	<b>£32,590k</b>			<b>1076</b>	<b>1,088.86</b>	<b>£32,785k</b>		<b>43.88</b>	<b>£196k</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.

**5.1.2** Key activity data to the end of November 2019 for **SEN Placements** is shown below:

BUDGET				ACTUAL (Nov 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No of placements Nov 19	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)	102	£6,218k	£61k	95	97.81	£5,860k	£60k	-7	-4.19	£-357k	£-1k
Hearing Impairment (HI)	3	£117k	£39k	3	3.00	£116k	£39k	0	0.00	£-1k	£k
Moderate Learning Difficulty (MLD)	10	£200k	£20k	9	8.39	£409k	£49k	-1	-1.61	£209k	£29k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£-75k	£k
Physical Disability (PD)	5	£89k	£18k	5	4.94	£199k	£40k	0	-0.06	£109k	£22k
Profound and Multiple Learning Difficulty (PMLD)	1	£68k	£68k	1	1.00	£67k	£67k	0	0.00	£-1k	£-1k
Social Emotional and Mental Health (SEMH)	45	£2,013k	£45k	48	44.45	£2,462k	£55k	3	-0.55	£449k	£11k
Speech, Language and Communication Needs (SLCN)	3	£138k	£46k	5	5.00	£247k	£49k	2	2.00	£109k	£3k
Severe Learning Difficulty (SLD)	5	£445k	£89k	6	6.34	£431k	£68k	1	1.34	£-14k	£-21k
Specific Learning Difficulty (SPLD)	4	£138k	£35k	6	5.42	£195k	£36k	2	1.42	£57k	£1k
Visual Impairment (VI)	2	£73k	£36k	3	2.59	£96k	£37k	1	0.59	£23k	£1k
Growth	-	£k	-	-	-	£-509k	-	-	-	£-509k	-
Recoupment	-	-	-	0	0.00	£k	£k	-	-	£k	£k
<b>TOTAL</b>	<b>181</b>	<b>£9,573k</b>	<b>£53k</b>	<b>181</b>	<b>178.94</b>	<b>£9,573k</b>	<b>£56k</b>	<b>0</b>	<b>-2.06</b>	<b>£k</b>	<b>£3k</b>

**5.2 Adults**

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

- Budgeted number of care packages: this is the number of full-time equivalent (52 weeks) service users anticipated at budget setting
- Budgeted average unit cost: this is the planned unit cost per service user per week, given the budget available
- Actual care packages 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

A consistent format is used to aid understanding, and where care types are not currently used in a particular service those lines are greyed out.

The direction of travel compares the current month's figure with the previous months.

**5.2.1** Key activity data to end of November 2019 for the **Learning Disability Partnership** is shown below:

<b>Learning Disability Partnership</b>	<b>BUDGET</b>			<b>ACTUAL (November 19)</b>			<b>Forecast</b>			
<i>Service Type</i>	<i>Expected No. of Care Packages 2019/20</i>	<i>Budgeted Average Unit Cost (per week)</i>	<i>Annual Budget</i>	<i>Current Care Packages</i>	<i>D T</i>	<i>Current Average Unit Cost (per week)</i>	<i>D T</i>	<i>Forecast Actual</i>	<i>D T</i>	<i>Variance</i>
Accommodation based										
~ Residential	274	£1,510	£21,824k	255 ↓		£1,608 ↓		£22,897k ↑		£1,073k
~Residential Dementia										
~Nursing	7	£1,586	£430k	6 ↔		£1,478 ↔		£474k ↓		£44k
~Nursing Dementia										
~Respite			£431k					£579k		£147k
Community based										
~Supported Living	411	£1,202	£26,683k	455 ↓		£1,155 ↓		£27,793k ↑		£1,110k
~Direct payments	415	£404	£8,568k	420 ↑		£406 ↓		£8,375k ↓		-£193k
~Live In Care	14	£1,953	£k	14 ↔		£1,943 ↔		£k		£k
~Day Care	469	£136	£3,480k	470 ↔		£170 ↓		£3,932k ↑		£451k
~Other Care	175	£68	£759k	58 ↓		£42 ↓		£953k ↑		£194k
~Homecare	474		£10,440k	323				£8,460k ↓		-£1,980k
<b>Total In Year Expenditure</b>			<b>£72,616k</b>					<b>£73,462k</b>		<b>£847k</b>
Care Contributions			-£3,407k					-£3,954k ↑		-£547k
Health Income										
<b>Total In Year Income</b>			<b>-£3,407k</b>					<b>-£3,954k</b>		<b>-£547k</b>
Further savings included within forecast										£k
<b>Forecast total in year care costs</b>										<b>£300k</b>

The LDP includes service-users that are fully funded by the NHS, who generally have very high needs and therefore costly care packages

**5.2.2** Key activity data to the end of November 2019 for **Older People's (OP) Services** is shown below:

Older People	BUDGET			ACTUAL (November 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D T	Current Average Unit Cost (per week)	D T	Forecast Actual	D T	Variance
Accommodation based										
~ Residential	446	£551	£11,791k	438	↑	£565	↓	£13,378k	↓	£1,587k
~ Residential Dementia	432	£586	£13,271k	426	↑	£612	↑	£14,086k	↓	£815k
~ Nursing	289	£643	£10,234k	260	↓	£654	↑	£9,736k	↓	-£498k
~ Nursing Dementia	113	£753	£4,543k	123	↓	£810	↓	£5,708k	↓	£1,165k
~ Respite			£1,733k					£1,585k	↓	-£148k
Community based										
~ Supported Living	116		£4,043k	110	↔			£4,597k	↓	£554k
~ Direct payments	208	£287	£2,921k	194	↑	£293	↑	£2,735k	↓	-£186k
~ Live In Care	27	£779	£1,012k	32	↔	£832	↑	£1,197k	↓	£185k
~ Day Care	43	£82	£1,447k	24	↓	£108	↑	£845k	↓	-£602k
~ Other Care	6	£31	£11k	3	↓	£32	↓	£126k	↓	£115k
~ Homecare	1,127	Per Hour £16.43	£11,270k	1,150	↓	Per Hour £16.37	↔	£11,537k	↓	£267k
<b>Total In Year Expenditure</b>			£62,277k					£65,530k		£3,253k
Care Contributions			-£17,732k					-£18,517k	↓	-£785k
Health Income			-£86k					-£86k	↔	£k
<b>Total In Year Income</b>			-£17,818k					-£18,603k		-£785k
										£k
Inflation and uplifts			£87k					£87k	↔	£k
<b>Forecast total in year care costs</b>			£44,545k					£47,013k		£2,469k

OP Spot Activity and Weekly Cost for Care Homes from April 2018



5.2.3 Key activity data to the end of November 2019 for **Physical Disabilities (OP) Services** is shown below:

Physical Disabilities	BUDGET			ACTUAL (November 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	Difference	Current Average Unit Cost (per week)	Difference	Forecast Actual	Difference	Variance
Accommodation based										
~ Residential	41	£786	£1,790k	35	↔	£1,030	↑	£1,893k	↑	£102k
~ Residential Dementia	1	£620	£32k	2	↔	£685	↔	£59k	↔	£27k
~ Nursing	31	£832	£1,441k	30	↑	£1,002	↑	£1,511k	↑	£71k
~ Nursing Dementia	1	£792	£41k	1	↔	£792	↔	£41k	↔	£k
~ Respite			£220k					£123k	↑	£-97k
Community based										
~ Supported Living	7	£774	£258k	3	↔	£995	↔	£222k	↓	£-35k
~ Direct payments	288	£357	£5,188k	273	↑	£1,361	↔	£5,003k	↑	£-184k
~ Live In Care	29	£808	£1,359k	33	↑	£367	↑	£1,389k	↑	£30k
~ Day Care	48	£70	£181k	27	↔	£813	↓	£141k	↑	£-40k
~ Other Care	4	£39	£4k	0	↔	£87	↔	£14k	↓	£11k
~ Homecare	257	Per Hour £16.37	£2,777k	280	↑	Per Hour £17.15	↔	£3,018k	↑	£240k
<b>Total In Year Expenditure</b>			£13,291k					£13,416k		£126k
Care Contributions			-£1,062k					-£1,157k	↓	£-95k
Health Income			-£561k					-£561k	↔	£k
<b>Total In Year Income</b>			-£1,623k					-£1,718k		£-95k
Inflation and Uplifts									↔	£k
<b>Forecast total in year care costs</b>			£11,668k					£11,698k		£31k

**5.2.4 Key activity data to the end of November 2019 for Older People Mental Health (OPMH) Services is shown below:**

Older People Mental Health	BUDGET			ACTUAL (November 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	25	£528	£691k	22	↑	£653	↓	£745k	↓	£54k
~Residential Dementia	23	£539	£648k	26	↔	£607	↑	£766k	↑	£118k
~Nursing	25	£638	£833k	19	↓	£742	↑	£792k	↓	-£41k
~Nursing Dementia	80	£736	£3,079k	75	↓	£834	↓	£3,110k	↓	£31k
~Respite	1	£137	£7k	0	↔	£0	↔	£k	↔	-£7k
Community based										
~Supported Living	5	£212	£55k	5	↑	£406	↓	£105k	↑	£50k
~Direct payments	7	£434	£149k	7	↔	£271	↔	£122k	↑	-£27k
~Live In Care	2	£912	£95k	5	↔	£1,084	↔	£263k	↑	£168k
~Day Care	2	£37	£4k	2	↔	£30	↔	£3k	↔	-£1k
~Other Care	0	£0	£k	1	↔	£11	↔	£24k	↑	£24k
~Homecare	42	Per Hour £16.49	£406k	43	↔	Per Hour £17.45	↔	£405k	↓	-£1k
<b>Total In Year Expenditure</b>			£5,967k					£6,335k		£368k
Care Contributions			-£851k					-£857k	↑	-£6k
Health Income			£k					£k	↔	£k
<b>Total In Year Income</b>			-£851k					-£857k		-£6k
Inflation Funding to be applied			£184k					£110k		-£74k
<b>Forecast total in year care costs</b>			£5,300k					£5,588k		£288k

**5.2.5 Key activity data to end of November 2019 for Adult Mental Health Services is shown below:**

Adult Mental Health	BUDGET			ACTUAL (November 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	58	£654	£1,984k	60	↑	£713	↑	£2,201k	↑	£217k
~Residential Dementia	5	£743	£194k	6	↔	£776	↔	£238k	↔	£44k
~Nursing	16	£612	£512k	15	↑	£667	↑	£495k	↓	-£17k
~Nursing Dementia	1	£624	£33k	1	↔	£629	↔	£33k	↔	£k
~Respite	0	£0	£k	0	↔	£0	↔	£k	↔	£k
Community based										
~Supported Living	123	£162	£1,041k	116	↓	£111	↓	£798k	↓	-£243k
~Direct payments	9	£355	£167k	14	↑	£305	↓	£230k	↑	£63k
~Live In Care	0	£0	£k	3	↑	£970	↑	£58k	↑	£58k
~Day Care	2	£77	£8k	3	↔	£55	↔	£10k	↔	£2k
~Other Care	1	£152	£8k	0	↔	£0	↔	£20k	↑	£12k
~Homecare	140	£80.00	£586k	60	↑	£116.38	↑	£542k	↑	-£44k
<b>Total In Year Expenditure</b>			£4,533k					£4,626k		£93k
Care Contributions			-£396k					-£335k	↑	£61k
Health Income			-£22k					£k		£22k
<b>Total In Year Income</b>			-£418k					-£335k		£83k
Inflation Funding to be applied			£k					£k		£k
<b>Forecast total in year care costs</b>			£4,249k					£4,388k		£139k

## APPENDIX 1 – P&C Service Level Financial Information

Forecast Outturn Variance (October) £'000	Service	Budget 2019/20 £'000	Actual November 2019 £'000	Outturn Variance	
				£'000	%
<b>Adults &amp; Safeguarding Directorate</b>					
-4,797	1 Strategic Management - Adults	-1,571	11,848	-4,778	-304%
0	Transfers of Care	1,836	1,403	0	0%
38	Prevention & Early Intervention	8,774	6,930	41	0%
0	Principal Social Worker, Practice and Safeguarding	1,404	994	0	0%
13	Autism and Adult Support	987	548	-4	0%
-216	2 Carers	416	99	-216	-52%
<b><u>Learning Disability Partnership</u></b>					
0	Head of Service	5,781	3,639	0	0%
-24	3 LD - City, South and East Localities	35,304	24,109	-24	0%
432	3 LD - Hunts & Fenland Localities	28,298	18,743	432	2%
300	3 LD - Young Adults	7,921	5,252	300	4%
55	3 In House Provider Services	6,396	4,403	68	1%
-175	3 NHS Contribution to Pooled Budget	-19,109	-14,332	-178	-1%
<b>588</b>	<b>Learning Disability Partnership Total</b>	<b>64,591</b>	<b>41,815</b>	<b>598</b>	<b>1%</b>
<b><u>Older People and Physical Disability Services</u></b>					
140	4 Physical Disabilities	12,338	9,947	200	2%
843	5 OP - City & South Locality	20,610	14,812	882	4%
825	5 OP - East Cambs Locality	6,565	5,264	938	14%
1,420	5 OP - Fenland Locality	7,977	6,502	1,706	21%
1,912	5 OP - Hunts Locality	10,921	9,163	1,693	16%
<b>5,360</b>	<b>Older People's and Physical Disabilities Total</b>	<b>58,411</b>	<b>45,688</b>	<b>5,420</b>	<b>9%</b>
<b><u>Mental Health</u></b>					
-174	6 Mental Health Central	1,973	1,148	-187	-9%
106	6 Adult Mental Health Localities	5,445	3,482	215	4%
384	6 Older People Mental Health	5,788	4,030	289	5%
<b>316</b>	<b>Mental Health Total</b>	<b>13,205</b>	<b>8,661</b>	<b>317</b>	<b>2%</b>
<b>1,301</b>	<b>Adult &amp; Safeguarding Directorate Total</b>	<b>148,054</b>	<b>117,986</b>	<b>1,378</b>	<b>1%</b>
<b>Commissioning Directorate</b>					
0	Strategic Management –Commissioning	11	214	45	396%
0	Access to Resource & Quality	1,795	1,046	0	0%
-6	Local Assistance Scheme	300	214	-6	-2%
<b><u>Adults Commissioning</u></b>					
101	7 Central Commissioning - Adults	11,095	-11,964	513	5%
124	Integrated Community Equipment Service	1,024	1,356	80	8%
-113	8 Mental Health Commissioning	3,696	2,181	-113	-3%
<b>113</b>	<b>Adults Commissioning Total</b>	<b>15,814</b>	<b>-8,427</b>	<b>481</b>	<b>3%</b>

Forecast Outturn Variance (October) £'000	Service	Budget 2019/20	Actual November 2019	Outturn Variance	
		£'000	£'000	£'000	%
	<u>Childrens Commissioning</u>				
650	<sup>9</sup> Children in Care Placements	23,819	14,636	550	2%
-0	Commissioning Services	245	123	-0	0%
<b>650</b>	<b>Childrens Commissioning Total</b>	<b>24,064</b>	<b>14,758</b>	<b>550</b>	<b>2%</b>
<b>757</b>	<b>Commissioning Directorate Total</b>	<b>41,984</b>	<b>7,805</b>	<b>1,070</b>	<b>3%</b>
	<b>Communities &amp; Safety Directorate</b>				
0	Strategic Management - Communities & Safety	15	91	0	0%
0	Youth Offending Service	2,163	1,167	-50	-2%
-0	Central Integrated Youth Support Services	1,399	700	-0	0%
0	Safer Communities Partnership	880	837	0	0%
-0	Strengthening Communities	495	371	-0	0%
0	Adult Learning & Skills	2,438	1,302	0	0%
0	Trading Standards	694	309	0	0%
<b>0</b>	<b>Community &amp; Safety Total</b>	<b>8,084</b>	<b>4,777</b>	<b>-50</b>	<b>-1%</b>
-0	Strategic Management - Cultural & Community Services	163	110	-0	0%
0	Public Library Services	3,409	2,219	0	0%
0	Cultural Services	332	115	0	0%
0	Archives	440	226	0	0%
-155	<sup>10</sup> Registration & Citizenship Services	-516	-533	-221	-43%
313	<sup>11</sup> Coroners	1,117	1,082	353	32%
<b>158</b>	<b>Cultural &amp; Community Services Total</b>	<b>4,946</b>	<b>3,218</b>	<b>132</b>	<b>3%</b>
<b>158</b>	<b>Communities &amp; Safety Directorate Total</b>	<b>13,030</b>	<b>7,995</b>	<b>82</b>	<b>1%</b>
	<b>Children &amp; Safeguarding Directorate</b>				
0	Strategic Management – Children & Safeguarding	3,198	2,660	-0	0%
-0	Partnerships and Quality Assurance	2,326	1,375	-0	0%
350	<sup>12</sup> Children in Care	15,737	11,883	350	2%
0	Integrated Front Door	1,974	1,530	0	0%
-0	Children's Disability Service	6,598	4,547	-0	0%
-0	Children's Centre Strategy	29	-3	-0	0%
0	Support to Parents	1,749	612	0	0%
-0	Adoption Allowances	5,772	3,624	-0	0%
400	<sup>13</sup> Legal Proceedings	1,970	1,421	400	20%
	<u>District Delivery Service</u>				
0	Safeguarding Hunts and Fenland	3,741	2,575	0	0%
-0	Safeguarding East + South Cambs & Cambridge	6,773	3,116	-0	0%
0	Early Help District Delivery Service –North	5,342	3,079	0	0%
-0	Early Help District Delivery Service – South	4,619	3,152	-0	0%
<b>-0</b>	<b>District Delivery Service Total</b>	<b>20,475</b>	<b>11,923</b>	<b>-0</b>	<b>0%</b>
<b>750</b>	<b>Children &amp; Safeguarding Directorate Total</b>	<b>59,829</b>	<b>39,572</b>	<b>750</b>	<b>1%</b>

Forecast Outturn Variance (October) £'000	Service	Budget 2019/20	Actual November 2019	Outturn Variance	
		£'000	£'000	£'000	%

### Education Directorate

0		Strategic Management - Education	7,069	2,318	0	0%
0		Early Years' Service	2,122	1,389	0	0%
0		Schools Curriculum Service	166	-82	0	0%
0		Schools Intervention Service	969	540	0	0%
0		Schools Partnership service	537	1,010	0	0%
0		Teachers' Pensions & Redundancy	2,910	1,601	-50	-2%

#### SEND Specialist Services (0-25 years)

0		SEND Specialist Services	9,643	6,794	0	0%
3,500	14	Funding for Special Schools and Units	16,849	12,966	3,500	21%
2,500	14	High Needs Top Up Funding	17,100	13,313	3,000	18%
500	14	Special Educational Needs Placements	9,973	7,374	500	5%
2,000	14	Out of School Tuition	1,519	1,641	2,000	132%
<b>8,500</b>		<b>SEND Specialist Services (0 - 25 years) Total</b>	<b>55,083</b>	<b>42,088</b>	<b>9,000</b>	<b>16%</b>

#### Infrastructure

0		0-19 Organisation & Planning	4,068	3,029	0	0%
0		Early Years Policy, Funding & Operations	94	30	0	0%
0		Education Capital	178	271	0	0%
500	15	Home to School Transport – Special	9,821	5,045	700	7%
0	16	Children in Care Transport	2,005	933	-400	-20%
0	17	Home to School/College Transport – Mainstream	9,189	4,824	200	2%
<b>500</b>		<b>0-19 Place Planning &amp; Organisation Service Total</b>	<b>25,355</b>	<b>14,132</b>	<b>500</b>	<b>2%</b>

<b>9,000</b>		<b>Education Directorate Total</b>	<b>94,210</b>	<b>62,996</b>	<b>9,450</b>	<b>10%</b>
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### Executive Director

0		Executive Director	882	469	0	0%
0		Central Financing	91	41	0	0%
<b>0</b>		<b>Executive Director Total</b>	<b>973</b>	<b>510</b>	<b>0</b>	<b>0%</b>

<b>11,966</b>	<b>Total</b>		<b>358,081</b>	<b>236,864</b>	<b>12,729</b>	<b>4%</b>
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### Grant Funding

-8,500	18	Financing DSG	-61,469	-46,979	-9,000	-15%
0		Non Baselined Grants	-33,676	-21,313	0	0%
<b>-8,500</b>		<b>Grant Funding Total</b>	<b>-95,145</b>	<b>-68,292</b>	<b>-9,000</b>	<b>9%</b>

<b>3,466</b>	<b>Net Total</b>		<b>262,935</b>	<b>168,572</b>	<b>3,729</b>	<b>1%</b>
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## APPENDIX 2 – Service Commentaries 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 for a service area.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management – Adults</b>	<b>-1,571</b>	<b>11,848</b>	<b>-4,778</b>	<b>-304%</b>
<p>Around £3.4m of grant funding has been applied to partially mitigate opening pressures in Older People's Services detailed in note 3 below, in line with one of the purposes of the grant funding, in addition to a number of other underspends in the services within this budget heading. A further £1.35m of in-year funding was agreed by GPC in July 2019 and applied to this line to provide further mitigation to cost pressures.</p>				
<b>2) Carers</b>	<b>416</b>	<b>99</b>	<b>-216</b>	<b>-52%</b>
<p>The number of direct payments made to Carers is lower than in previous years, mainly as a result of the focussed work in the Adults Positive Challenge Programme to provide more individualised support to Carers. This includes increased access to the right information and advice at the right time and an improved awareness of the need to work with the Carer and the cared-for person together, which may result in increased support to the cared-for person if required in order to better support the needs of the Carer.</p>				
<b>3) Learning Disability Partnership</b>	<b>58,810</b>	<b>38,176</b>	<b>598</b>	<b>1%</b>
<p>An overspend of £776k is forecast against the Learning Disability Partnership (LDP). According to the risk sharing arrangements of the LDP pooled budget, the proportion of the overspend that is attributable to the council is <u>£598k</u>.</p> <p>This is an increase of £10k from the position reported in October, which is due to a loss of income from in-house services.</p> <p>Total new savings of £950k are budgeted in 2019/20 in addition to the LDP share of the adult's positive challenge saving of £562k. These comprise the business plan target of £700k and a funnel saving of £250k relating to additional reassessments to be carried out by locality teams. Currently delivery of these savings is on track.</p> <p>However, demand pressures have been higher than anticipated and have exceeded the demand funding allocated to the budget thus far. This is despite much positive work that has been carried out to maintain a stable number of service users. Particular pressures have been seen on the budgets for residential care and supported living, despite service user numbers in these provisions being stable or decreasing. This reflects the increasing cost of packages, particularly for service users with complex and increasing needs, which we have a statutory duty to meet.</p> <p>New packages and package increases are scrutinised by panel and where possible opportunities to support people in alternative ways are being pursued. Referrals to Technology Enabled Care for LDP service users have increased in 2019/20.</p>				
<b>4) Physical Disabilities</b>	<b>12,338</b>	<b>9,947</b>	<b>200</b>	<b>2%</b>
<p>An overspend of £200k is forecast for Physical Disabilities services. The £60k movement from the position reported last month is due to an increase in bed-based care. Despite this, the net current year activity continues to partially offset the carried forward pressure from 2018/19 relating to increases in client numbers and the number of people with more complex needs requiring more expensive types of care.</p> <p>The total savings expectation in this service for 2019/20 is £269k, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain service user independence.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>5) Older People's Services</b>	<b>46,073</b>	<b>35,741</b>	<b>5,220</b>	<b>11%</b>
<p>An overspend of £5,220k continues to be forecast for Older People's Services. The overall forecast reflects the full-year effect of the overspend in 2018/19 and additional pressures expected to emerge over the course of 2019/20. The full-year-effect of the pressures that emerged in 2018/19 is £2.8m.</p> <p>It was reported during 2018/19 that the cost of providing care was generally increasing, with the unit costs of most types of care increasing month-on-month and the number of people requiring residential care was also going up. The focus on discharging people from hospitals as quickly as possible to alleviate pressure on the broader health and social care system can result in more expensive care for people, at least in the shorter-term, and can result in the Council funding care placements that were appropriate for higher levels of need at point of discharge through the accelerated discharge process.</p> <p>Residential placements are typically £50 per week more than 12 months ago (8%), and nursing placements are typically around £100 per week more expensive (15%). Within this, there was a particularly stark increase particularly in nursing care in the last half of 2018/19 – around 75% of the increase seen in a nursing bed cost came between November and March, and so the full impact was not known when business planning was being undertaken by committees. The number of people in residential and nursing care increased over 2018/19 but around 30% more than anticipated, again concentrated in the second half of the year.</p> <p>This trend is continuing into 2019/20. We are including an estimate in the forecast of the additional pressure that will be seen by year end as a result of the upwards trend in price and service user numbers, particularly in residential and nursing care (£2.2m).</p> <p>The total savings expectation in this service for 2019/20 is £3.1m. It is expected that £2.1m will be delivered in-year through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain independence, and a further £400k will be delivered through increased capacity in the Occupational Therapy service. The shortfall against the saving is contributing to the overall overspend position.</p> <p>In addition to the work embodied in the Adults Positive Challenge Programme to intervene at an earlier stage so the need for care is reduced or avoided, work is ongoing within the Council to bolster the domiciliary care market, and the broader care market in general:</p> <ul style="list-style-type: none"> <li>• Providers at risk of failure are provided with some intensive support to maximise the continuity of care that they provide;</li> <li>• The Reablement service has been greatly expanded and has a role as a provider of last resort for care in people's homes</li> </ul>				
<b>6) Mental Health Services</b>	<b>13,205</b>	<b>8,661</b>	<b>317</b>	<b>2%</b>
<p>Mental Health Services are forecasting an overspend of £317k on operational budgets. Rising placement numbers for elderly mental health bed-based care at increasing unit costs is creating a pressure on budgets over and above the level of demand funding allocated. This trend is continuing on a month-to-month basis, however reductions in spot purchased community-based care following commencement of the Recovery and Community Inclusion block contract have offset the position this month.</p> <p>Mitigation of £113k has been identified in Mental Health Commissioning.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>7) Central Commissioning – Adults</b>	<b>11,095</b>	<b>-11,964</b>	<b>513</b>	<b>5%</b>

An overspend of £513k is forecast on Central Commissioning Adults, an increase of £412k from the position reported in October.

The change in forecast is in relation to increased spend on the contract for block cars that deliver domiciliary care to people, including those leaving hospital. The council has needed to support a number of packages at an enhanced rate this year due to the large scale failure of a major provider of homecare in the last quarter of 2018. There was a need to retain the capacity in the market, as domiciliary care enables people to remain in their own homes and retain their independence; the alternative is often moving into bed based care at a higher cost. Retaining this capacity has helped us to support winter pressures and facilitate earlier discharges from hospital.

This is an in-year pressure only as the contract has now been re-commissioned, with more favourable rates secured that will lead to a balanced budget in 2020/21. Reducing capacity within this area in order to mitigate the in-year cost pressure would ultimately lead to increased spend on alternative provision such as bed based care.

The remainder of the overspend is mainly due to a delay in the realisation of savings on the Housing Related Support contracts; some contracts have been extended until the service is retendered. The full saving is still forecast to be delivered by 2021/22 and work is ongoing as to how best to deliver this service. The in-year pressure on housing related support is £274k, however, this has been mitigated in part.

<b>8) Mental Health Commissioning</b>	<b>3,696</b>	<b>2,181</b>	<b>-113</b>	<b>-3%</b>
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Mental Health Commissioning is forecasting an underspend of £113k. There is a one-off benefit as a result of credits due from two external providers relating to prior year activity (£90k). Additionally, a number of efficiencies have been achieved against current year contracts. Whilst these only have a relatively immaterial impact on the 2019/20 financial position, any ongoing efficiencies will be factored in to Business Planning for 2020/21 onwards.

<b>9) Children in Care Placements</b>	<b>23,819</b>	<b>14,636</b>	<b>550</b>	<b>3%</b>
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The revised Children in Care Placements outturn forecast is a £550k overspend. This is following an additional budget allocation of £350k as approved by GPC and the application of £500k of additional social care grant. Actual commitments are forecast to exceed this, as a result of:

- Recent activity in relation to gang related crime has resulted in additional costs and high cost secure placements being required [at an average weekly cost of £7000.00 per child].
- Additional unaccompanied asylum seekers became Looked After
- An increase in the number of Children in Care in external placements [+20%] against a projected reduction.

External Placements Client Group	Budgeted Packages	31 Oct 2019 Packages	30 Nov 2019 Packages	Variance from Budget
Residential Disability – Children	3	3	3	0
Child Homes – Secure Accommodation	1	1	0	-1
Child Homes – Educational	19	14	14	-5
Child Homes – General	33	38	37	+4
Independent Fostering	240	289	289	+49
Supported Accommodation	26	24	25	-1
Supported Living 16+	7	11	7	0
<b>TOTAL</b>	<b>329</b>	<b>380</b>	<b>375</b>	<b>+46</b>

- The foster placement capacity both in house and externally is overwhelmed by demand both locally and nationally. The real danger going forward is that the absence of appropriate fostering provision by default, leads to children and young people's care plans needing to change to residential services provision.

Mitigating factors moving forward include:

- Monthly Placement Mix and Care Numbers meeting chaired by the Service Director and attended by senior managers. This meeting focuses on activity aimed at reducing the numbers in care, length of care episodes and reduction in the need for externally commissioned provision.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Children in Care Placements continued;</b>				
<ul style="list-style-type: none"> <li>• Reconstitution of panels to ensure greater scrutiny and supportive challenge.</li> <li>• Introduction of twice weekly conference calls per Group Manager on placement activity followed by an Escalation Call each Thursday chaired by the Head of Service for Commissioning, and attended by each of the CSC Heads of Service as appropriate, Fostering Leads and Access to Resources.</li> <li>• Authorisation processes in place for any escalation in resource requests.</li> <li>• Assistant Director authorisation for any residential placement request.</li> <li>• Monthly commissioning intentions (sufficiency strategy work-streams), budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting (in-house provider services and Access to Resources).</li> <li>• Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.</li> <li>• Provider meetings scheduled through the Children's Placement Service (Access to Resources) to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.</li> <li>• Regular High Cost Placement Review meetings to ensure children in externally funded placements are actively managed in terms of the ability of the provider to meet set objectives/outcomes, de-escalate where appropriate [levels of support] and maximizing opportunities for discounts (length of stay/siblings/ volume) and recognising potential lower cost options in line with each child's care plan.</li> <li>• Additional investment in the recruitment and retention of the in-house fostering service to significantly increase the net number of mainstream fostering households over a three year period, as of 2018.</li> <li>• Access to the Staying Close, Staying Connected Department for Education (DfE) initiative being piloted by a local charity offering 16-18 year old Children in Care Placements the opportunity to step-down from residential provision, to supported community based provision in what will transfer to their own tenancy post 18.</li> <li>• Greater focus on those Children in Care Placements for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care.</li> </ul>				
<b>10) Registration &amp; Citizenship Services</b>	<b>-516</b>	<b>-533</b>	<b>-221</b>	<b>-43%</b>
Registration & Citizenship Services are forecasting a surplus of £221k. An increase in the statutory charge for birth, marriage and death certificates has resulted in an over-recovery of income in the service. This increase is expected to continue into future years and as such has been recognised as part of the 2020/21 Business Plan.				
<b>11) Coroners</b>	<b>1,117</b>	<b>1,082</b>	<b>353</b>	<b>32%</b>
Coroners is forecasting a pressure of £353k. This is due to the increasing complexity of cases being referred to the coroner that require inquest and take time to conclude, requiring more specialist reports and advice and the recruitment of additional staff to complete investigations and prevent backlogs of cases building up. The cost of essential contracts for body storage, pathology, histology and toxicology has also increased.				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>12) Children in Care</b>	<b>15,737</b>	<b>11,883</b>	<b>350</b>	<b>2%</b>

The Children in Care budget is forecasting an over spend of c£350k.

The UASC budget is forecasting a pressure of £200k. This is mainly in the over 18 budget due to the increased number of children turning 18 and acquiring care leaver status. The costs associated with supporting both this group of young people are not fully covered by the grant from the Home Office.

The Supervised Contact budget is forecasting a pressure of £150k. The over spend is due to the use of additional relief staff and external agencies required to cover the current 209 Supervised Contact Cases (215 end Oct) which equate to an average of 435 sessions (607 end Oct) or 1253 hours per month. 311 (305 end Oct) children are currently open to the service.

**Actions being taken:**

For UASC we are continuing to review placements and are moving young people as appropriate to provisions that are more financially viable in expectation of a status decision. We are also reviewing our young people who are appeal rights exhausted.

These reviews are likely to see a drop in accommodation spending as CCC discharge their duty to these young people in line with our statutory responsibilities under the immigration act. For Supervised Contact we are reviewing the demand criteria across the cohort of Young People the service supports to include the review all of the cases that have completed proceedings (200+), to consider whether contact needs to continue to be supervised, if it does, does it need to be this service.

<b>13) Legal Proceedings</b>	<b>1,970</b>	<b>1,421</b>	<b>400</b>	<b>20%</b>
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The Legal Proceedings budget is forecasting a £400k overspend.

Numbers of care proceedings per month increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. The increase was mainly due to care applications made in March, April and May, particularly in the North where four connected families saw 16 children coming into our care with sexual abuse and neglect the main concerns.

There are currently (end Nov) 177 live care proceedings, and whilst we have seen reductions in live proceedings (183 end July) legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget. The expectation is that reductions in live proceedings will continue, further mitigating the overall pressure.

**Actions being taken:**

Work is ongoing to manage our care proceedings and CP Plans and better track the cases through the system to avoid additional costs due to delay. However, due to the time lag in cases coming to court it will be a number of months before the increases seen earlier in the year work their way through the system.

<b>14) Funding to Special Schools &amp; Units, High Needs Top Up Funding and Out of School Tuition</b>	<b>45,440</b>	<b>35,294</b>	<b>9,000</b>	<b>20%</b>
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**Funding to Special Schools and Units - £3.5m DSG overspend**

As the number of children and young people with an EHCP increase, along with the complexity of need, we see additional demand for places at Special Schools and High Needs Units. The extent of this is such that a significant number of spot places have been agreed and the majority of our Special Schools are now full.

**High Needs Top Up Funding - £3.0m DSG overspend**

As well as the overall increases in EHCP numbers creating a pressure on the Top-Up budget, the number of young people with EHCPs in Post-16 Further Education is continuing to increase significantly as a result of the provisions laid out in the 2014 Children and Families Act. This element of provision is causing the majority of the forecast overspend on the High Needs Top-Up budget.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%

**Funding to Special Schools & Units, High Needs Top Up Funding and Out of School Tuition continued;**

**Out of School Tuition - £2m DSG overspend**

There has been a continuing increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement.

Several key themes have emerged throughout the last year, which have had an impact on the need for children to receive a package of education, sometimes for prolonged periods of time:

- Casework officers were not always made aware that a child's placement was at risk of breakdown until emergency annual review was called.
- There were insufficient specialist placements for children whose needs could not be met in mainstream school.
- There was often a prolonged period of time where a new school was being sought, but where schools put forward a case to refuse admission.
- In some cases of extended periods of tuition, parental preference was for tuition rather than in-school admission.

**SEN Placements - £500k DSG overspend**

A pressure of £500k is expected on the SEN Placements policy line, where an increase in the number of Cambridgeshire pupils being educated out of county has created a pressure of £200k on the Recoupment budget, and higher than budgeted costs per pupil have resulted in a £300k overspend on the SEN Placements budget.

**Mitigating Actions:**

A SEND Project Recovery team has been set-up to oversee and drive the delivery of the SEND recovery plan to address the current pressure on the High Needs Block.

<b>15) Home to School Transport – Special</b>	<b>9,821</b>	<b>5,045</b>	<b>700</b>	<b>7%</b>
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Home to School Transport – Special is forecasting an £700k overspend for 2019/20. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs. Between 1<sup>st</sup> April and 30<sup>th</sup> November 2019 there was an increase in the number of pupils with EHCPs of 379 (8.9%), compared with 307 (8%) over the same period last year.

Alongside this, we are seeing an increase in complexity of need resulting in assessments being made that the child/young person's requires individual transport, and, in many cases, a passenger assistant to accompany them. In two cases, private ambulances have had to be provided due to the severity of the children's medical needs. This follows risk assessments undertaken by health and safety, and insurance colleagues.

A strengthened governance system around requests for costly exceptional transport requests introduced in 2018/19 is resulting in the avoidance of some of the highest cost transports as is the use of personal transport budgets offered in place of costly individual taxis. Further actions being taken to mitigate the position include:

- An ongoing review of processes in the Social Education Transport and SEND teams with a view to reducing costs
- An earlier than usual tender process for routes starting in September to try and ensure that best value for money is achieved
- Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently. A soft market test is about to be undertaken to establish potential interest from other organisations in shaping and delivering a programme for Cambridgeshire and Peterborough.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>16) Children in Care Transport</b>	<b>2,005</b>	<b>933</b>	<b>-400</b>	<b>-20%</b>
Children in Care Transport is forecasting a £400k underspend. Ongoing work around route optimisation, combined with decreasing numbers of Children in Care have resulted in lower than budgeted costs, despite the pressures on the wider transport market.				
<b>17) Home to School Transport – Mainstream</b>	<b>9,189</b>	<b>4,824</b>	<b>200</b>	<b>2%</b>
Home to School Transport – Mainstream is reporting an anticipated £200k overspend for 2019/20. While savings were achieved as part of the annual tender process we are continuing to see a significant increase in the costs being quoted for routes in some areas of the county, which are in excess of the inflation that was built into the budget. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible, however these subsequent reductions cannot be guaranteed.				
There have also been pressures due to the number of in-year admission requests when the local school is full. These situations require us to provide transport to schools further away, outside statutory walking distance. The effect on the transport budget is taken into account when pupils are placed in-year which has mitigated the effect of this to some degree, however in many cases the only viable transport is an individual or low-occupancy taxi.				
<b>18) Financing DSG</b>	<b>-61,469</b>	<b>-46,979</b>	<b>-9,000</b>	<b>-15%</b>
Within P&C, spend of £61.5m is funded by the ring fenced Dedicated Schools Grant. Current pressures on Funding to Special Schools and Units (£3.5m), High Needs Top Up Funding (£3.0m), Out of School Tuition (£2.0m) and SEN Placements (£0.5m) equate to £9.0m and as such will be charged to the DSG. The final DSG balance brought forward from 2018/19 was a deficit of £7,171k.				

## APPENDIX 3 – Capital Position

### 3.1 Capital Expenditure

2019/20						TOTAL SCHEME	
Original 2019/20 Budget as per BP	Scheme	Revised Budget for 2019/20	Actual Spend (Nov)	Forecast Spend – Outturn (Nov)	Forecast Variance – Outturn (Nov)	Total Scheme Revised Budget	Total Scheme Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
51,085	Basic Need – Primary	34,420	16,413	33,454	-966	273,739	-9,497
64,327	Basic Need – Secondary	51,096	33,364	44,309	-6,786	321,067	-493
100	Basic Need - Early Years	2,173	741	2,173	0	5,718	0
7,357	Adaptations	1,119	899	1,119	0	13,428	0
6,370	Specialist Provision	4,073	2,685	5,570	1,497	23,128	-53
2,500	Condition & Maintenance	3,623	2,678	4,083	460	27,123	952
1,005	Schools Managed Capital	2,796	0	2,796	0	9,858	0
150	Site Acquisition and Development	150	117	150	0	600	0
1,500	Temporary Accommodation	1,500	336	257	-1,243	12,500	-1,243
275	Children Support Services	275	0	275	0	2,575	0
5,565	Adult Social Care	5,565	4,189	5,565	0	30,095	0
3,117	Cultural and Community Services	5,157	1,634	3,731	-1,426	10,630	0
-16,828	Capital Variation	-13,399	0	-4,935	8,464	-61,000	0
2,744	Capitalised Interest	2,744	0	2,744	0	8,798	0
<b>129,267</b>	<b>Total P&amp;C Capital Spending</b>	<b>101,292</b>	<b>63,057</b>	<b>101,292</b>	<b>0</b>	<b>678,259</b>	<b>-10,334</b>

The schemes with significant variances (>£250k) either due to changes in phasing or changes in overall scheme costs can be found in the following table:

Revised Budget for 2019/20	Forecast Spend - Outturn (November)	Forecast Spend - Outturn Variance (November)	Variance Last Month (October)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Basic Need – Primary</b>						
<b>Histon Additional Places</b>						
400	3,000	2,600	2,600	0	0	2,600
Although delays were initially anticipated on this project as it involves building a replacement for the current Histon & Impington Infant School on a site in the Green Belt, the Buxhall Farm scheme has accelerated and construction will now take place in year. While the replacement school will not be required until 2021, commencing work at this point will result in lower construction costs than if the project were delayed.						
<b>Chatteris Additional Places</b>						
4,600	3,000	-1,700	-1,700	0	0	-1,700
£1.6m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This scheme has now been combined with that listed separately for Cromwell Community College, following approval from the DfE to a proposal to extend the school's age range to enable it to provide all-through education, 4-19.						
<b>Bassingbourn Primary School</b>						
2,666	2,350	-316	-316	0	-225	-91
Savings made on completion of scheme.						

Revised Budget for 2019/20	Forecast Spend - Outturn (November)	Forecast Spend - Outturn Variance (November)	Variance Last Month (October)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Godmanchester Bridge (Bearscroft Development)</b>						
355	93	-262	-262	0	-262	0
Savings made on completion of scheme.						
<b><u>Basic Need - Secondary</u></b>						
<b>Fenland Secondary</b>						
5,000	300	-4,700	-4,400	-300	0	-4,700
Work is progressing to determine the final specification for the scheme and the associated project cost.						
<b>Cromwell Community College, Chatteris</b>						
5,500	4,000	-1,600	-1,600	0	0	-1,600
£1.5m slippage anticipated in 2019/20 due to issues around Highways and planning permission. This scheme has now been combined with that listed separately for Chatteris Additional Places, following approval from the DfE to a proposal to extend the school's age range to enable it to provide all-through education, 4-19.						
<b>Alconbury Weald Secondary &amp; Special</b>						
350	100	-270	-250	-20	0	-270
As a result of on-going discussions with the DfE over the timing of the opening of the secondary school, the decision has been taken to place all further work on hold until these have been concluded. Meetings are taking place on 17 December with the aim of enabling work to resume.						
<b><u>Specialist provision</u></b>						
<b>Highfields Ely Phase 2</b>						
3,600	5,200	1,600	1,600	0	0	1,600
Revised spend forecast received from contractor. Value of works higher than anticipated for 2019-20 due to pre-fabricated construction and works progressing ahead of schedule, which means that the project is likely to complete earlier than planned.						
<b><u>Condition &amp; Maintenance</u></b>						
<b>School Condition, Maintenance &amp; Suitability</b>						
3,123	3,482	359	0	359	952	-593
The forecast overspend of £359k has arisen due to an increase in the number of emergency projects requiring urgent attention to ensure the schools concerned remained operational. The in year position has been offset with slippage of £593k for Galfrid Primary (formerly known as Abbey Meadows) which was agreed by GPC as additional funding for 2019/20. This funding is required in 2020/21 due to the scheme timescales being delayed.						
<b><u>Temporary Accommodation</u></b>						
1,500	257	-1,243	0	-1,243	-1,243	0
£1,243k forecast underspend as the level of temporary mobile accommodation was lower than initially anticipated when the Business Plan was approved.						

Revised Budget for 2019/20	Forecast Spend - Outturn (November)	Forecast Spend - Outturn Variance (November)	Variance Last Month (October)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
<b>Cultural and Community Services</b>						
<b>Libraries - Open access &amp; touchdown facilities (hub libraries)</b>						
567	11	-556	0	-556	0	-556
Work is ongoing to tender for the system and create a detailed plan for the rollout of Open Access across all libraries; this will involve building surveys of all sites to determine the requirements for implementation, which is the expenditure projected within the current financial year. A report will be brought to C&P Cttee in the Spring to update members and make decisions about prioritisation and principles of the rollout, with implementation and expenditure taking place later in 2020/21 and 2021/22.						
<b>Libraries - Open access &amp; touchdown facilities - further 22 Libraries</b>						
605	0	-605	0	-605	0	-605
Work is ongoing to tender for the system and create a detailed plan for the rollout of Open Access across all libraries; this will involve building surveys of all sites to determine the requirements for implementation, which is the expenditure projected within the current financial year. A report will be brought to C&P Cttee in the Spring to update members and make decisions about prioritisation and principles of the rollout, with implementation and expenditure taking place later in 2020/21 and 2021/22.						
<b>Other changes across all schemes (&lt;250k)</b>						
-	-	-1,770	-1,505	265	-1,263	-507
Other changes below £250k make up the remainder of the scheme variances.						
<b>Total P&amp;C variances:</b>		<b>-8,464</b>	<b>-5,933</b>	<b>-2,531</b>	<b>-2,041</b>	<b>-6,423</b>

## P&C Capital Variation

The Capital Programme Board recommended that services include a variations budget to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been calculated as below, updated for the transfer of Cultural and Community Services. Slippage and underspends expected in 2019/20 are currently resulting in £8.46m of the capital variations budget being utilised.

2019/20					
Service	Capital Programme Variations Budget	Forecast Outturn Variance (Nov 2019)	Capital Programme Variations Budget Used	Capital Programme Variations Budget Used	Revised Outturn Variance (Nov 2019)
	£000	£000	£000	%	£000
P&C	-13,399	-8,464	8,464	63.2%	0
<b>Total Spending</b>	<b>-13,399</b>	<b>-8,464</b>	<b>8,464</b>	<b>63.2%</b>	<b>0</b>

### 3.2 Capital Funding

2019/20				
Original 2019/20 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2019/20 £'000	Funding Outturn (Nov 19) £'000	Funding Variance - Outturn (Nov 19) £'000
6,905	Basic Need	6,905	6,905	0
4,126	Capital maintenance	3,547	3,547	0
1,005	Devolved Formula Capital	2,796	2,796	0
4,115	Adult specific Grants	4,146	4,146	0
14,976	S106 contributions	6,555	6,555	0
2,052	Other Specific Grants	2,576	2,576	0
0	Capital Receipts	131	131	0
10,100	Other Revenue Contributions	10,100	10,100	0
390	Prudential Borrowing	48,395	48,395	0
11,598	Prudential Borrowing (Repayable)	16,141	16,141	0
<b>129,267</b>	<b>Total Funding</b>	<b>101,292</b>	<b>101,292</b>	<b>0</b>

**DELAYED TRANSFERS OF CARE (DTC) UPDATE**

*To:* **Adults Committee**

*Meeting Date:* **16 January 2020**

*From:* **Will Patten, Director of Commissioning and Charlotte Black Director of Adults and Safeguarding**

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

*Forward Plan ref:* **N/A**                      *Key decision:* **No**

*Purpose:* **The report provides an update on progress related to Delayed Transfers of Care (DTC).**

*Recommendation:* **The Committee is asked to read and note the contents of this report.**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Caroline Townsend</b>	Names:	Councillor Bailey
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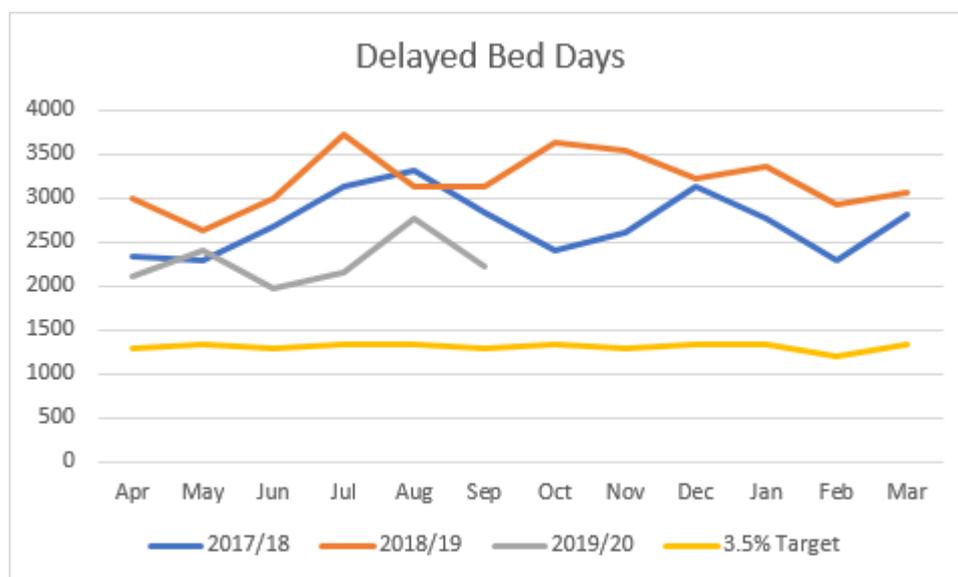
## 1. BACKGROUND

1.1 This paper provides an update on progress associated with Delayed Transfers of Care (DTOC).

## 2. MAIN ISSUES

### 2.1 Delayed Transfers of Care (DTOCs) - Cambridgeshire Performance

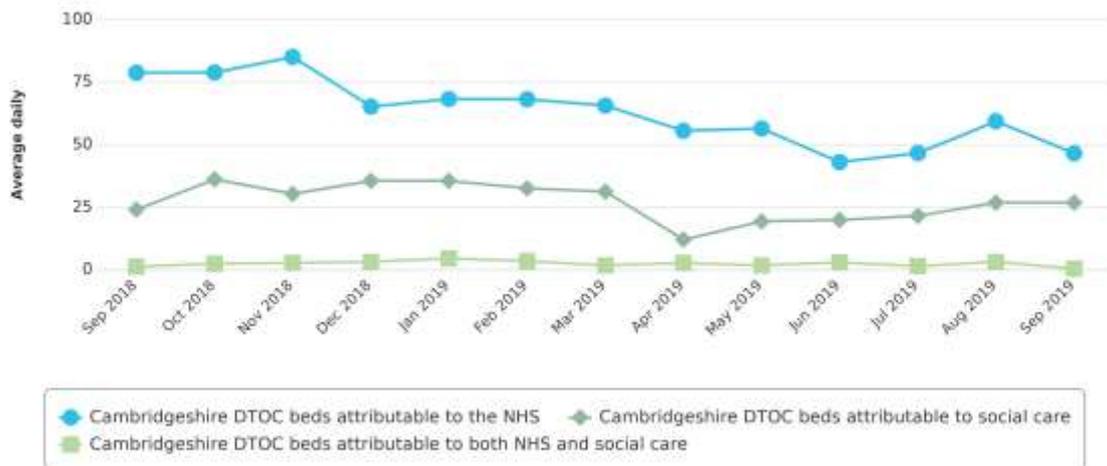
Based on the latest NHS England published DTOC delayed bed day statistics for September 2019, the below graph shows month on month performance across Cambridgeshire. This shows that whilst performance to date in 2019/20 has seen a significant improvement on previous years, we are still underperforming against the 3.5% national target. Cambridgeshire has seen an average of 6.05% occupied bed days between April 2019 and September 2019 to date. This compares to an average of 8.6% throughout 2018/19. A spike in DTOCs was seen over July and August 2019, which was an impact of the heatwave and associated increases in hospital admissions.



During September, 88% of delayed days were within acute settings. 63% of all delayed days were attributable to the NHS, 36.3% were attributable to Social Care and the remaining 0.6% were attributable to both NHS and Social Care.

The below graph shows the DTOC trends by attributable organisation. As at September 2019 year to date, compared to the same time period in 2018, we have seen a 37% decrease in delayed bed days across Cambridgeshire.

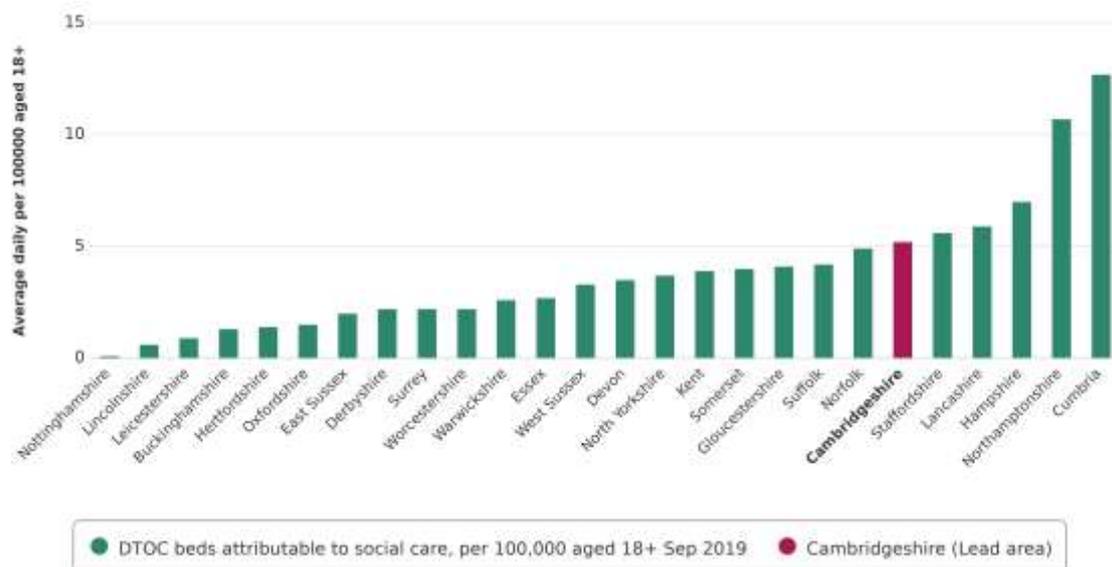
**Daily DTOC beds, all (breakdown by care organisation) (from Sep 2018 to Sep 2019) for Cambridgeshire**



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For September 2019 Cambridgeshire, compared to all single tier and county councils in England, is ranked 126 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 121 on the rate of delayed days attributable to the NHS, and 123 on the rate of delayed days attributable to social care. The below graph shows how Cambridgeshire compares with other county local authorities.

**Daily DTOC beds per 100,000 population aged 18+ attributable to social care (Sep 2019) for All English county local authorities**



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During September 2019, the main reasons for social care delays were:

- Awaiting care package in own home: 67%
- Awaiting residential home: 19%
- Awaiting nursing home: 14%

*More recent performance based on local collated data*

NHS England national data, which provides a detailed overview of DTOC performance for the whole local authority footprint, is only available currently for September 2019. The below table provides information on more recent performance across each of the three acute settings.

CUH			HH		
Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
46	343	5.7%	24	131	8.0%
69	456	7.4%	16	110	6.7%
55	473	7.5%	24	133	7.2%
42	347	5.4%	16	127	7.0%
54	395	6.4%	9	115	6.8%

PCH			CPFT - Community		
Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
26	118	2.9%	8	55	8.3%
17	119	2.9%	10	79	11.9%
19	144	3.4%	13	86	12.9%
17	138	3.3%	14	90	13.5%
15	138	3.3%	13	103	15.5%

Local performance, also shows that over the past 8 weeks, on average 67% of social care attributable delays are due to people awaiting a care in their own home. This is consistently the main reason for social care delays across the system.

#### *Actions to address domiciliary care capacity*

As outlined previously, one of the main reasons for social care attributable DTOC delays is associated with access to domiciliary care. Whilst we know that globally, there is sufficient capacity across the system, there continues to be a capacity mismatch due to timing and geographical requirements.

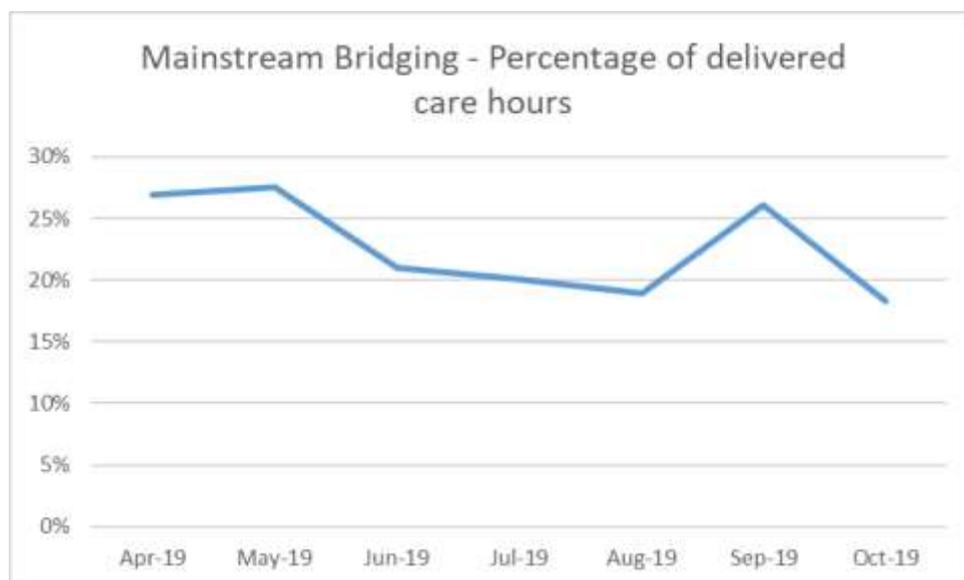
Over the 12 month period to November 2019, Brokerage has seen the following:

- 3,515 referrals have been made to the brokerage team between October 2018 and November 2019, 73% were for domiciliary care and 27% were for residential/nursing care
- Of domiciliary care placements, 32% were hospital discharges and 68% were placed from the community
- Of residential and nursing care placements, 46% were hospital discharges and 54% were placed from the community
- Monthly demand has been steadily increasing throughout the year (49% increase between October 2018 and October 2019) and there was a particular peak in referrals seen in July and August 2019 as a result of the heatwave impacts.

The local authority continues to address domiciliary care capacity via the following:

- **Block Car Capacity:** Continued investment in additional block car provision to ensure that capacity continues in this area. We are working with providers to rationalise the car rounds and ensure that the use of this capacity is maximised, particularly throughout the winter period. A dedicated brokerage officer has been allocated to lead and coordinate all placements into block car capacity. This includes attendance at monthly contract meetings with the providers to ensure there is an ongoing dialogue and performance management of capacity utilisation.

- **Placement prioritisation:** The brokerage team operates a prioritisation matrix to ensure that people with high risk (whether that be hospital, reablement or community requirements) are prioritised. We also work with providers on an ongoing basis to ensure that we maximise available capacity.
- **Provider Capacity Project:** Following approval at Adults Committee in December 2019 and subject to final approval at General Purposes Committee in January 2020, we will be undertaking a fixed period project to work with each domiciliary care provider to review current delivery to determine opportunities for increasing capacity.
- **Homecare review:** The review of homecare is due to complete in January 2020. The new DPS model had been highly successful in increasing the number of organisation's commissioned by the Council to deliver homecare. However, there is more work to be done to maximise the benefits of this approach and manage pressures relating to capacity mismatch and supporting the reduction of bridging packages in the reablement service. The outcome of the review will confirm an updated vision for homecare and inform the future commissioning approach to delivering against this contract, including recommendations on how to maximise the current capacity as well as the long term development of market capacity.
- **Reablement:** Reablement is commissioned to operate as the provider of last resort. This involves them delivering bridging domiciliary care for people where placements are pending. Additional investment was made into the reablement team last financial year to increase this capacity and this has continued at the same level during 2019/20. The below graph shows the percentage of delivered hours which is being utilised for bridging provision within the reablement team.



## 2.2 System working to improve DTOC performance

NHS partners and both councils have worked in close partnership, at a strategic level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current challenges.

### *DTOC Programme Board Priorities*

The Council is working with the wider health system to implement the following system

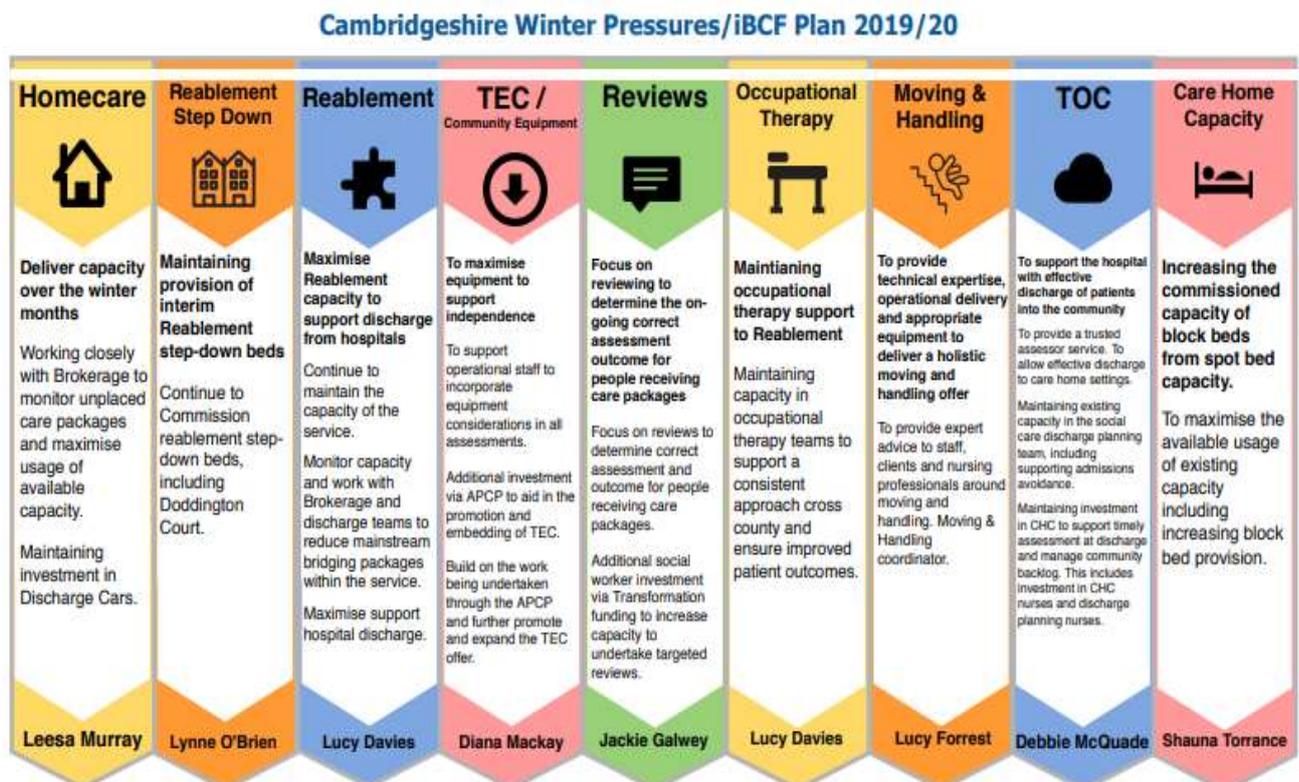
priorities to support delivery of the DTOC programme. A Discharge Operations Board has been established to support delivery of this work programme and meets on a weekly basis. The LGA recently provided support for four sessions of individual, paired and group mentoring to enable effective working together as a group, overcoming organisational boundaries to deliver the best system outcomes.

The current work plan identifies the following priority areas that the group are progressing:

- Training and development: a training schedule is being delivered to the established integrated discharge teams which is focused on integrated working, improving patient flow and strategies for identifying and escalating blockages.
- Escalation Cards: these have recently been developed to support a consistent system wide response to escalations. The cards outline specific organisational actions to support the system when hospital pressure escalate.
- Data and Intelligence: SHREWD, which is a system flow monitoring tool, has been implemented across all hospital sites. The system has access to live hospital data, whilst community health and local authority data is also entered on a daily basis. The system is being used to understand what the capacity and demand is at any given time. It is being used as a tool to better understand how well the system is running and inform planning for peak times of escalation, e.g. winter planning.

*Winter Planning and Improved Better Care Fund*

Winter planning has been undertaken as a system and plans have been shared with NHS England. Review meetings are being held on a fortnightly basis to review the effectiveness of plans and ensure system responses are adequate to meet demand. The local authority has been a key partner in the planning process and this has informed the following key priorities.



Improved Better Care Fund and Winter Monies investment has continued in a number of areas to support delivery of the above priorities, including:

- **Reablement:** investment has continued to ensure that additional capacity within reablement is maintained. This has included investment in both the provision of additional in-house reablement capacity as well as the commissioning of reablement step down bed provision.
- **Occupational Therapy:** investment has continued to ensure that capacity in the occupational therapy teams to support reablement provision is maintained and ensure improved patient outcomes.
- **Moving and Handling:** Funding was introduced in 2019/20 to provide specialist occupational therapist support in Hinchingsbrooke Hospital. This supports embedding the best use of equipment to facilitate discharge, working with staff, clients and professionals within the hospital setting.
- **Discharge Planning:** Investment has continued to ensure that we maintain capacity in the social work discharge team to manage referrals into the service. In addition funding has continued to enable the Trusted Assessor service for care homes to be operational across both hospital sites. Whilst funding to support the flow of Continuing Health Care (CHC) patients has also been maintained.
- **Discharge Cars capacity:** investment has continued to maintain the level of discharge cars provision. We are working closely with providers to ensure that available capacity is maximised across providers to ensure we are making best use of capacity.

#### *Additional Areas of Progress*

**Integrated Discharge Teams (IDS):** are now fully operational and embedded across all acute hospital sites and managerial leads are now in place. The IDS operates as a central point for managing complex discharges on a daily basis and is multi-disciplinary team approach to managing discharge and overcoming barriers.

**Brokerage:** the team has continued to maintain improved performance in the following areas:

- Reduction in the average time to broker care; and
- Increased utilisation of block bed capacity

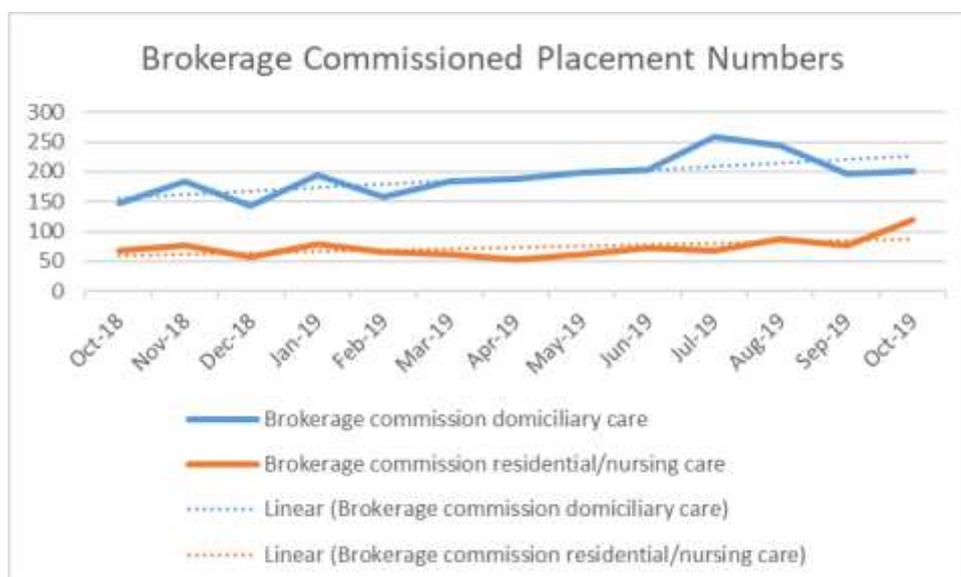
This is despite increased demand for placements and a number of provider issues which have impacted on capacity in the market. There are now permanent brokers based in each of the acute hospitals who work closely with the discharge planning teams. These posts have been well received and helped improve flow and responsiveness.

The below table shows a monthly breakdown of the number of brokerage placements over the past 12 months. The key messages are:

- 3,515 placements have been made by the brokerage team between October 2018 and November 2019, 73% of placements were for domiciliary care and 27% were for residential/nursing care
- Of domiciliary care placements, 32% were hospital discharges and 68% were placed from the community

- Of residential and nursing care placements, 46% were hospital discharges and 54% were placed from the community
- Monthly demand has been steadily increasing throughout the year (49% increase between October 2018 and October 2019) and there particular peak in referrals seen in July and August 2019 as a result of the heatwave impacts.

Task Type	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	Total
<b>Brokerage: Commission Domiciliary Care</b>	147	184	144	194	158	183	187	198	204	258	243	196	200	52	2548
Community	83	103	87	128	105	114	134	145	156	191	171	136	139	33	1725
Hospital Discharge	64	81	57	66	53	69	53	53	48	67	72	60	61	19	823
<b>Brokerage: Commission Residential / Nursing Care</b>	67	76	58	79	66	61	54	62	72	67	88	77	119	21	967
Community	38	48	35	27	36	28	27	35	43	38	47	41	70	8	521
Hospital Discharge	29	28	23	52	30	33	27	27	29	29	41	36	49	13	446
<b>Total</b>	<b>214</b>	<b>260</b>	<b>202</b>	<b>273</b>	<b>224</b>	<b>244</b>	<b>241</b>	<b>260</b>	<b>276</b>	<b>325</b>	<b>331</b>	<b>273</b>	<b>319</b>	<b>73</b>	<b>3515</b>



Despite the recent co-location of the CCG CHC brokers and health care staff, the co-location arrangements have been revisited. This is following the need for the CHC team to maximise clinical oversight arrangements by re-locating the team to a central location. This has reduced opportunities for aligning purchasing of NHS Health and social care placements.

#### Additional actions

**Place Based Commissioning:** Domiciliary care capacity to meet specific demand (e.g. time and place) continues to be addressed and this is supported by the Changing the Conversation work-stream from the Adults Positive Challenge Programme to ensure we are utilising best use of individual and community assets wherever appropriate. In addition, Commissioning recognises the need to embed best practice learning from the neighbourhood cares to inform our future approaches to commissioning to support wider place based delivery agendas (e.g. Think Communities, Integrated Neighbourhoods) whilst ensuring best value and improved outcomes for people. Whilst we recognise that commissioned home care capacity at a global level across the county may be sufficient, we see capacity mismatch due to variances such as geographical variances, timings of care

etc.

However, we also recognise the need to ensure there is a place based infrastructure to inform and drive forward approaches to commissioning services and delivering social care. We need to draw in local strategies and assets to support this and place based boards are a key catalyst for supporting new local models of development.

In terms of next steps, we are considering a local place based pilot for commissioning of domiciliary care, potentially within Huntingdonshire, which would build on the learning from neighbourhood cares and approaches from other areas, such as Wigan, Oxfordshire and Thurrock. We will be working with the local place based board to inform development and design, ensuring working with the wider market to co-develop a local solution that meets the needs of the local population and understand better how a local place based model of commissioning can support delivery of outcomes and financial benefits.

**NHS England Length of Stay Findings:** Whilst we recognise the need to continue to minimise DTOCs, recent findings from NHSE have highlighted that 70% of people who have a hospital stay longer than 7 days are delayed due to acute hospital internal processes. The remaining 30% are joint delays between health and social care.

Therefore, DTOCs should not be considered in isolation of hospital flow improvements, such as SAFER and Red to Green for those people with hospitals stays of longer than 7 days.

**Governance:** A recent review and proposed changes to the governance of Accident & Emergency (A&E) Boards has now brought discharge flow into the remit of the A&E Boards accountability. This is a key element of managing DTOCs and current and new governance arrangements need to be reviewed and aligned to ensure roles and responsibilities to drive action are clear.

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

#### **3.1 A good quality of life for everyone**

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

- Improved provision of health and social care services that are more joined up, personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

#### **3.2 Thriving places for people to live**

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

- Increasing the provision of joined up health and social care provision, including hospital discharge support for people who need it, ensuring people have access to the most appropriate services in their communities.

#### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority.

#### 4. SIGNIFICANT IMPLICATIONS

##### 4.1 Resource Implications

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

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

*There are no significant implications within this category.*

##### 4.4 Equality and Diversity Implications

*There are no significant implications within this category.*

##### 4.5 Engagement and Communications Implications

*There are no significant implications within this category.*

##### 4.6 Localism and Local Member Involvement

*There are no significant implications within this category.*

##### 4.7 Public Health Implications

*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>	N/A
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	N/A
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	N/A
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A
<b>Have any engagement and</b>	N/A

<b>communication implications been cleared by Communications?</b>	
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A
<b>Have any Public Health implications been cleared by Public Health</b>	N/A

<b>Source Documents</b>	<b>Location</b>
<b>NHS England nationally published Delayed Transfer of Care (DTOC) data</b>	<a href="https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/">https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/</a>



**SERVICE DIRECTORS REPORT -ADULT SAFEGUARDING AND COMMISSIONING, INCLUDING OUTCOMES OF ADASS REGIONAL SELF ASSESSMENT**

**To: Adults Committee**

**Meeting Date: 16 January 2020**

**From: Will Patten, Director of Commissioning and Charlotte Black, Director Adults and Safeguarding**

**Electoral division(s): All**

**Forward Plan ref: N/A Key decision: No**

**Purpose: The report provides an update on progress on Adult Social Care across commissioning and operational delivery, including the outcomes of the self-assessment of Adult Social Care in Cambridgeshire, which provides an overview of Adult Social Care**

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

- a) note and comment on the contents of this report.**
- b) consider the self-assessment for Cambridgeshire Adult Social Care and agree a public facing summary for inclusion on the Council website.**

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## **1. BACKGROUND**

- 1.1 This paper provides an update on Adult Social Care - across commissioning and operational functions, including the outcomes of the recent Cambridgeshire self-assessment of Adult Social Care.
- 1.2 As a core part of the Sector Led Improvement programme in Eastern Region led by the Association of Directors of Adult Social Services (ADASS) Directors are asked to complete a self-assessment. The self-assessment covered a wide range of themes. Cambridgeshire County Council submitted a self-assessment on 31 October 2019 and this paper summarises the key themes that have emerged through that process.
- 1.3 The self-assessment process also includes a peer challenge by a buddy or peer Local Authority in the Region as part of the ADASS performance improvement process and this will be provided to Cambridgeshire and Peterborough by the Director from Southend and will take place on 9 January 2020. In addition ADASS arranges an external challenge session by an expert peer and this will take place in late January / early February 2020. Following this challenge an action plan will be developed and brought back to the committee for consideration.
- 1.4 There is a requirement for Local Authorities to produce an annual statement to the public about Adult Social Care called a Local Account. Appendix One provides a public facing overview to be shared more widely as the Local Account.

## **2. MAIN ISSUES**

- 2.1 The following is a summary update on Adult Social Care, including the findings of the self-assessment as submitted in October 2019.

### **2.2 Self-Assessment Outcomes**

#### **2.2.1 Risks, challenges and innovation**

The following are identified as the key risks and challenges for 2019/20:

- There are a range of risks around the social care market in Cambridgeshire including: The risk of provider failure; increased costs of residential and nursing placements impacting on budget; and availability of domiciliary care across certain geographies
- The Transition to a new IT system, Mosaic and the complexities experienced in the financial migration. The Council migrated its care record system from AIS to Mosaic in 2018/19. Although the core migration went well, there have been some difficulties with the financial migration of care packages and some disruption to reporting capability.
- The challenges of working across the health and care system at a time of significant financial challenge has impacted on the ability to maintain a joint strategic approach. We continue to work hard with NHS partners to maintain a joint strategic approach and are working across the health and care system as part of the Sustainability and Transformation Programme (STP) and through the development of the Long Term Plan.

### 2.2.2 **Innovation and Achievements**

The following were identified as the top three innovations and achievements in 2019/20:

- The Adults Positive Challenge Programme- joint transformation and demand management programme across Cambridgeshire County Council and Peterborough City Council leading to culture change, practice change and improved outcomes as part of a whole Council approach
- Improvements in recruitment process and approach have meant teams are working at capacity and need and demand are being managed more effectively. Staff morale is good in Adult Social Care and staff surveys have been undertaken and used to identify any issues that need to be addressed
- Neighbourhood Cares pilots have shown best practice by Adult Social Care, working in a place based way influencing the broader Council Think Communities Strategy and STP Integrated Neighbourhoods work. There has been an external evaluation showing positive impact and benefits of the pilots and there is a continuing legacy of learning across the Council and some really sustainable community benefits for the two communities involved

### 2.2.3 **Leadership And Governance**

The Council shares a Chief Executive and Senior Management Team with Peterborough City Council and continues to align services where it is identified to be to the benefit of citizens, this includes a shared Executive Director of People and Communities (DASS), Director for Adults and Safeguarding and Director for Commissioning.

The integration of the Adults senior management team across CCC and PCC has led to the development of a shared Adult Positive Challenge transformation programme with shared Vision, Values and Behaviours. It has also enabled us to develop a more sustainable financial position, improved outcomes, reduced duplication and increased consistency and share best practice.

### 2.2.4 **Vision And Values**

The Adults Positive Challenge Programme covers Adult Social Care across Cambridgeshire and Peterborough, within the programme we have agreed the following vision and outcomes:

#### *Vision*

By 2023 local people will drive the delivery of care, health and wellbeing in their Neighbourhoods

#### *Outcomes*

- Neighbourhood approach supports independence and resilience
- More people live independent and fulfilling lives for longer
- People receive information, advice and support appropriate to their level of need that will help them remain independent for longer
- People and partners are clear about what the council can and can't do

We will deliver these outcomes by linking in to communities and maximising the impact of every conversation, alongside optimising use of technology and reablement.

## 2.3 Finance and Use of Resources.

2.3.1 Adults Services are forecast to overspend by around £1m (1%). This is a position inclusive of a number of grant and financial mitigations. Government has continued to recognise pressures on the social care system through the Adult Social Care Precept and a number of ring fenced grants. As well as using these grants to make investments into social care to bolster the social care market, reduce demand on health and social care services and mitigate delayed transfers of care, we are able to hold a portion as a contingency against in-year care pressures.

The underlying position is an overspend of around £5.4m (3%), that is expected to be recurrent, and is similar to pressures faced by councils nationally. The underlying overspend is caused primarily by increasing numbers of older people entering residential and nursing care, alongside increasing weekly costs for care home places, and rising needs of working age adults with disabilities. Prices are rising at around 10% on average each year, with new placements greatly exceeding those that are ending.

The position assumes delivery of a large amount of demand management savings over the rest of the year.

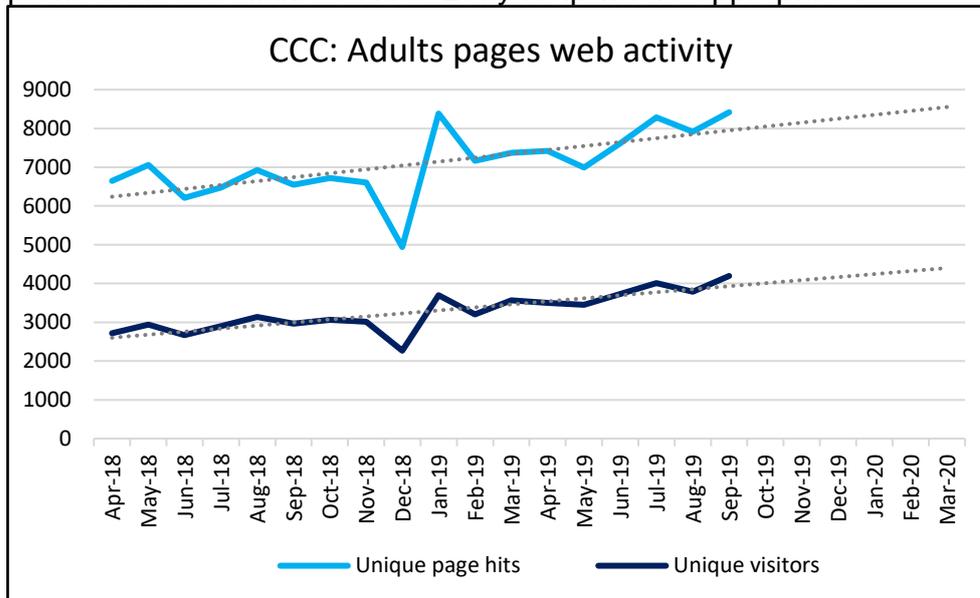
2.3.2 Adult's budgets have generally grown in recent years, despite the Council's financial pressure, due to the need to allow for demand and legislative pressures, but significant savings have also been applied. Recent savings strategies are increasingly focused on demand management, following a number of years of savings made through ensuring existing care packages are appropriate. In this context cost reduction savings have been challenging to deliver and have been achieved over a longer period of time than originally envisaged, reflecting some difference between savings opportunities and the complexity of delivering these while maintaining business as usual work.

2.3.3 The social care precept has been taken up each year on the basis of funding National Living Wage pressures. Overall we are only moderately confident that we can protect quality and availability of services over the next 3 yrs. Transformation funding has been identified for a significant programme of work to manage demand coming into Adult Social Care, trying where possible to 'stand still' in financial terms, mitigating demand increases. The Council has invested in external consultancy support to try to deliver this.

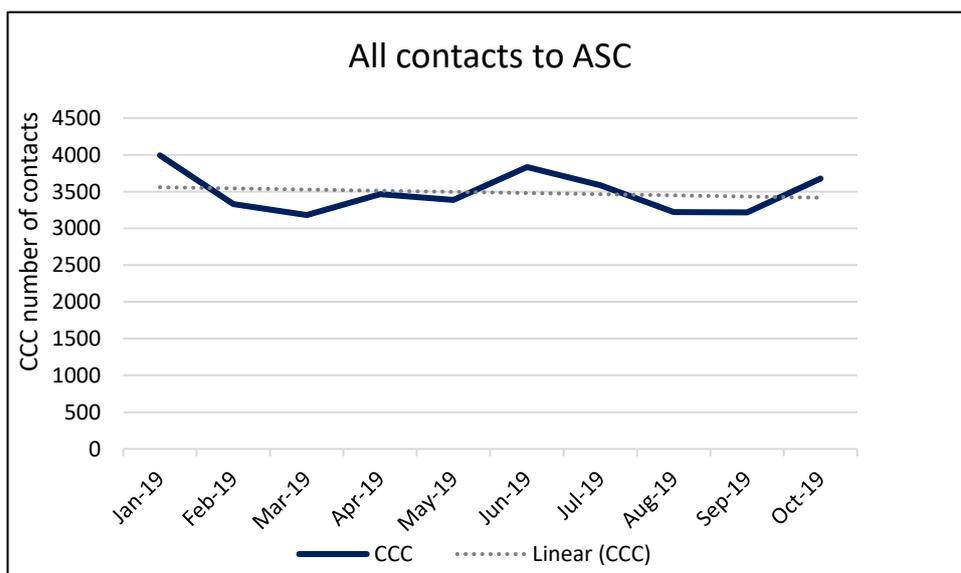
2.3.4 The Chartered Institute of Public Finance and Accounting (CIPFA) benchmarking is used, and we make use of ad hoc regional benchmarking with some statistical and geographic neighbours facilitated by ADASS.

## 2.4 Information and Advice, Contacts and Adult Early Help

2.4.1 During the last 18 months we have been revisiting the information, advice and signposting that is available to people. A particular focus has been on our web page content. Monthly monitoring has evidenced an increase in the numbers of people visiting our web pages and the numbers of visits made (hits). We are seeking ongoing feedback on the website to ensure we continue to make improvements, including promotion of the links to Adult Early Help where appropriate.



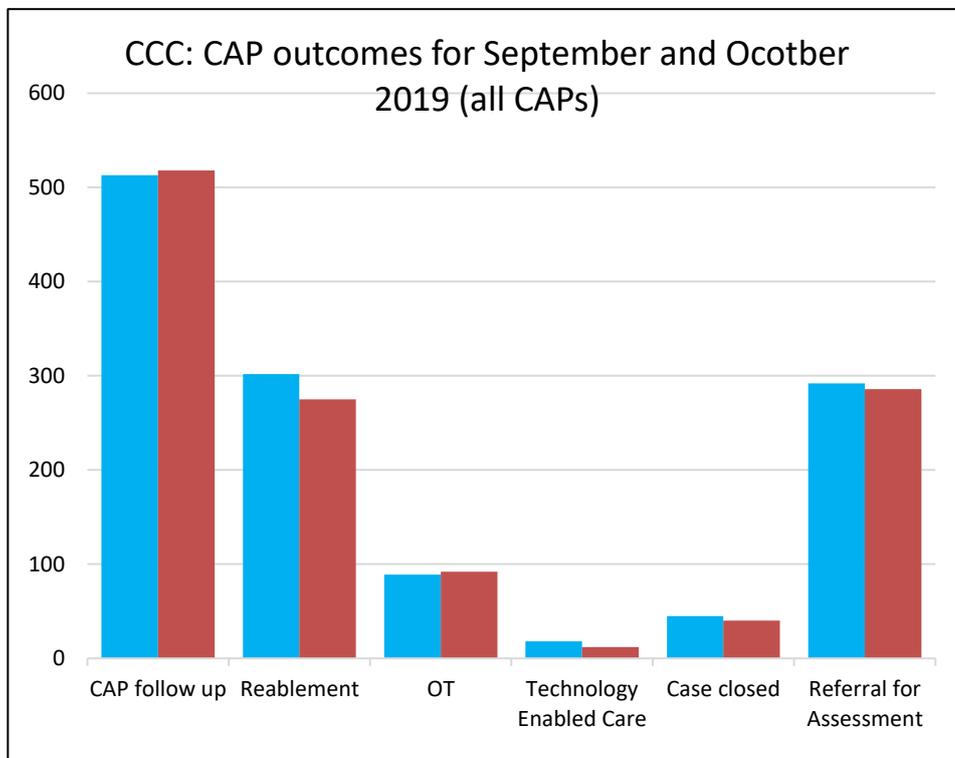
2.4.2 We have also been monitoring the number of contacts to Adult Social Care, which have taken a slight downward trend since January 2019. Given changing demographics and the increase in the number of potential clients, this is likely in part to evidence of the success of the information and signposting which is in place.



2.4.3 Since April 2016, the Cambridgeshire Adult Early Help (AEH) team have been providing a prevention and early intervention service for people over the age of 18. AEH is a multi-disciplinary team made up of Social Workers, Occupational Therapists,

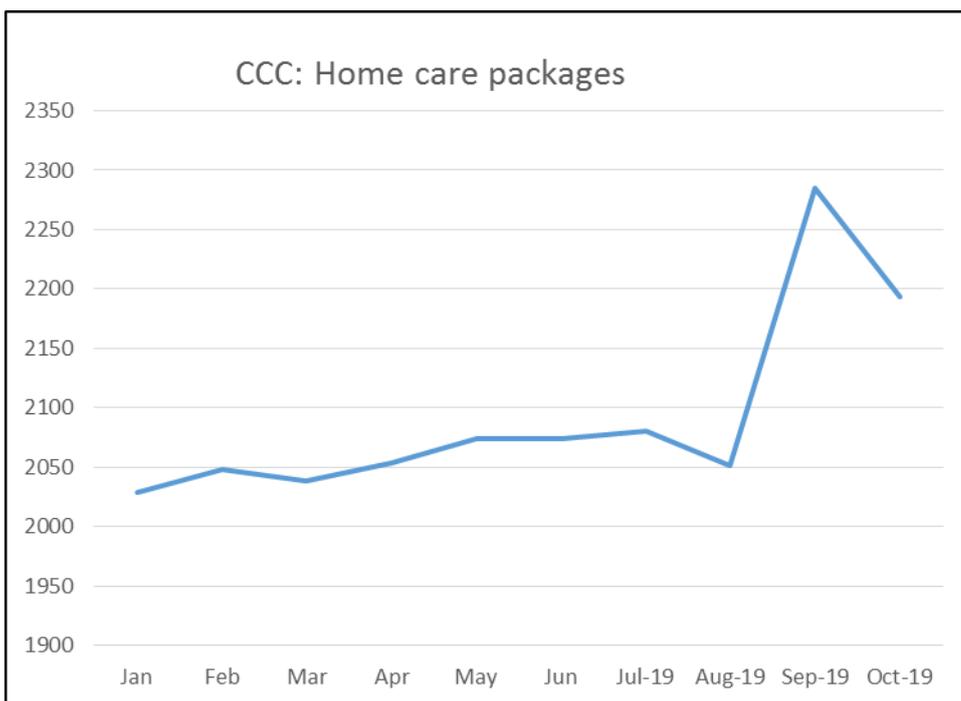
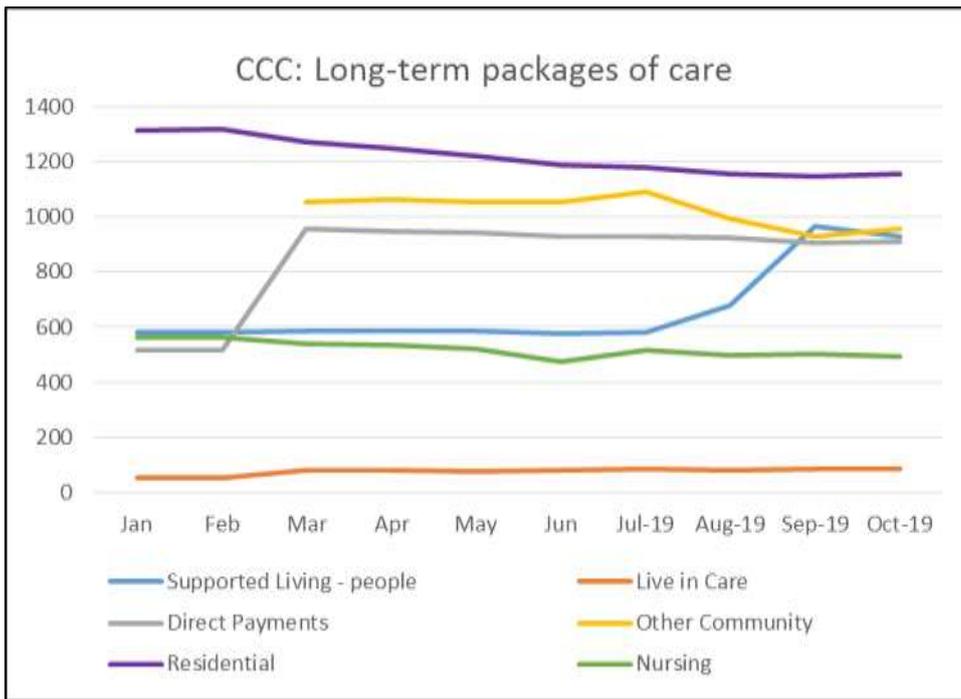
Welfare Benefit Advisors, Specialist Housing Advisor and Support Coordinators from a variety of backgrounds.

- 2.4.4 Their approach is to carry out a proportionate assessment using a strength-based conversation/motivational interview, either by telephone or through a home visit. They focus, not only on presenting needs, but the person's wider wellbeing, aspirations and existing support to help people make informed choices about the direction of their own care, maintenance or increase of independence and planning ahead to avoid crisis.
- 2.4.5 With the person and, where appropriate, their family carers, a Community Action Plan is developed that is then used to coordinate a variety of support options that can include information and advice, introductions to community-based services or specialist support agencies, equipment and technology, reablement and other goal focused services.
- 2.4.6 The team work together with colleagues across social care, health and mental health to maximise the person's wellbeing, gain appropriate help and support and avoid escalating needs, for example, hospital admission.
- 2.4.7 The role of the team is to show curiosity and creativity in improving outcomes, We have begun to regularly report on the outcomes of Community Action Planning. For the two month period around 40% of CAPs had some follow up community action planning, 23% led to a referral to reablement, 7% led to a referral to Occupational Therapy, 1% to a direct referral for TEC, 3% were closed with no need for further input and only 23% went on for an assessment for possible long term services.



## 2.5 **Supporting people to stay well in their own homes - community focus**

- 2.5.1 The Adults Positive Challenge (APC) Programme is focused upon designing a new approach and service model for Adult Social Care in Cambridgeshire and Peterborough which will continue to improve outcomes for individuals and communities whilst also being economically sustainable in the face of the huge pressure on the sector. The fundamental principle of this strategic change is a model which is based on putting choice and independence directly into the hands of individuals and communities.
- 2.5.2 Alongside the Adult Positive Challenge Programme we have also just completed a pilot based on the principles of the Buurtzorg model of care. The 'Neighbourhood Cares' models in Soham and St Ives was designed to test a community model that supports personalised support and care. The aims of the pilot were to:
- shift as much resource as possible to the front line;
  - free up staff to have more direct contact with people enabling them to do the right thing, at the right time in the right place and improve job satisfaction because they can see the difference they can make;
  - improve the quality and continuity of care and support to people;
  - increase capacity where we currently have capacity gaps, particularly in home care;
  - reduce the cost of care;
  - Set ourselves up for the future, learning from the pilot sites to form the basis for the wider transformation of the whole system.
- 2.5.3 An external evaluator, York Consulting Ltd, was appointed to provide ongoing evaluation of the pilot and the findings will support system partners in defining and developing an agreed model of neighbourhood delivery. The final report was presented to Adults Committee in December 2019.
- 2.5.4 Outside of this pilot, our focus on supporting people with long term care and support needs in their own homes and communities has started to see a trend towards increased home care numbers and decreased residential care home numbers in our activity tracking.



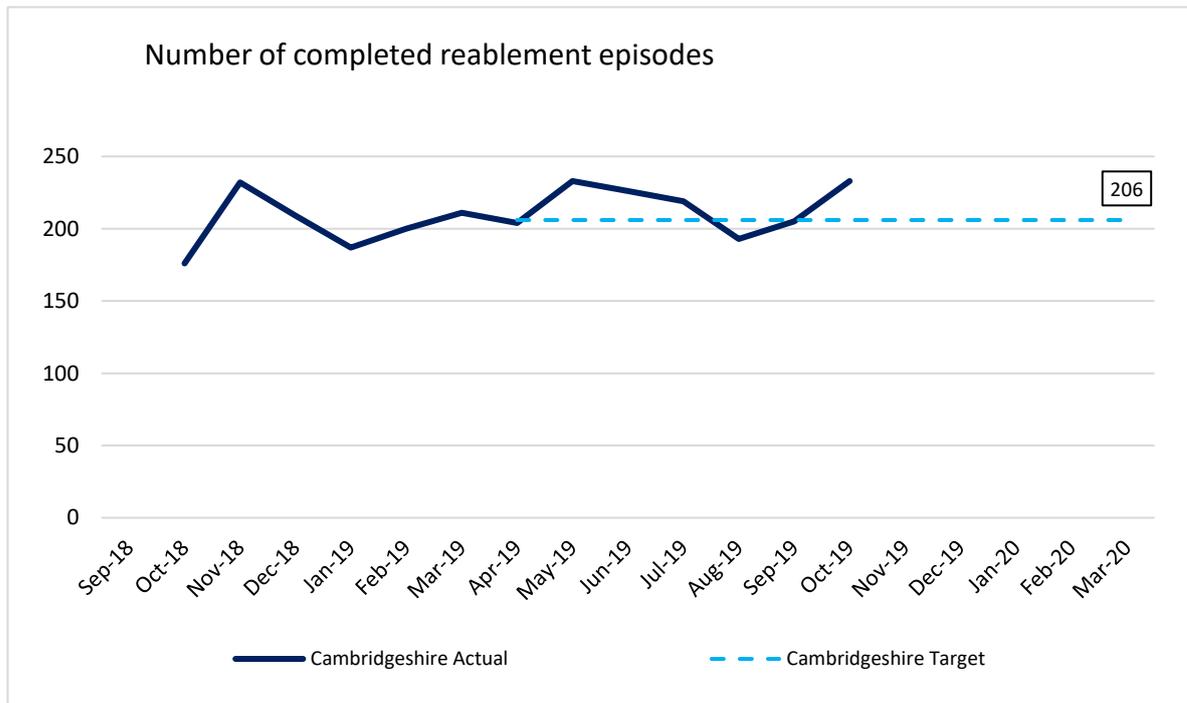
## 2.6 Supporting people in crisis

2.6.1 As part of Cambridgeshire’s Reablement Service, we provide an Enhanced Response Service (ERS), responding to urgent Lifeline calls where no named contact is available and where it is not a medical emergency. ERS has increased the numbers of calls it responds to from around 300 calls a month to an average of around 425. The last two months have seen a further increase to October 625 and November 540 all of which avoid an ambulance call out.

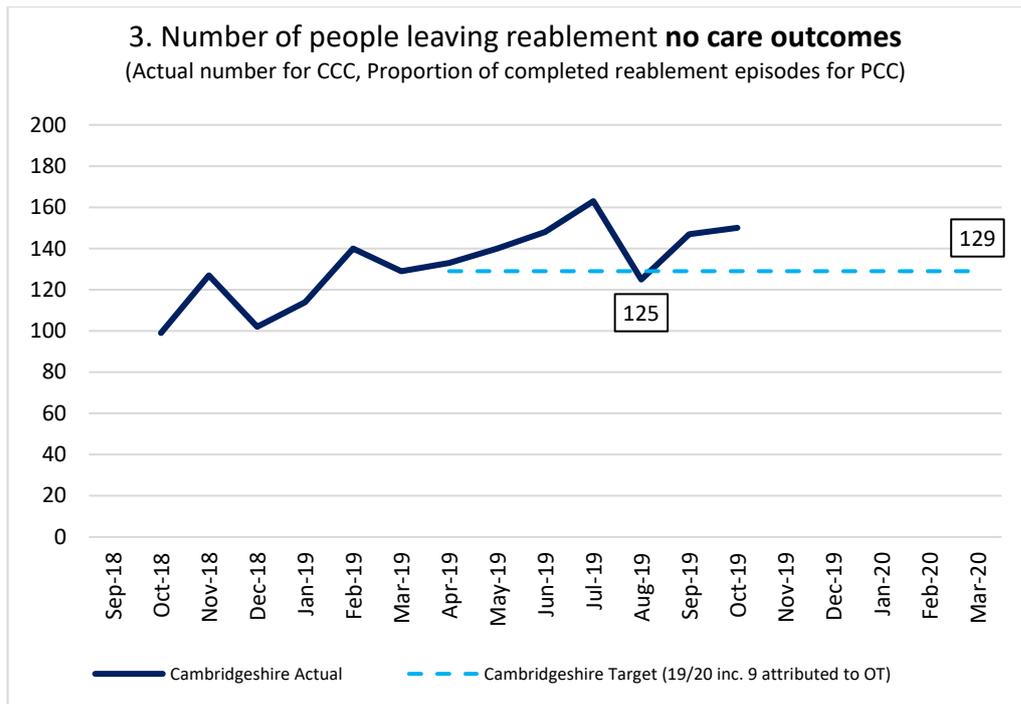
ERS can assist to support people who have fallen but have not injured themselves and respond to one-off urgent personal care or support needs and to silent calls. The Service is listed on the MiDoS directory of services, so now the Ambulance Triage Centre can allocate appropriate 999 calls to ERS. ERS is releasing capacity for the Ambulance Service to meet their priorities, but is also meeting urgent social care needs with a targeted one-hour response time. The Reablement Service manages staff very flexibly in order to ensure ERS can quickly and effectively respond to urgent needs. Where these needs require further social care interventions, the service can respond to this quickly and avoid admission and crisis through the Reablement Service.

## 2.7 Reablement, rehabilitation and enabling people to regain independence

2.7.1 Reablement will be considered for all adults after a stay in hospital; It is also considered for people referred via a GP or following direct contact with our Adult Early Help Team. Between April 2019 and September 2019, 1280 people successfully completed a period of reablement.



Of these 856 (67%) left the service with no further long term care and support needs.



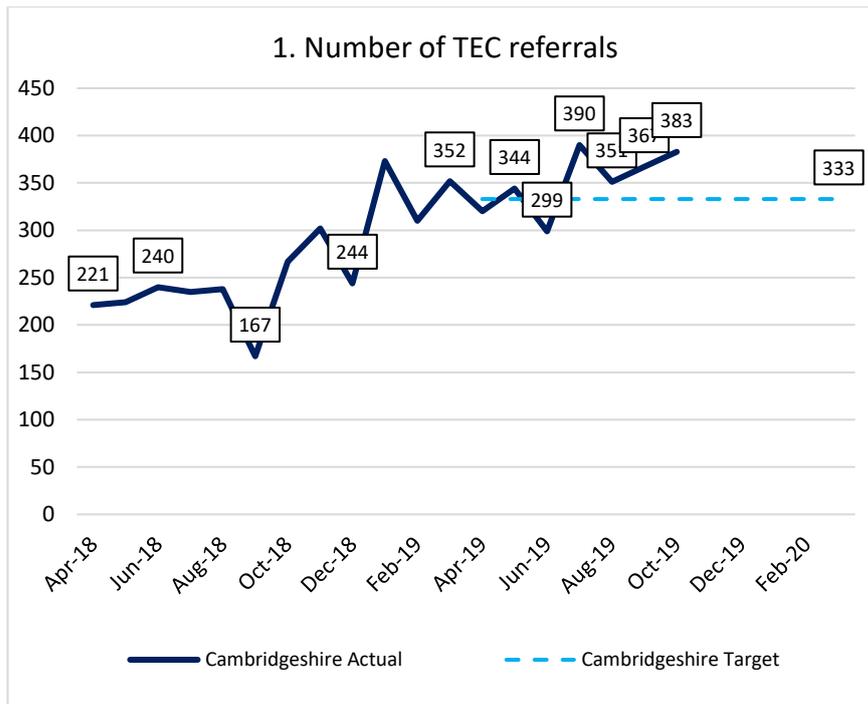
The reablement offer has been further enhanced by the provision of four additional dedicated Occupational Therapy posts

2.7.2 Supplementary services are those which are delivered by the reablement services but are in addition to the standard reablement offer. These services include:

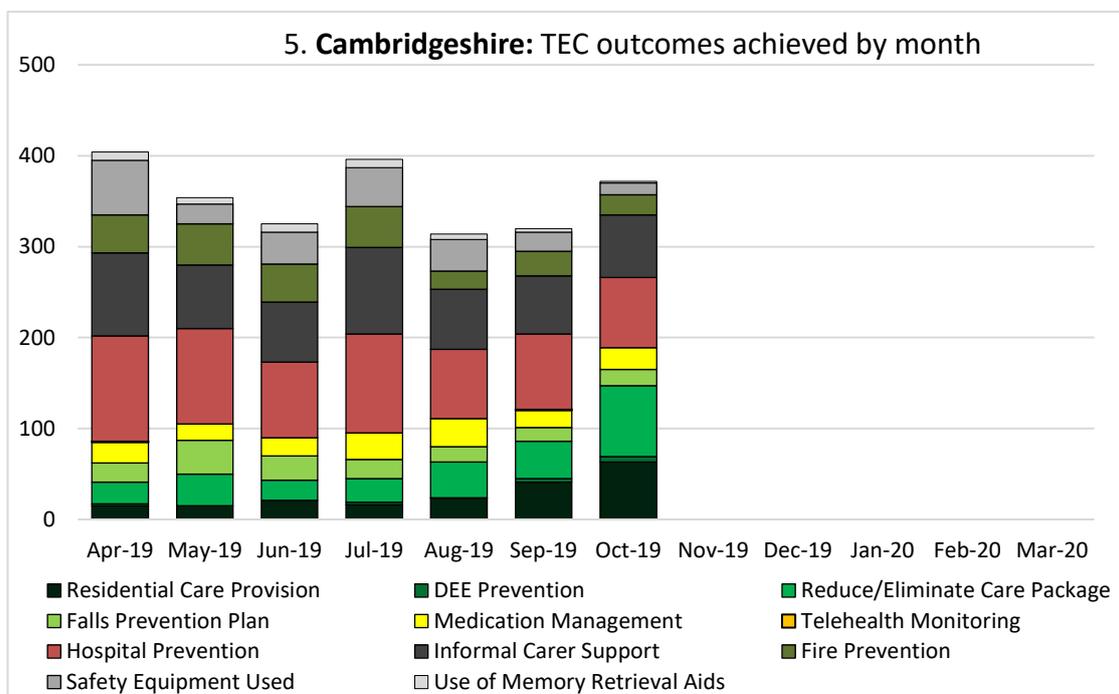
- Domiciliary Care prior to and/or following a period of reablement whilst ongoing domiciliary care is sourced
- Domiciliary Provider of Last Resort: providing domiciliary care in a bridging capacity where there are delays finding care placements. The reablement team is currently utilising c. 20% of capacity for this purpose.
- Reablement Flats specialist care facilities for those who meet the reablement criteria.
- Supply of Technology Enabled Care (TEC) / aids and adaptations / Occupational Therapy

2.8 **Technology Enabled Care**

Over the last 18 months we have increasingly built our focus on provision of Technology Enabled Care (TEC) both as a preventative resource for people and as a supplement to long term care and support plans. Staff have been receiving bite size training sessions to expand their knowledge of the range of opportunities available. This has resulted in an increased volume of TEC referrals, exceeding the target of 333 in most months since April 2019.



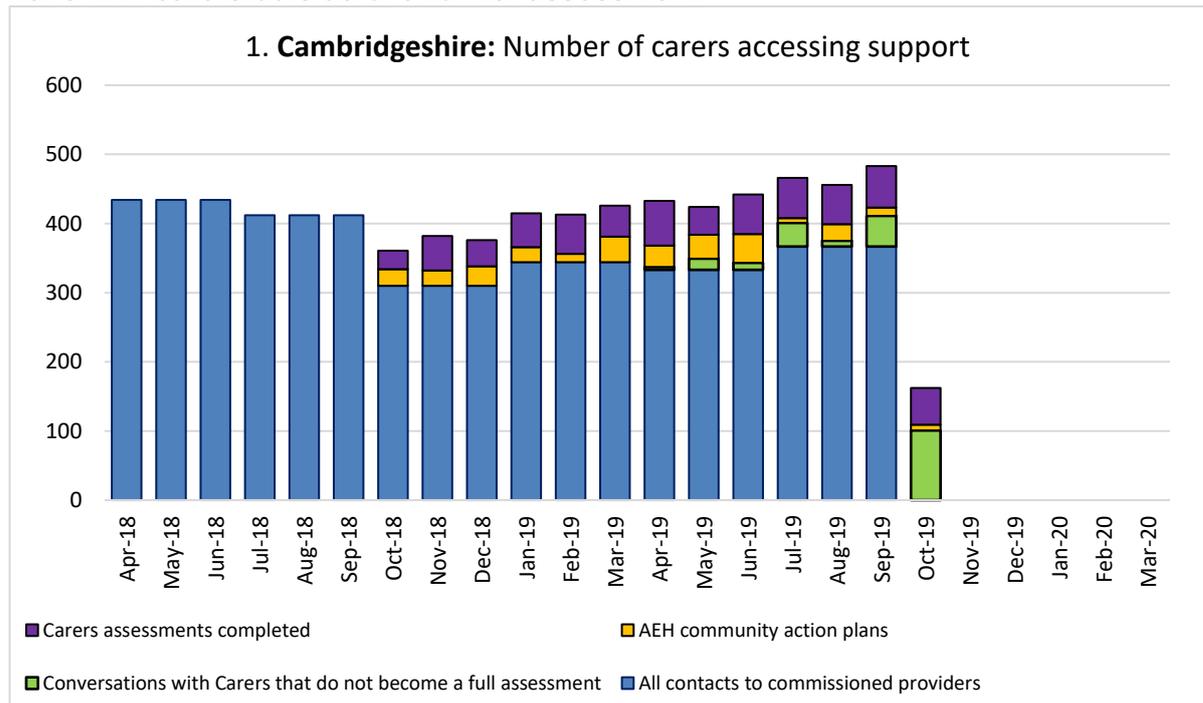
The cost avoidance value attributed to provision of TEC has been linked to the types of equipment and the specific need that it is intended to meet. The most common outcomes are prevention or reduction of the likelihood of long term care and support packages and prevention of hospital admissions. Although we have been seeing an increase in the number of interventions to avoid or delay the need for residential care provision.



## 2.9 Carers

The statutory carers' assessment function was transferred back to the Council in April 2019 alongside an intensive programme of workforce development promoting the importance of carers and a changed conversation to ensure that we better identify the things that matter most and avoid disproportionate use of lengthy carers' assessment processes.

Alongside tracking the number of carers assessments we undertake, we are also tracking the numbers of carers accessing universal carers' support, the number of community action plans completed for carers and the number of conversations we have with carers outside of a formal assessment.



## 2.10 Safeguarding

2.10.1 Overseen by the Cambridgeshire and Peterborough Safeguarding Adult Board (SAB), a multi-agency safeguarding policy has been developed in conjunction with all key stakeholders.

2.10.2 At the forefront of our safeguarding work is the Multi-Agency Safeguarding Hub (MASH); a collaborative arrangement between the Police, Cambridgeshire County Council, the Fire Service, Peterborough City Council and CPFT that supports joint working on child protection and safeguarding adults.

2.10.3 The Adult MASH team's main responsibilities are:

- Triage of adult safeguarding referrals;
- Screening-out inappropriate referrals therefore saving time for care teams;
- Ensuring appropriate immediate action is taken;
- Either carry out a section 42 (s42) enquiry or identify the key team or organisation that will carry out the enquiry;
- Work with the person in the right way for them and their situation, to get the outcome they want and need following the principles of Making Safeguarding

Personal and avoiding unnecessary formal safeguarding investigations, known as section 42 enquiries.

- Collate and share any relevant information with the key team or organisation undertaking the s42 enquiry;
- Provide advice and support to care teams on safeguarding issues; and
- Oversee the collection of safeguarding management information.

2.10.4 There is a monthly manager audit of the MASH to ensure continuous monitoring.

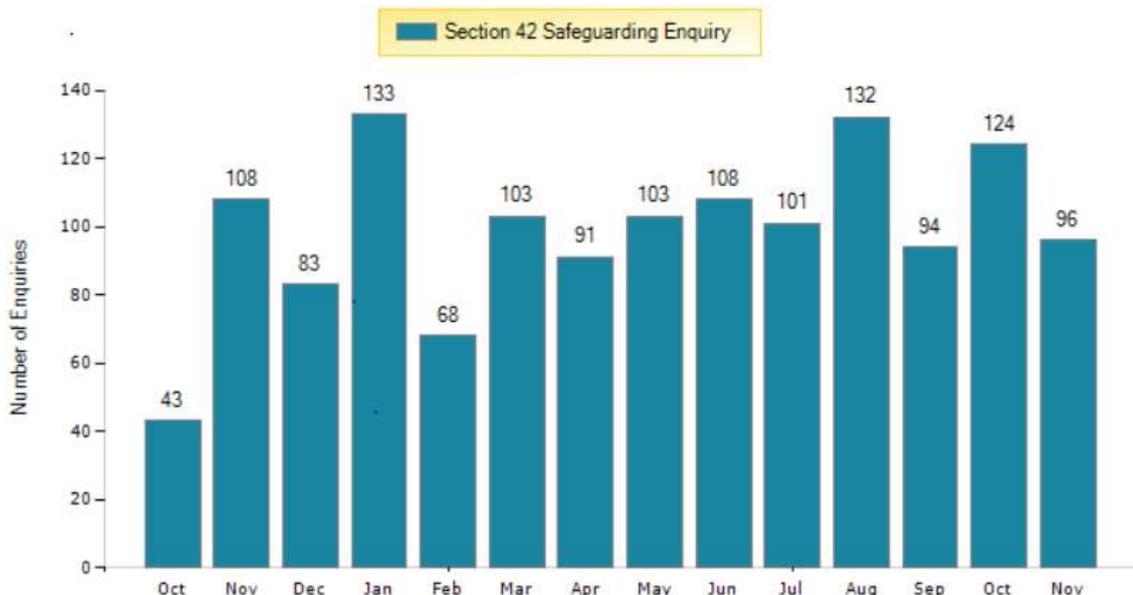
The MASH team collate and report on performance; this monitoring process includes the number of contacts/concerns raised, their source and whether they progress to Safeguarding Adults S42 Enquiry.

Between April 2019 and October 2019 there have been 6,627 safeguarding concerns triaged within the MASH, an average of 947 per month, compared with the average of 965 in the previous 6 months.

Number of Adult Safeguarding concerns received by CCC Adult MASH (Source: CCC Mosaic)

	2018/19						2019/20						
	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	Jun-19	Jul-19	Aug-19	Sep-19	Oct-19
Mosaic received	1,037	988	866	968	874	1,010	1,057	989	854	930	991	831	979
Manual received	755												

Of those concerns triaged in the MASH between April and October 2019, 782 progressed to become an enquiry. So far this year and 849 safeguarding enquiries have been fully completed.



## 2.11 **Performance And Outcomes – Adult Social Care Outcomes Framework.**

- 2.11.1 Each year the Council compares itself to other local Authorities based on national metrics which are published by NHS Digital. Below are the key headlines from that comparison
- 2.11.2 Cambridgeshire has comparatively lower numbers of contacts for support and achieves a good balance of outcomes, with low numbers resulting in long term support and high numbers resulting in short term or universal services.
- 2.11.3 Permanent admission rates to residential care remain low and below the regional average. This is despite geographical variances in availability for domiciliary care and personal assistants.
- 2.11.4 Direct Payments take up is poorer than other Councils which has driven the decision to tender the support service.
- 2.11.5 The transfer to a new care management system in October 2019 did cause some reporting challenges around long term care packages. The need to create assessments for all migrated cases at the point of review also impacted on the percentage of cases receiving a review in the year. Reviews are a clear area of focus for the Council in 19/20 and there has been a considerable amount of work with managers to look at how we carry out and target reviews to make most impact.
- 2.11.6 Achieving targets related to increasing employment amongst people with Learning Disability has also proved challenging with much of the support activity being targeted at people who are not eligible for long term care and support. This has been a focus for work during 2019/20 and we are starting to see an increase in projected numbers with a focussed working group.

As part of this work we have been successful in a bid for £120K funding from NHS Digital for a project to research and promote social media and mobile applications that will support young adults with learning disabilities with key enablers to employment such as access to public transport.

- 2.11.7 Cambridgeshire had significant challenges around transfers of care in 2018/19 for both social care and for health reasons. There has been a significant focus on this from the system and whilst there have been improvements in 19/20 although challenges remain in both health and social care. For social care the key issue is the shortage of capacity for domiciliary care to return people to their own homes.
- 2.11.8 Figure one below provides a summary of Cambridgeshire's performance in 2017/18 against the Adult Social Care Outcomes Framework (ASCOF)

Cambridgeshire County Council - Adult Social Care Outcomes Framework

18/19 Cambridgeshire is better  
 18/19 Cambridgeshire is the same  
 18/19 Cambridgeshire is worse

Cambridgeshire 2018/19 rank

Ref	ASCOF - Indicator	2016/17	2017/18	2018/19	REGIO	CIPF	ENGL	Measure	Rank	DOT
1A	Social care related quality of life (Score)	19.4	19.7	19.7	19.3	19.3	19.1	Bigger is Better	10	↔
1B	Service users with control over their daily life (Percentage)	81	81.2	83.2	79.4	79.1	77.8	Bigger is Better	6	↑
1C1A	People receiving self-directed support (Percentage)	97.5	98.8	100	85.2	87.5	89	Bigger is Better	1	↑
1C2f	People receiving direct payments (Percentage)	23.3	23.6	23.5	25.9	31.4	28.3	Bigger is Better	104	↓
1C1B	Carers receiving self-directed support (Percentage)	90.5	95.1	96.4	93.4	81.5	83.3	Bigger is Better	108	↑
1C2E	Carers receiving direct payments (Percentage)	90.5	95.1	96.4	78.4	68.6	73.4	Bigger is Better	79	↑
1D	Carer-reported quality of life (Score)	7.7	7.7	7.6	7.3	7.2	7.5	Bigger is Better	47	↓
1E	Adults with learning disabilities in employment (Percentage)	3	2.6	4.8	8	6.4	5.9	Bigger is Better	82	↑
1G	Adults with learning disabilities living in own home / with family (Percentage)	71	71.2	78.6	76.3	73	77.4	Bigger is Better	76	↑
1f	Service users with as much social contact as they would like (Percentage)	47.7	47.6	51.4	47.2	46.2	45.9	Bigger is Better	18	↑
1i	Carers with as much social contact as they would like (Percentage)	36.6	36.6	35.1	27.2	29.4	32.5	Bigger is Better	43	↓
2A1	Permanent admissions to care homes: people aged 18 to 64 (Per 100,000)	5.5	6.9	2.5	14.9	14.2	13.9	Smaller is Better	2	↓
2A2	Permanent admissions to care homes: people aged 65 and over (Per 100,000)	521.1	467.9	330.7	518.1	541.5	580	Smaller is Better	12	↓
2B1	Older people at home 91 days after leaving hospital into reablement (Percentage)	73.4	72.4	56.5	81.2	81.9	82.4	Bigger is Better	150	↓
2B2	Older people receiving reablement services after leaving hospital (Percentage)	2.3	2.7	2.8	2.8	2.2	2.8	Bigger is Better	75	↑
2C1	Delayed transfers of care (Per 100,000)	17.8	17.4	20.4	10.5	11.8	10.3	Smaller is Better	152	↑
2C2	Delayed transfers of care attributable to social services (Per 100,000)	5.2	4.9	5.6	3.2	3.5	3.1	Smaller is Better	137	↑
2C3	Delayed transfer of care attributable to both (per 100,000)	N/A	1.1	0.6	0.5	1.4	0.8	Smaller is Better	101	↓
2D	The outcome of short-term services: sequel to service no care needs (Percentage)	92.9	93	91.2	86.3	79.8	79.6	Bigger is Better	15	↓
3A	Client satisfaction with care and support (Percentage)	64.7	63.2	64.2	64	64.5	64.3	Bigger is Better	52	↑
3B	Carer satisfaction with social services (Percentage)	35.1	35.1	38.9	37.6	36.3	38.6	Bigger is Better	67	↑
3C	Carers included or consulted in decisions (Percentage)	65.8	65.8	75.9	69.6	69.6	69.7	Bigger is Better	25	↑
3D	Service users who find it easy to get information (Percentage)	73.3	70.8	69.6	69.7	69.8	69.7	Bigger is Better	85	↓
3D	Carers who find it easy to get information (Percentage)	59.3	59.3	61.1	61.2	60.6	62.3	Bigger is Better	90	↑
4A	People who use services and feel safe (Percentage)	68.2	73.5	75	70.4	70.7	70	Bigger is Better	16	↑
4B	People who say the services they use make them feel safe and secure	83.7	83.2	85	85.2	88.5	86.9	Bigger is Better	96	↑

Note: CIPFA averages = median average

CIPFA comparator Councils are: Buckinghamshire; Essex; Gloucestershire; Hampshire; Hertfordshire; Leicestershire; North Yorkshire; Northamptonshire; Oxfordshire;

Somerset; Staffordshire; Suffolk; Warwickshire; West Sussex; Worcestershire

## **2.12 Commissioning And Quality**

### **2.12.1 Place Based Commissioning**

Commissioning recognises the need to embed best practice learning from the neighbourhood cares to inform our future approaches to commissioning to support wider place based delivery agendas (e.g. Think Communities, Integrated Neighbourhoods) whilst ensuring best value and improved outcomes for people. Whilst we recognise that commissioned home care capacity at a global level across the county may be sufficient, we see capacity mismatch due to variances such as geographical variances, timings of care etc.

However, we also recognise the need to ensure there is a place based infrastructure to inform and drive forward approaches to commissioning services and delivering social care. We need to draw in local strategies and assets to support this and place based boards are a key catalyst for supporting new local models of development.

In terms of next steps, we are considering a local place based pilot for commissioning of domiciliary care, potentially within Huntingdonshire, which would build on the learning from neighbourhood cares and approaches from other areas, such as Wigan, Oxfordshire and Thurrock. We will be working with the local place based board to inform development and design, ensuring working with the wider market to co-develop a local solution that meets the needs of the local population and understand better how a local place based model of commissioning can support delivery of outcomes and financial benefits.

### **2.12.2 Market Management**

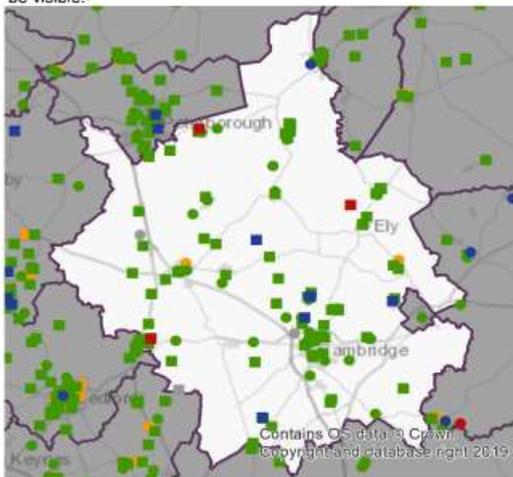
#### *Quality of Care*

The Council complies with Care Quality Commission (CQC) regulations and continues to work with local providers to ensure quality provision. The below provides an overview of CQC ratings across Cambridgeshire, which that Cambridgeshire is performing comparatively better than both statistical neighbours and national averages. 87% of Cambridgeshire care homes are rated good or outstanding, compared to 79% amongst statistical neighbours and 77% nationally.

## Ratings – adult social care



This map shows the overall ratings of active adult social care locations in Cambridgeshire. There may be multiple locations in one position so not all locations may be visible.



CQC data accessed on 18/07/19.

### Nursing homes - see circles on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	13% (6)	78% (35)	4% (2)	4% (2)
Comparators	3%	19%	69%	5%	4%
England	2%	21%	68%	4%	4%

### Residential care homes - see squares on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	3% (3)	2% (2)	86% (74)	6% (5)	2% (2)
Comparators	1%	13%	80%	4%	3%
England	1%	13%	79%	3%	4%

### Domiciliary care agencies - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	9% (8)	67% (60)	2% (2)	22% (20)
Comparators	0%	8%	68%	4%	19%
England	1%	10%	65%	3%	21%

### Community care services - not shown on map

	Inadequate	R.I.*	Good	Outstanding	Unrated
This LA	0% (0)	0% (0)	86% (12)	0% (0)	14% (2)
Comparators	0%	6%	62%	4%	29%
England	0%	5%	69%	4%	22%

\*R.I. = requires improvement

Numbers in brackets are the number of locations.

### Adult Social Care Workforce

Across the Eastern Region, the latest Skills for Care data shows us that the number of adult social care jobs across the Eastern region has increased by 8.6% since 2012 (by 13,500) jobs and increased by around 1.4% (2,000 jobs) between 2016 and 2017. The turnover rate in Cambridgeshire was 33.9%, which was similar to the region average of 33.9% and higher than England at 30.70%. Not all turnover results in workers leaving the sector, over two thirds (71%) of those recruited came from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience.

Adult social care has an experienced 'core' of workers. Workers in Cambridgeshire had on average 6.8 years of experience in the sector and 65% of the workforce had been working in the sector for at least three years. 21% Skills for Care estimates that in Cambridgeshire, 8.4% of roles in adult social care were vacant, this equates to around 1,100 vacancies at any one time. This vacancy rate was similar to the region average, at 9.7% and similar to England at 8.0%.

The average number of sickness days taken in the last year in Cambridgeshire was 3.9 (4.9 in Eastern and 5.1 across England).

An estimated 77% of the workforce in Cambridgeshire had a British nationality, 15% had an EU nationality and 8% had a non-EU nationality, therefore there was a higher reliance on EU than non EU workers.

The Council continues to support the development and sustainability of the adult social care workforce in a number of ways, including:

- Exploring alternative models of delivering care, for example investing in reablement as the provider of last resort, exploring place based models of delivery and commissioning alternative options such as TEC, direct payments
- Education and development, such as working with LGSS to support the development of the social work degree apprenticeship
- Working with the wider system, for example the STP, to develop system wide workforce strategies
- Working with providers to support planning and mitigations for Brexit

### 2.12.3 Brokerage, quality improvement and contract management

The brokerage team has continued to maintain improved performance in the following areas:

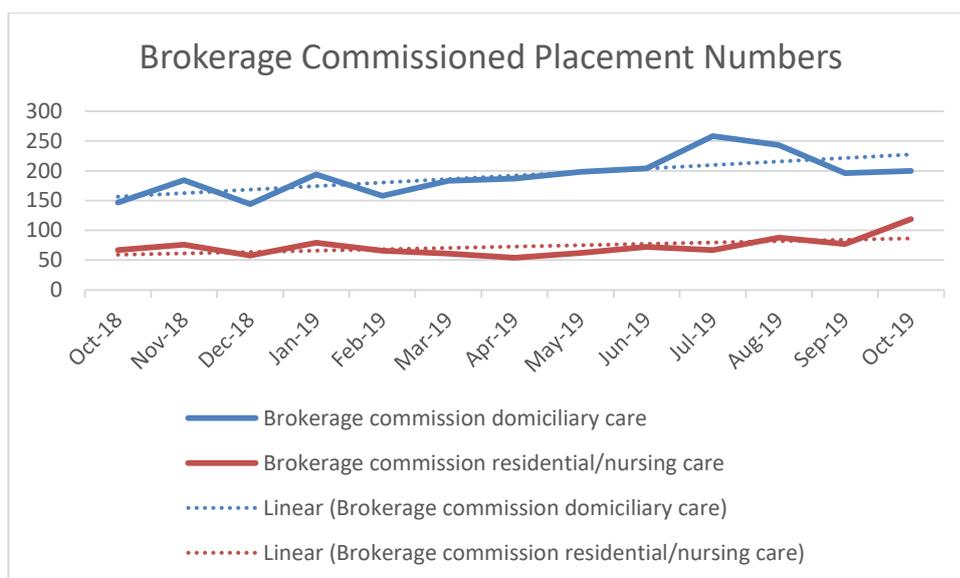
- Reduction in the average time to broker care; and
- Increased utilisation of block bed capacity

This is despite increased demand for placements and a number of provider issues which have impacted on capacity in the market. There are now permanent brokers based in each of the acute hospitals who work closely with the discharge planning teams. These posts have been well received and helped improve flow and responsiveness.

The below table shows a monthly breakdown of the number of brokerage placements over the past 12 months. The key messages are:

- 3,515 placements have been made by the brokerage team between October 2018 and November 2019, 73% of placements were for domiciliary care and 27% were for residential/nursing care
- Of domiciliary care placements, 32% were hospital discharges and 68% were placed from the community
- Of residential and nursing care placements, 46% were hospital discharges and 54% were placed from the community
- Monthly demand has been steadily increasing throughout the year (49% increase between October 2018 and October 2019) and there particular peak in referrals seen in July and August 2019 as a result of the heatwave impacts.

Task Type	October 2018	November 2018	December 2018	January 2019	February 2019	March 2019	April 2019	May 2019	June 2019	July 2019	August 2019	September 2019	October 2019	November 2019	Total
<b>Brokerage: Commission Domiciliary Care</b>	147	184	144	194	158	183	187	198	204	258	243	196	200	52	2548
Community	83	103	87	128	105	114	134	145	156	191	171	136	139	33	1725
Hospital Discharge	64	81	57	66	53	69	53	53	48	67	72	60	61	19	823
<b>Brokerage: Commission Residential / Nursing Care</b>	67	76	58	79	66	61	54	62	72	67	88	77	119	21	967
Community	38	48	35	27	36	28	27	35	43	38	47	41	70	8	521
Hospital Discharge	29	28	23	52	30	33	27	27	29	29	41	36	49	13	446
<b>Total</b>	<b>214</b>	<b>260</b>	<b>202</b>	<b>273</b>	<b>224</b>	<b>244</b>	<b>241</b>	<b>260</b>	<b>276</b>	<b>325</b>	<b>331</b>	<b>273</b>	<b>319</b>	<b>73</b>	<b>3515</b>



Despite the recent co-location of the CCG Continuing Health Care (CHC) brokers and health care staff, the co-location arrangements have been revisited. This is following the need for the CHC team to maximise clinical oversight arrangements by re-locating the team to a central location. This has reduced the opportunities available to align NHS health and social care purchasing of care.

The contract management team has been transitioning to a more proactive risk based model of contract management with providers. This has improved provider relationships and confidence, and we have had received initial positive feedback from providers on the new approach.

Over the last few months, the team have worked with a number of providers to manage quality issues and contract handbacks. The below provides an overview of existing issues which are being managed by the Council:

- We have increased monitoring in place for 17 providers
- There are suspensions in place for 2 providers (one domiciliary care provider and one learning disability residential setting). This means that the provider cannot accept any new service users.
- There is 1 care home which has a CQC enforcement, which requires prior agreement for all new placements.
- 3 residential settings have recently been supported out of suspension and whilst increased monitoring continues on a reducing basis, there is evidence of sustained improvement.

Over the last 12 months, we have also had a number of provider failures and contract handbacks, including:

- 1 care home closure due to ongoing safeguarding concerns and failure to evidence improvement, despite intensive long term support.
- 1 care home closure as a result of the provider's own business decision. This was not related to any quality concerns.

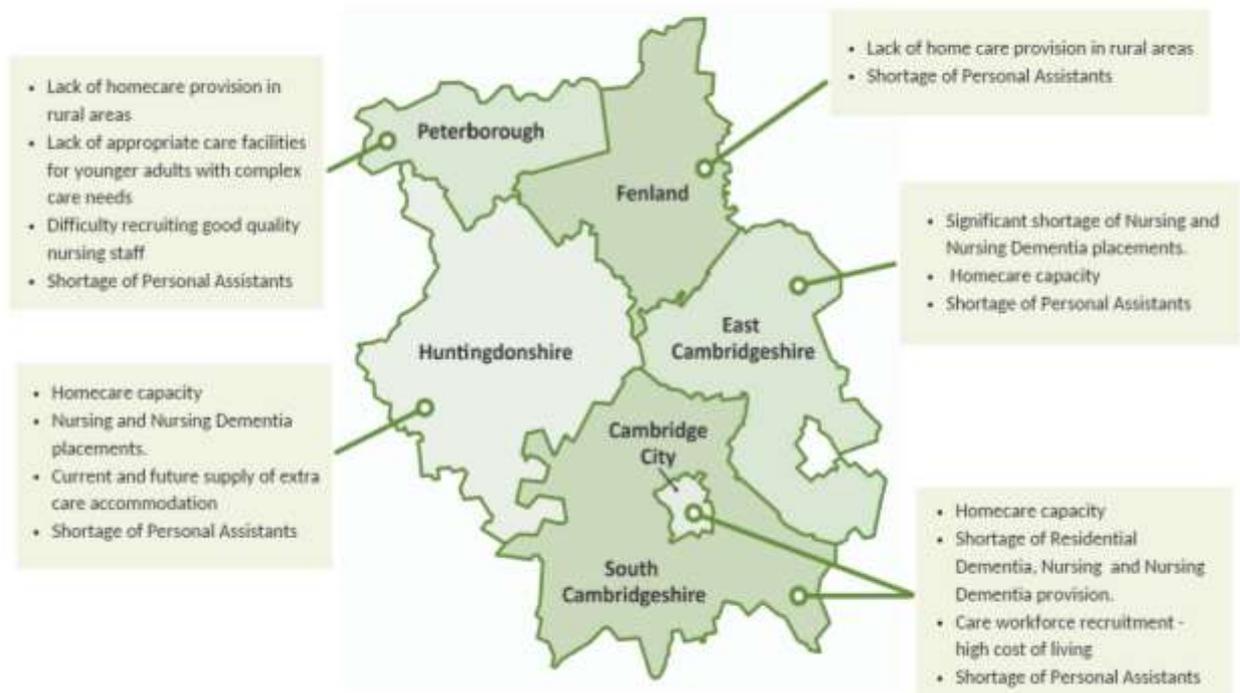
- 1 domiciliary care provider has given notice on their contract. This provider was already receiving intensive support and was subject to suspension of new placements.
- In addition, we continue to find that many providers, mainly in the domiciliary market, seek support for individual service users regarding provision, which in the main are due to changes in need, such that the provider is no longer able to meet. For example, female only or double up care is required and the provider does not have specific capacity available.

In all of these instances, the Council has worked closely with providers, individuals and their families to ensure a managed transition of their care to alternative providers.

#### 2.12.4 Adult Social Care Commissioning

Due to an ageing population and significant financial constraint, we are facing unprecedented challenges across the system. Within commissioning, there are number of key challenges demonstrated within graphic below:

Map of Cambridgeshire and Peterborough showing key pressures for each district:



In order to meet the significant challenges we face across the health and care system, Commissioning intend to continue to work creatively to support people to remain independent in their communities for as long as possible and meet increasing demand. The Joint Market Position Statement outlines the approach to implementing the following strategic intentions:

- Providing individuals with increased choice and control over the services they receive through commissioning provision which enables an increase in direct payments
- Working in partnership with local organisations, service providers, service users and the general public to design and deliver provision which meets local need

- Working with providers to develop new ways of working in providing support through models such as micro enterprises.
- Exploring how the Local Authority can commission by outcomes

The below provides a summary of the key areas of progress:

**Direct Payments:** As part of the strengths and assets based approach to care and support planning there is a stated intention to increase the utilisation of direct payments. The direct payment support service is currently being recommissioned, with the focus on increasing the number of personal assistants in the market. Tender submissions are currently undergoing evaluation with a view to awarding in early in the new year. Work will then take place in partnership with both the provider and operational teams to deliver an improved pathway which makes direct payments accessible whilst also ensuring the provider is able to build up a pool of PA provision which meets local need.

**Carers Support:** The provision of carers support has been reviewed and is in the process of being recommissioned. This is a jointly commissioned service with PCC, following the CCG withdrawing from the tendering and will take a preventative approach to supporting the local carer population. This links closely with the objectives of the Adults Positive Challenge Programme and we will continue to work with the successful provider to ensure that the objectives are jointly owned and priorities are delivered against. The tender is currently at evaluation stage, with award due to commence in January 2020. Again, work will take place following the award of the new contract to ensure both the provider and local authority are maximising all opportunities to provide carers with access with preventative or formal support provision.

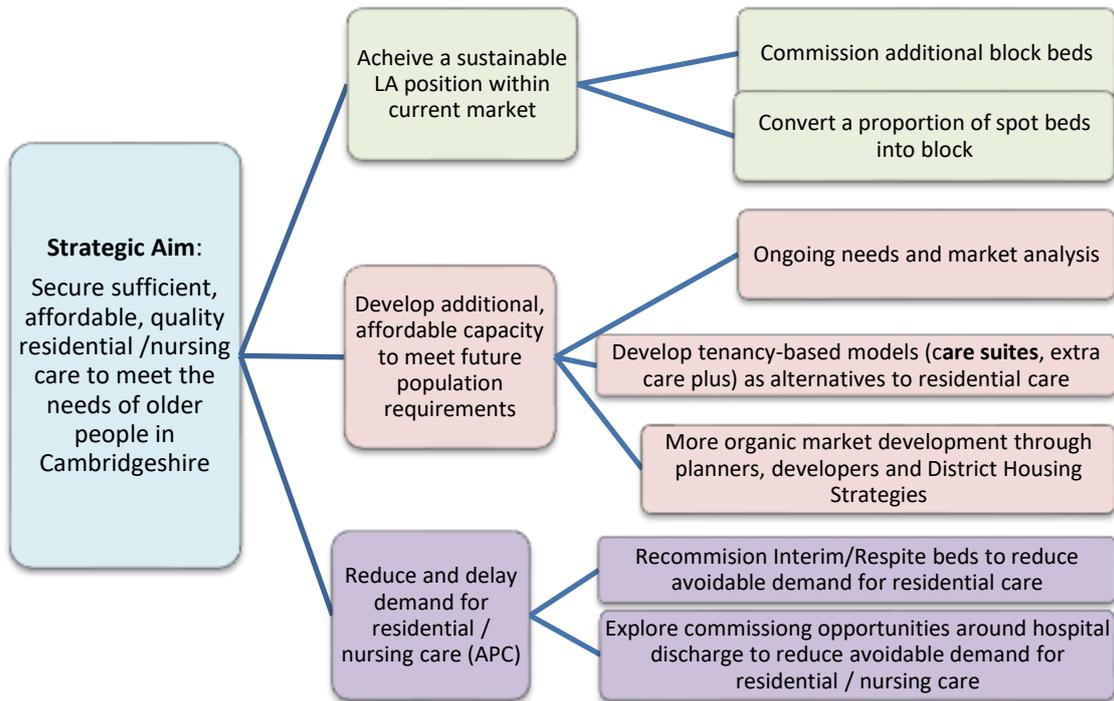
**Technology Enabled Care (TEC):** Commissioning continue to work with operational colleagues on the development of Technology Enabled Care as part of the Adults Positive Challenge Programme. This has four work streams:

1. Ensuring staff think 'TEC First' when triaging and support planning
2. Ensuring the general public have access to good quality information and advice to make decisions around the use of TEC
3. Aligning the operating model for TEC across Cambridgeshire and Peterborough to ensure a consistent and equitable service is in place
4. Ensuring ongoing innovation through tapping into benefits offered by the latest technology and building business cases based on robust 'Return on Investment' propositions.

To date, the work stream is exceeding cost avoidance targets set for this financial year within both Councils. There is also an ongoing focus on the alignment of the multiple commissioned LifeLine contracts.

**Older People's Accommodation:** The overarching aim of the Older People's Accommodation Strategy is to obtain sufficient, affordable and high quality residential and nursing care to meet the needs of the local community. We are seeking to achieve the above through a multi-faceted plan which will help us gain more control of the local market. This includes reducing demand for residential care, better market management and development of alternative delivery models such as 'care suites' and 'extra care plus'

This plan and approach is illustrated below.



The strategy therefore focuses on how we can harness all accommodation options for older people in order to manage the demand pressures associated with traditional residential and nursing care offer illustrated in the graphic below.



Through this approach, Commissioning intends to take a more prudent approach to obtaining additional capacity from the market on an incremental basis through the following:

- Securing the use of existing care home provision and maintain control of cost pressure both now and in the future
- Working more closely with the market to stimulate the development of new affordable residential and nursing provision.
- Working to extend the use of extra care so delaying the need for care home placements and engaging with the market to promote increase development of care home provision over time.
- Continuing to develop, test and refine potential alternative delivery models including:
  - Extra Care Plus: This is local concept in which additional night care hours are commissioned to enable individuals with more complex needs to remain living in their Extra Care tenancy rather than transferring to residential care or nursing care
  - Care Suites: Piloting the use of care suites through conversion of existing care home provision within both Cambridgeshire and Peterborough.

All of the above will enable both Local Authorities to maximise market control, add capacity and manage rising cost pressures within the shortest timescales. The outcome of the above will inform an updated assessment of local need allowing commissioning to compare this to available capacity and consider the outcomes of the extra care and care suites pilots. This will ultimately lead to a clear view of future commissioning priorities which may include further development of care suite should the need for further capacity or management of rising costs be required.

Work is already underway within this area, and through a significant level of engagement with the local market and a number of tendering exercises, Commissioning are projecting a significant increase in affordable bed provision available to the local authority by May 2020. The Commissioning Team are also working within both Cambridgeshire and Peterborough to pilot development of care suites through working with providers to convert existing care home provision:

**Homecare review:** The review of homecare is due to complete in January 2020. The new DPS model had been highly successful in increasing the number of organisation's commissioned by the Council to deliver homecare. However, there is more work to be done to maximise the benefits of this approach and manage pressures resulting relating to capacity mismatch and supporting reduction of bridging packages in the reablement service.

The outcome of the review will confirm an updated vision for homecare and inform the future commissioning approach to delivering against this contract, including recommendations on how to maximise the current capacity as well as the long term development of the market capacity.

**Housing Related Support:** We continue to review this, to explore new models of delivery that promote best practice and ensure that people accessing housing related support services get the best possible outcomes. To support this, the Council have

commissioned an independent organisation to deliver a comprehensive needs assessment which will underpin an updated strategy. This strategy will not only reflect the progress that has been made over the past year, but will confirm an approach to recommissioning services according to best practice moving forward. This has resulted in an updated completion date of April 2021. An update is being presented to Adults Committee in January 2020.

**Prevention and Early Intervention:** There is a clear recognition of the need to support moving to an asset based approach to manage demand, which promotes independence and choice, whilst maximising place based community assets. The future commissioning of prevention and early intervention services is a key element to support the delivery of this approach, in line with the principles of Think Communities and Adults Positive Challenge Programme. The tendering of a new prevention and early intervention framework with being progressed. The fact that a number of these contracts are due to end in March 2020 provides us with a unique opportunity to support providers in changing the conversation through the adoption of a new and flexible approach, which will allow communities to pull-down services based on local needs, supporting place based delivery in line with the principles of Think Communities and Adults Positive Challenge.

**Integrated Community Equipment Service:** this contract is due to be re-tendered next financial year. Discussions with the CCG and PCC to review the current contract and review needs to inform the future commissioning arrangements.

#### 2.12.5 **Mental Health and Learning Disabilities Commissioning**

**Recovery and Community Inclusion contract:** (co-commissioned with the CCG and Peterborough City Council) The contract is being delivered by CPSL Mind and is branded as 'The Good Life' service. The service aims to connect people with their local community assets as well as supporting people to improve their individual living skills, resilience and recovery. In the initial 3 months of delivery the service has supported the introduction of Good Mood Cafes and Open Door Calm Spaces, which are available in local communities across the county, as well as supporting 100 individuals with specialist mental health needs. The service is already making a positive impact and additional elements of service are due to roll out in the coming months including a specialist Personality Disorder service, on-line counselling and peer support and a ring-fenced Innovation Fund to support service user led initiatives.

**Lifecraft:** a service-user led charity within Cambridge, has recently been successful in being granted £49,000 from the Innovate and Cultivate Fund to provide focused employment support to people currently living in Mental health Supported Accommodation, or receiving a Care Package. The project is currently working with around 12 individuals and is offering a range of interventions to support people to move closer to/or obtain employment. As well as a group to support confidence building and employment options the service has already supported 2 people into part-time employment and 1 person into voluntary work.

**Mental Health Supported and Residential Accommodation services:** Following a review of the current accommodation provision across mental health and autism and agreement by Adults Committee a procurement exercise is about to commence for

residential and supported living services (including those for people with complex needs) for Mental Health and Autism. This procurement should be completed in Summer 2020 and provides the opportunity to widen the provider market for these cohorts as well as adding additional support provision for those with complex needs who are often less able to manage in more standard Supported Living environments.

**Carers of Adults with Mental Health Needs:** As part of the tender for an All Age Carers Service a specific lot has been included to support Carers of Adults with Mental Health Needs. This service will work as an integrated part of the wider Carers Service but recognises some of the specific challenges faced by this cohort of Carers. This service has previously been commissioned in Cambridgeshire and as part of the tender will be extended to Peterborough with additional funding contributed by Peterborough City Council.

**Specialist Mental Health Employment Support:** A range of project and commissioned services are currently being delivered. A strategic review of these services will be undertaken during 2019 /20, in conjunction with Public Health and involving key partners from across the system who are involved in increasing the rate and number of people with a mental health problem and/or learning disability/autism in employment. Commissioners will draw together employment based projects to ensure that there is a strategic approach to the improvement required and to ensure that commissioning intentions and strategy can be drawn from the projects. A high level and more detailed pathways to employment will be established. Qualitative and quantitative evidence will be collected to underpin future commissioning intentions around employment.

**Community Mental Health Services Transformation:** We are moving to the third phase of development of the PRISM, primary enhanced mental health service in Cambridgeshire. This is an exciting phase as it extends the model to work closely with the mental health voluntary sector in partnership with CPSL Mind in their delivery of the Good Life service.

At the same time, a 2-year pilot with £3.5m investment secured by Cambridgeshire and Peterborough CCG will be undertaken in Peterborough as part of a national community transformation pilot to trail blaze, ahead of the national implementation of community mental health transformation initiatives from 2021/2022. Peterborough was selected because of the relatively high level of deprivation and mental health need. The learning from the pilot will inform the third phase of the PRISM implementation.

**County Wide Learning Disabilities Partnership Operation Service (CCC and PCC):** The LDP is in early discussions with the CCG, CPFT and PCC to establish a County wide LDP model for LDP staff only. This will bring the operations under one universal management structure in order to provide a consistent and collective integrated health and social care LDP service across the County which includes Peterborough. The aim is to ensure the model gives adults with learning disabilities the best experience by combining the good practice across Cambridgeshire and Peterborough. The S75 Agreements that the individual Councils have with the CCG will continue to be distinct. What will be put in place is a management agreement between the Councils and CPFT to facilitate the new structure and operational practice.

**Learning Disabilities:** There are currently three employment projects underway, funded through Innovate Grants. The projects are providing support into employment and work is ongoing to learn from the projects to support the commissioning of an Employment Support Framework.

Work continues to increase housing capacity within Cambridgeshire, this includes investigating options for using capital from both the Council and NHSE to build specialist accommodation.

**Autism:** The tender for Frameworks for Accommodation for Adults with Autism will be opened within the next month, this will allow the commissioning of specialist placements for adults with autism. Work is ongoing to re-commission the Autism Support Service which offers information, advice and support to adults with autism to support independence. The tender will be launched in early 2020.

**Transforming Care Partnership (TCP):** Currently there are 4 Service Users in Specialist Commissioned Beds and additionally 2 Service Users who do not have a diagnosis of LD, these are Out of County. There are 4 Service Users in Assessment and Treatment beds within County. There are 7 service users on the risk register (3 high, 4 moderate), all with comprehensive risk plans in place. Although the numbers appear small, the cost of care to deliver independence is disproportionately high and albeit there are contributions via the CCG and Continuing Health Care, the financial impact on the budget is significant.

The Transforming Care Partnership is working on several commissioning streams to ensure there are services within Cambridgeshire & Peterborough that can meet the needs of this cohort, both in terms of stabilising and supporting existing placements, namely ensuring there is sufficient crisis response and forensic support, and also in developing new services which those in hospital placements and out of county placements can return to live in and joined up services that offer out of hours and weekend support.

#### 2.12.6 **Joint Commissioning with Health**

The Council continues to work in close partnership with NHS partners with a particular focus on joint commissioning to support prevention and early intervention, system working to address DTOCs and admission avoidance initiatives such as neighbourhood based care.

Partnerships with NHS partners are generally positive and we continue to see good collaborative working on the ground with social care staff supporting multi-disciplinary approaches. ASC is seen as a key part of the wider system and we are increasingly working with partners including health partners in many areas as the Primary Care Networks continue to develop across the North of the system. ASC is a key member and decision maker of the North Alliance and South Alliance Boards and we are actively involved in the local STP and NHS Long Term plan development.

There is a clear strategic vision across the health and care system and all partners are committed to developing integrated models of care at a place based level. The local authority is a key member of STP governance boards. Place based delivery is supported through our local authority think communities approach, which is aligned with wider system PCN and integrated neighbourhood development.

## **Integrated Commissioning**

Despite the significant financial challenges across the health system, we continue to work hard to maintain joint commissioned services, whilst looking for further opportunities to jointly commission via the Integrated Commissioning Board. We currently have a range of jointly commissioned services in place, including:

- Learning Disability
- Mental Health
- Better Care Fund
- Community Equipment / TEC and Occupational Therapy

**Mental health:** In the last year the S75 for mental health has been overhauled and renewed for 1 year for Cambridgeshire and Peterborough, with a sharper focus on meeting Care Act responsibilities.

**Better Care Fund:** Local BCF plans for 2019/20 are in place, pending formal approval from NHS England. Plans build on 2017-19 plans and meet national conditions, including maintaining ASC investment. An evaluation of BCF spend and performance is being undertaken in conjunction with the CCG and wider system partners to inform planning recommendations for next financial year.

Performance against the BCF targets is varied. Currently, we are performing well against residential admissions and non-elective admissions. Our main area of concern is meeting the DTOC target, but local performance is showing significant improvement in recent months. Significant IBCF investment continues in this area, with a focus on supporting the high impact change model of delivery.

Financial challenges and increasing demand for services continue to be a challenge for the system. However, successful delivery of the residential admissions target for the last few years indicates that prevention and early intervention initiatives are supporting the unnecessary escalation of care needs, supporting people for longer in their own homes.

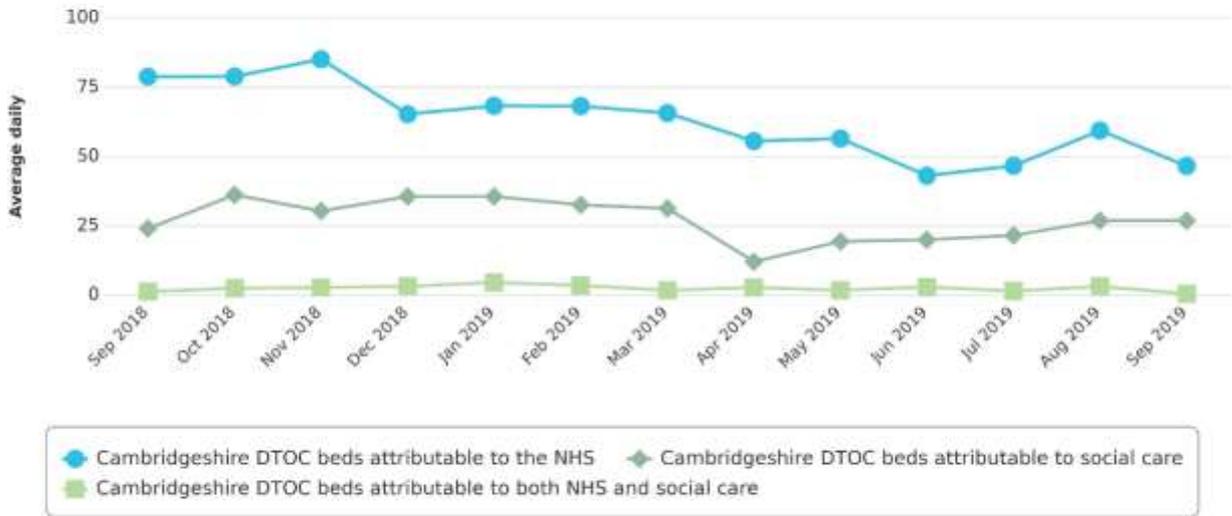
**Learning Disabilities Partnership:** following approval from General Purposes Committee, a baseline review of the LDP is being undertaken in conjunction with the CCG. This will inform the approach and risk share arrangements associated with the pooled budget for next financial year. A designated team is being established to undertake the review and recruitment has just commenced, with a view to posts being in place by January 2020. The review timeline is to be completed by the end of March 2020.

### **2.13 System Working to address DTOCs**

DTOCs continue to be a challenge for the system, though we have started to see significant improvements in this area, a testament to strong multi-disciplinary team approach to managing complex discharges, with the implementation of an integrated discharge service in each acute.

The below graph shows a breakdown of DTOCs by attributable organisation.

**Daily DTOC beds, all (breakdown by care organisation) (from Sep 2018 to Sep 2019) for Cambridgeshire**



Powered by LG Inform

For September 2019 Cambridgeshire, compared to all single tier and county councils in England, is ranked 126 on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 121 on the rate of delayed days attributable to the NHS, and 123 on the rate of delayed days attributable to social care. The below graph shows Cambridgeshire’s performance compared to other counties.

The below provides an update on more recent local performance data for each of the acute hospital footprints against the 3.5% national target:

	CUH			HH			PCH			CPFT - Community		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
27/10/2019	46	343	5.7%	74	131	8.0%	26	118	2.5%	8	55	8.3%
03/11/2019	69	456	7.4%	26	110	6.7%	17	119	2.5%	10	79	11.9%
10/11/2019	55	423	7.5%	24	133	7.2%	19	144	3.4%	13	86	12.9%
17/11/2019	42	347	5.4%	16	127	7.0%	17	138	3.3%	14	90	13.5%
24/11/2019	54	395	6.4%	9	115	6.8%	15	138	3.3%	13	103	15.5%

Demand continues to increase for non-elective admissions, with significant growth factored into local plans. Whilst demand for residential care settings is being maintained at a reasonable level, we are experiencing rising costs of care with is a symptom of a supply led market and increasing complexity of needs.

**2.14 Partnership with Children’s services**

As part of the Adult Positive Challenge Programme there is a shared work stream with Children’s Services in Preparing For Adulthood. This focussing on bringing both services together in a focus on delivering the following outcomes:

**The young person**, their strengths, interests and outcomes are at the centre of support planning processes.

**Parent carers / family:**

- Feel supported, and know where to go for help before situations escalate.
- Work with staff to develop creative and ambitious support plans, including a focus on outcomes and positive risk taking

**Professionals:**

- Have a shared understanding of what good Preparation for Adulthood and transition planning looks like and;
- Work together to achieve this, supported by the alignment of systems and processes across education, health and social care.
- Are confident talking to families about this to develop strengths-based, outcomes-focussed support plans.
- Are aware of the range of support options available, including prevention and early intervention provision.

**Provision:**

- Is commissioned proactively to meet needs.
- Forms a whole-system, graduated support offer.
- Is focussed on progression and promoting independence

There are good links operationally with the young adults team and case by case advice and conversations are happening between teams where needed and particularly in relation to support planning in the transforming lives model, health interventions for those with a diagnosis of LD and in managing risk. The young adults team provide the link into children's services and are the link with education providers.

**2.15 Partnership with Housing services**

We continue to build good and strengthened relationships with District Councils and registered providers, to work collectively around meeting housing and accommodation needs, particularly those who are most vulnerable. Strong corporate representation at the County wide Housing Board, which brings together key stakeholders in the housing partnership together.

**2.16 Partnership with Public Health**

A Public Health (PH) Consultant has been appointed to specifically work with ASC, to provide evidence and evaluation support and to ensure work streams between the two departments are aligned. The Falls Prevention Programme is a shared objective and now sits as a work stream within the Adults Positive Challenge. A current focus is how the Public Health lifestyle services can support the APC, particularly through behaviour change approaches. The re-specification of the Integrated Life Style service is an opportunity for closer working and specific workshops have been arranged to examine if there is scope to support carers. These workshops have taken place with stakeholders including Adult Social Care managers and commissioners. Adult Social Care are also partners in the PH led Stay Well in Winter campaign

Public Health has engaged with ASC in the production of the statutory Joint Health and Wellbeing Strategy to ensure it also supports the ambitions of ASC.

**2.17 Partnership with Mental Health**

There is an aligned commissioning model for Adult Mental Health and Older People's Mental Health across Peterborough and Cambridgeshire Councils and the CCG .This supports joint development and delivery of specialist and primary care mental health and

voluntary sector/community based services.

A section 75 Partnership Agreement delegating PCC and CCC authority/ responsibilities for Adult Mental Health (AMH) and Older People Mental Health (OPMH) is in place with the Mental Health Trust and this enables close working relationships between the Councils and Trust. There is strong engagement with independent and voluntary sector providers, including AMH (Adult Mental Health Stakeholder Forum (quarterly)) and Older People Mental Health (OPMH Steering Group/Delivery Board (Bi-monthly)). This supports strong partnerships across commissioners and providers, with established Public Health leads for AMH and OPMH.

There are a number of opportunities and challenges, including:

- Moving to a strengths based approach, which builds community and individual resilience, whilst ensuring compliance with the Care Act by the seconded staff managed by the MH Trust
- Pressure on financial resources: delivering more with less
- Ensuring health and social care needs arising from mental health problems are met effectively in a seamless way, including ensuring that practitioners apportion equal importance to both

## 2.18 **Partnership with the Voluntary Sector (VCS)**

The Council has strong partnerships with the voluntary and third sector, and this is being further built upon by the Think Communities programme. VCS will form an integral partner of the local place based boards, ensuring local co-production of solutions to meet local community needs.

The Council funds a Community Navigator service to support the links to community services. The Council has just invested in a new online community directory and is currently about to commence engaging with community groups and other stakeholders in order to maximise the services and facilities that the directory can sign post people to in their local communities and neighbourhoods.

Current pilot of Neighbourhood Cares model in two localities is showing benefits in terms of local engagement with VCS and community providers and the learning is being used to inform our next steps. Healthwatch play an active role in Cambridgeshire which includes facilitation of all Partnership Boards.

The establishment of the new Mental Health Good Life Service, which brings together health and social care investment in the mental health community/voluntary sector has enabled the development of a strong Council/voluntary sector partnership

## 2.19 **Resource And Workforce Management**

- 2.19.1 We have had two very successful recruitment campaigns for social workers and reablement workers which have helped out internal workforce capacity. However workforce capacity remains an ongoing challenge for the independent sector.

2.19.2 During 2018 we ran an all staff survey for ASC and have developed action plans to respond to feedback with the all manager forum. Results have been shared at service level in addition to departmental level. One of the universal concerns related to the flow of communication and this has been addressed by development of two newsletters one for general updates and one for practice updates as well as finding new ways to gather information from the front line to feed up, e.g. development of team manager logs.

2.19.3 A training pathway has been created for all ASC roles. Newly qualified social workers are well supported through the Assessed and Supported year in employment via a dedicated resource. In 19/20 the first social work apprenticeship programme will commence providing alternative entry into the profession for alternatively qualified staff which offers a training in employment route supporting retention. In November Ella Waugham was nominated as the Newly Qualified Adults Social Worker of the year.

## 2.20 **Next Steps**

The external challenge session will take place in January / February and following feedback from this, the Council will agree an action plan. Progress will then be reviewed at the regional performance challenge event scheduled for later in the year.

## 2.21 **Accessible Local Account**

As part of the sector led improvement programme, ADASS encourages sharing of a local account style overview of adult social care in an accessible format. To fulfil this objective the self-assessment has been created in a public facing format, attached at Appendix 1 for review and agreement by the committee.

# 3. **ALIGNMENT WITH CORPORATE PRIORITIES**

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

The report above sets out the implications for this priority in relation to development and support of the social care markets and workforce, see particularly paragraphs 2.7 and 2.9.4-2.9.6

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

The self-assessment notes progress and priorities relevant to this priority area throughout linking to Adult Positive Challenge programme.

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

The self-assessment notes progress and priorities relevant to this priority area throughout linking to Adult Positive Challenge programme.



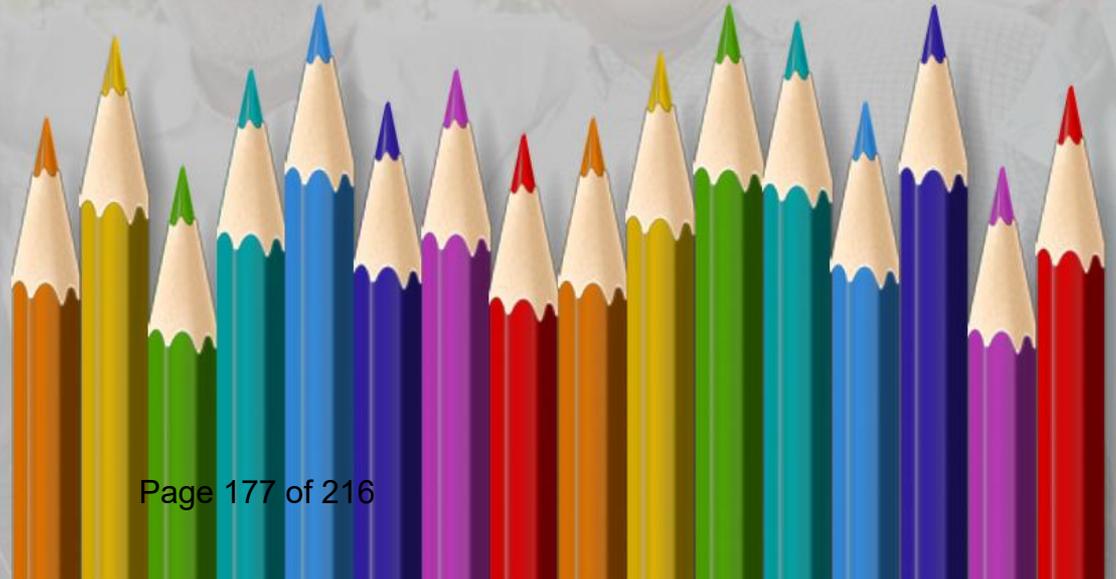
<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	N/A
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	N/A
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	N/A
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	N/A
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/A
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A
<b>Have any Public Health implications been cleared by Public Health</b>	N/A



# Cambridgeshire County Council Adult Social Care

## Local Account 2018-19

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# Introduction

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The purpose of the Local Account is to provide information on where Cambridgeshire County Council Adult Social Care are doing things well, where we think we can improve and how we are planning for the opportunities and challenges ahead.

The Local Account reflects on our achievements against national performance measures for 2018-19.

It also includes feedback we have received through surveys.



## Welcome from Councillor Anna Bailey at Cambridgeshire County Council

Welcome to the 2018/19 Local Account for Cambridgeshire County Council Adult Social Care.

The Local Account is part of the council's commitment to being open and transparent about our performance.

Despite the significant financial challenges that the Council faces it has been a positive year for Adult Social Care with our Neighbourhood Cares Pilots and transformation programme delivery great outcomes.

I hope you find the Local Account interesting and informative.

Photo of councillor here



## Adults Positive Challenge Programme

The council has a transformation programme underway called the 'Adults Positive Challenge Programme'. This programme is founded on changing the conversation with have with people to focus on their personal strengths and circumstances and to take a community connected approach to care and support planning. This supports better outcomes for individuals, carers and communities, whilst managing demand.

The work streams in this programme include:

- Changing the conversation with individuals and communities
- Carers support
- Targeting Reablement
- Expansion of Technology Enabled Care
- Preparing for adulthood



“The social worker came to my house to do a carers assessment. She was friendly, kind, supportive and understanding (my husband has dementia). She gave me lots of information and tips on how to manage certain situations. I no longer feel as if i am battling with this whole thing by myself.”

*Compliment received from a carer following a Carers Assessment*



# Activity Overview for 2018/19

00000000

The number of requests for support or signposting and advice that we received from new clients

00000000

The number of people we gave information and advice to

00000000

The number of people we provided on-going low level support to

00000000

The number of people we provided short term care to

00000000

The number of people we provided long term care to

## What is the vision for Adult Social Care in Cambridgeshire?

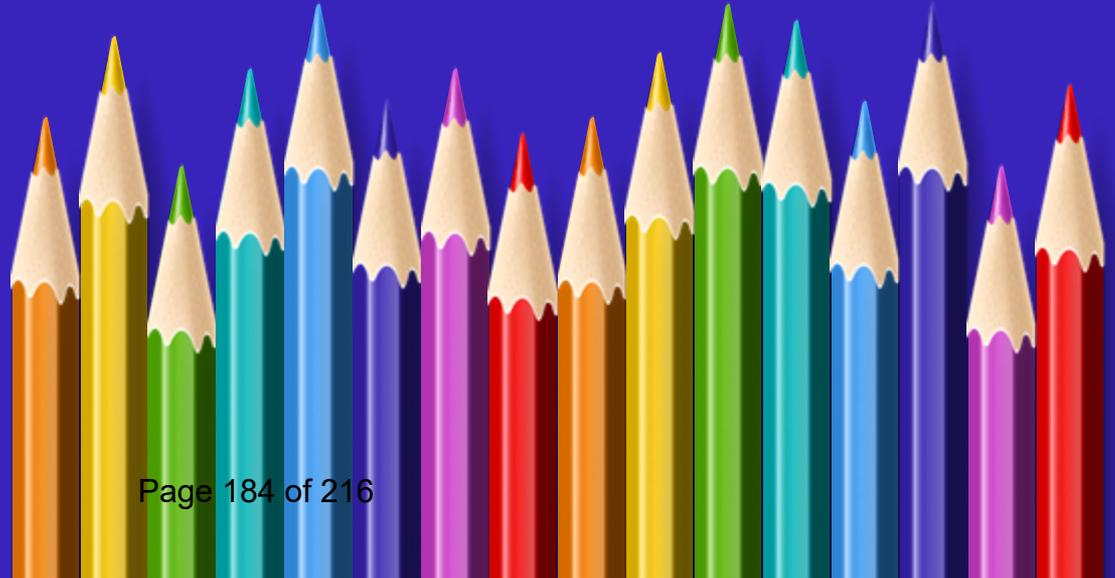
By 2023 local people drive the delivery of care, health and wellbeing in their neighbourhoods:

- Neighbourhood approach supports independence and resilience
- More people live independent and fulfilling lives for longer
- People receive information, advice and support appropriate to their level of need that will help them remain independent for longer
- People and partners are clear about what the council can and can't do



# 1. Innovation, achievements and challenges

What are the top achievements and challenges?



# Examples of innovations for 2018/19



## Technology Enabled Care (TEC)

Building on the success of the specialist TEC team, we have taken steps to embed this knowledge more widely within operational teams.

We have established TEC Innovation Hubs – a series of sessions with frontline staff to identify, test and pilot opportunities to increase TEC uptake.

## Adult Early Help

The council has an established Adult Early Help function which provides effective sign-posting and quick ‘help when you need it’.

People no longer need to wait for a formal assessment.

# Top three achievements for 2018/19

## Adults Positive Challenge Programme

The joint transformation and demand management programme across Peterborough and Cambridgeshire has led to culture change, practice change and improved outcomes for people.

## Recruitment

Improvements in recruitment process and approach have meant teams are working at capacity and demand is being managed more effectively.

Staff morale is good and staff surveys have been used to identify any issues that need to be addressed.

## Neighbourhood Cares

Neighbourhood Cares Pilots have shown best practice by working in a 'place based way' with the voluntary sector and influencing the broader public sector.

The pilots have influenced a wider 'Think Communities' approach, which all public sector providers in Cambridgeshire have signed up to.



# Top three risks and challenges for 2018/19

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## Financial Challenge

The council faces significant financial risks and demand management challenges. We are striving to improve this position through the Adults Positive Challenge programme.

## Market Capacity

We experience a constant challenge to access enough good quality care for the people of Cambridgeshire. A revised Market Position Strategy has been agreed across Cambridgeshire and Peterborough to seek provider engagement on these challenges.

## Working across the health and social care system

We continue to experience challenges around hospital discharge. We also experience pressure on residential beds due to beds being used for 'interim care' for people discharged from hospital.



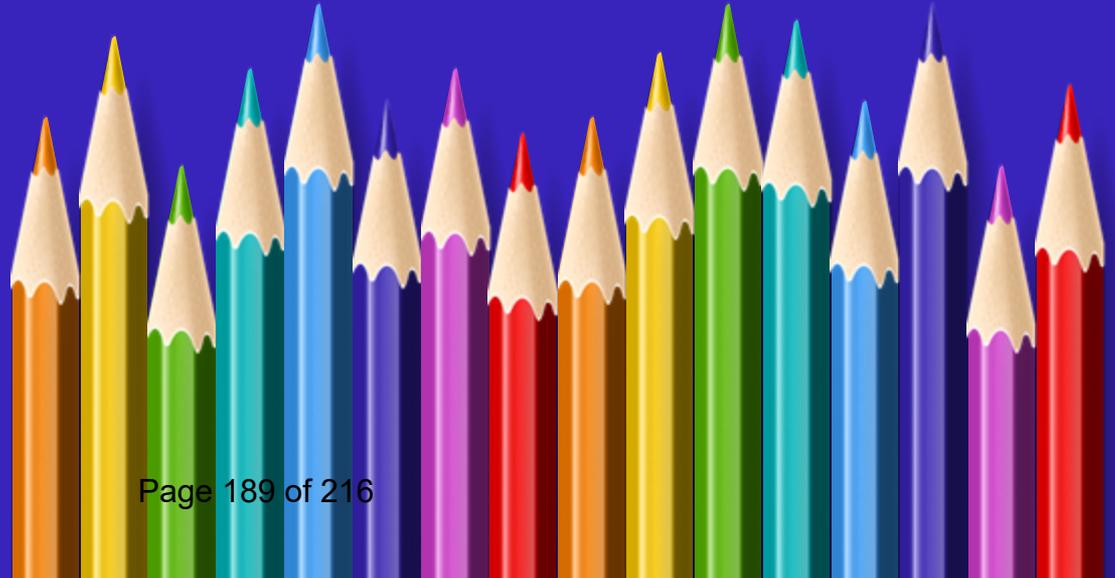


“Thank you seems such a small word to say for the care, compassion and understanding you have shown mum. She has gone on to make tremendous progress, both mentally and physically since you have been caring for her.....we have been so reassured by your presence and cannot rate your service highly enough..”

*Quote from the daughter of a reablement service user*

# 2. Partnerships

How is Adult Social Care working with partners?



# Partnerships with Health

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## Strategic Vision

There is a clear strategic vision across the health and care system and all partners are committed to developing integrated models of care at a 'place based' level.

## Financial Challenges

Delayed Transfers of Care (DTOCs) continue to be a challenge for the system. However, we have started to see significant improvements in this area. This is due to the implementation of an integrated discharge service with a strong multi-disciplinary team approach to managing complex discharges.

## Transforming Care

Transforming Care requirements are being delivered in partnership with the CCG. The trajectory has been met and sustained this year.



“I am truly thrilled at what you have achieved with and for my mum. Her journey of entering hospital with the uncertainty of where she would go or end up next only served to heighten and worsen her situation. Your approach and manner at the patient’s bedside (that I witnessed with my mum) is both caring, empathetic and engaging. You cleverly extract from them their wishes and desires to obtain a clear outcome to best suit their needs, moving forward. The complexity of my mum’s case was never going to be an easy ask, yet the phrase ‘watch & learn’ springs to mind in your smooth, seemingly effortless handling of the situation. You are a master of your craft and on behalf of my mum and I, I can’t thank you enough for everything.”

*Compliment for a social worker in the discharge planning team*

# Partnerships with Childrens Services

## Preparing for Adulthood

As part of the Adult Positive Challenge Programme there is a shared work stream with Children's Services in Preparing For Adulthood. This brings both services together to focus on the young person and to ensure that their strengths, interests and outcomes are at the centre of support planning processes. It also ensures that parent carers/family feel supported and know where to go for help.

## Young Adults Team

Adult Social Care has good links operationally with the young adults team and case by case advice /support/conversations between teams where needed. This is particularly in relation to support planning in the Transforming Lives model, health interventions for those with a diagnosis of Learning Disability and in managing risk.



# Partnerships with housing

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## Relationships with District Councils

Cambridgeshire has good and strengthening relationships with District Councils and registered social housing providers.

All stakeholders work together around meeting housing and accommodation needs, particularly for those who are most vulnerable.

The District Councils are very much engaged with the Council's wider Think Communities work

## County Wide Housing Board

There is strong corporate representation at the county wide Housing Board, which brings together key stakeholders in the housing partnership together.

There has been a strategic review of Housing Related support during the year.



# Partnerships with Public Health

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## Public Health Consultant

A Public Health Consultant has been appointed to specifically work with Adult Social Care. The role provides evidence and evaluation support and to ensure work in the two departments is aligned.

## Lifestyle services

A current focus is how the Public Health 'Lifestyle' services can support service users and carers and workshops have been arranged to progress this. Adult Social Care are also partners in the Public Health led 'Stay Well in Winter' campaign.

## Ageing Well Steering Group

The multi agency 'Ageing Well Steering Group', led by Public Health, contributes to all older people issues. It has four subgroups: falls prevention, loneliness, dementia and end of life care.



# Partnerships with Mental Health

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## Commissioning

There is an aligned commissioning model for Adult Mental Health and Older People's Mental Health across Cambridgeshire and Peterborough and the NHS Clinical Commissioning Group.

This supports joint development and delivery of specialist and primary care mental health and voluntary sector/ community based services.

## Partnership

A 'Section 75 Partnership Agreement' is in place delegating responsibilities for the social work aspects of Adult Mental Health and Older People's Mental Health to Cambridgeshire and Peterborough NHS Foundation Trust.

This enables close working relationship between the councils and the Trust and better, more joined up services for patients and service users.



# Partnerships with the voluntary sector

## Community Navigators

The Council funds a Community Navigator service to help people with care and support needs and their families / carers find the things they might need or enjoy.

This service also works with our staff to expand knowledge of all of the things local communities have to offer.

## Healthwatch

Healthwatch play an active role in Cambridgeshire which includes facilitation of our Partnership Boards.

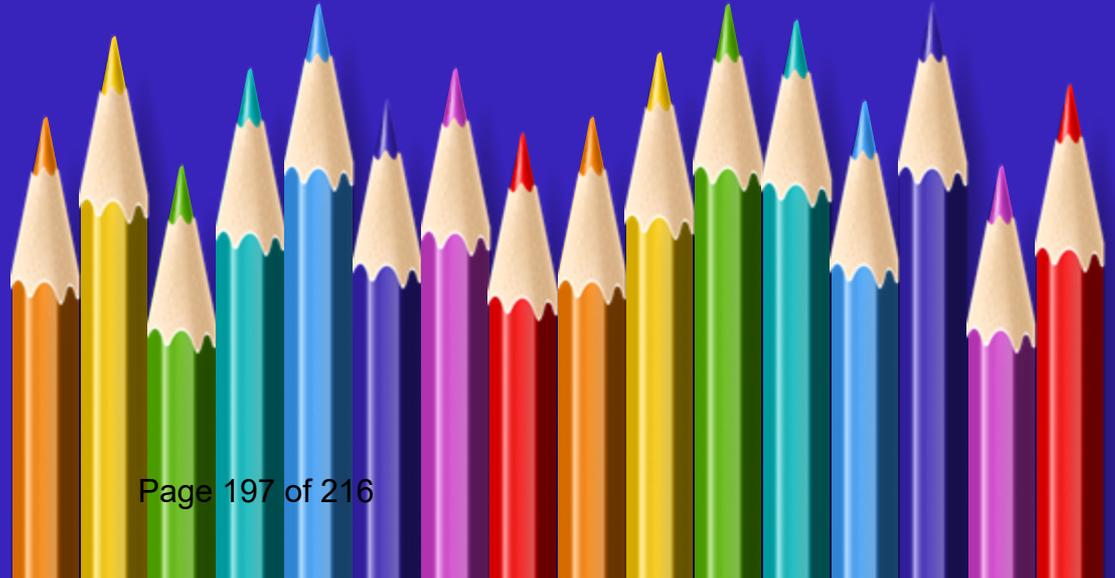
## Mental Health Good Life Service

The new 'Mental Health Good Life Service', which brings together health and social care investment in the mental health community/voluntary sector, has enabled the development of a strong council/ voluntary sector partnership.



# 2 Performance

How is Adult Social Care performing?



# Performance 2018-19

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## Adult Social Care Case Management System

The council migrated its care record system in 2018/19 to more modern system which support workers to deliver their roles.

Although the core migration went well, there has some disruption to reporting capability.

## Support Outcomes

Cambridgeshire has comparatively lower numbers of contacts for support and achieves a good balance of outcomes with low numbers resulting in long term support and high numbers resulting in short term or universal services.

The proportion of people leaving reablement with no long term care needs is good at 91%.

## Long term care packages

For people with long term care packages there are issues with availability of home care/personal assistants.

However permanent admission rates to residential care remain low and below the regional average.



# Performance 2018-19

## Carers

Improving the experience of carers has been a key programme of work with a return of the statutory assessment function to the council.

The council is focusing on having the right conversation with carers at the right time and putting in place a widening of the support offer.

In the past the offer to carers was largely one off direct payments.

## Reporting and Reviews

The transfer to a new case management system has caused some reporting challenges around long term care packages. This impacted on the percentage of cases receiving a review in the year.

Reviews are a clear area of focus for the council in 2019/20 and we have done a considerable amount of work with managers to look at how we carry out and target reviews to make most impact.

# Performance 2018-19

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## Learning Disability and Mental Health Employment

Learning Disability employment has proved challenging for people with the highest needs, with much of the support activity being targeted at people who are not eligible for long term care and support.

Mental Health employment rates are much better being the above the regional average.

## Delayed Transfers of Care

Cambridgeshire had significant challenges around transfers of care in 2018/19 for both social care and for health reasons.

There has been a significant focus on this from the system and whilst there have been improvements in 19/20 a challenges remain in both health and social care.

For social care the key issue is the shortage of capacity for domiciliary care to return people quickly to their own homes.



"I know that caring for my daughter would be a very difficult job without the support from Social Services. My daughter applied for two different colleges and they turned her down. Her Social Worker made contact with another college and they have been supportive, caring and making my daughter reach her potential, and she is really enjoying her life. Her Social Worker is also always trying to find ways to gain work experience, and this is a really hard battle for some disabled adults".

*Comment from a carer on the bi-ennial carers survey*

# Adult Social Care Outcomes Framework

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The Adult Social Care Outcomes Framework (ASCOF) measures how well care and support services achieve the outcomes that matter most to people. The ASCOF is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The next pages show where Cambridgeshire has performed better and worse than the rest of England and/or the Eastern Region.



# Adult Social Care Outcomes Framework – Social Care Related Quality of Life

The Social Care Related Quality of Life score is made up of a number of indicators around different aspects of people's lives including nutrition, personal care, safety, social contact, how people are helped, control over daily life and whether people can spend time doing what they want to do.

The national score for 2018/19 was 19.1. Cambridgeshire far exceeded this with a result of 19.7, ranking 10<sup>th</sup> in the whole country.



## Adult Social Care Outcomes Framework – indicators where Cambridgeshire did better than the national and/or regional average

- ✓ Higher social care related Quality of Life
- ✓ More service users with control over their daily life
- ✓ More carers receiving direct payments
- ✓ More service users and carers with as much social contact as they want
- ✓ More service users and carers receiving self directed support
- ✓ More adults with learning disabilities living in their own home or with family
- ✓ Less permanent admissions to care homes
- ✓ More people completing reablement who need no further long term care and support
- ✓ More carers consulted and involved in decisions
- ✓ More people who use services who feel safe

## Adult Social Care Outcomes Framework – indicators where Cambridgeshire is ranked highly nationally

- 👍 Rated second in the country (2/152) for the low number of permanent admissions to care homes for people aged 18-65
- 👍 Rated 6/152 for service users who have control over their daily life
- 👍 Rated 10/152 for social care related Quality of Life
- 👍 Rated 12/152 for the low number of permanent admissions to care homes for people over 65
- 👍 Rated 16/152 for people who use services who say that they feel safe

## Adult Social Care Outcomes Framework – indicators where Cambridgeshire did worse than the national and/or regional average

- × Lower overall satisfaction with care and support
- × Less service users and carers who find it easy to get information and advice
- × Less service users receiving direct payments
- × Less adults with learning disabilities in employment
- × Less older people known to be at home 91 days after leaving hospital into reablement
- × Less older people receiving reablement services after leaving hospital
- × More delayed transfers of care attributable to both health and social care
- × Less people who say the services they use make them feel safe and secure

## Some useful links to find out more





# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 2 January 2020



Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

+ indicates items expected to be confidential, which would exclude the press and public.

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 Report;
- Agenda Plan, and Appointments to Outside Bodies.

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<b>16/01/20</b>	Charging Policy – Outcome of Consultation	C Black	2020/006	<b>03/01/20</b>	<b>08/01/20</b>
	Procurement of Care and Support Services in Extra Care schemes – Jubilee Court, Park View, Nichols Court and Doddington Court.	L O'Brien	2020/014		
	Older People's Accommodation Strategy and Re-commissioning of Block Residential and Nursing Care	A Thorp	2020/005		

<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>
	Development of a Specialist Supported Living Service for People with Learning Disabilities and/or Autism in East Cambridgeshire	A Roach	2020/024		
	Housing Related Support (Adults)	O Hayward/S Ferguson	Not applicable		
	Delayed Transfers of Care (DTCOC) Progress Report	C Black	Not applicable		
	Service Directors Report Update - Adults & Safeguarding (includes Self-Assessment) Commissioning / Health / Financial	C Black/W Patten	Not applicable		
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>
<b>12/03/20</b>	Day Services	M Foster	2020/007	<b>28/02/20</b>	<b>04/03/20</b>
	Housing Related Support	O Hayward	2020/022		
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies	Not applicable		
	Deep Dive - TBC	C Black / W Patten	Not applicable		
	Quarterly Performance Report	T Barden	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		
	Adults Social Care - Service User Survey Feedback	T Hornsby/ C Black	Not applicable		
	Interim Respite Beds Request	W Patten	2020/023		
	Learning Disability Partnership Baseline 2020/21 (Pool Budget Review) Update	M Darbar	Not applicable		
	Brexit Impact Assessment	S Grace	Not applicable		
<i>23/04/20 Provisional date</i>				<i>09/04/20</i>	<i>15/04/20</i>

<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>
<b>21/05/20</b>	Integrated Community Equipment Service Procurement.	D Mackay	2020/005	<b>08/05/20</b>	<b>13/05/20</b>
	Deep Dive - TBC	C Black / W Patten	Not applicable		
	Adults Positive Challenge – Progress Report	C Black / T Hornsby	Not applicable		
<i>11/06/20 Provisional date</i>				<i>29/05/20</i>	<i>03/06/20</i>
<b>02/07/20</b>	Early Intervention & Prevention Pseudo Framework	G Hodgson	2020/021	<b>26/06/20</b>	<b>30/06/20</b>
<i>13/08/20 Provisional date</i>				<i>31/05/20</i>	<i>05/08/20</i>
<b>10/09/20</b>				<b>28/08/20</b>	<b>02/09/20</b>
<b>08/10/20</b>				<b>25/09/20</b>	<b>30/09/20</b>
<b>12/11/20</b>				<b>30/10/20</b>	<b>04/11/20</b>
<b>10/12/20</b>				<b>27/11/20</b>	<b>02/12/20</b>

<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>
<b>14/01/21</b>				<b>23/12/21</b>	<b>06/01/21</b>
<i>18/02/21 Provisional date</i>				<i>05/02/21</i>	<i>10/02/21</i>
<b>18/03/21</b>				<b>05/03/21</b>	<b>10/03/21</b>
<i>15/04/21 Provisional date</i>				<i>02/04/21</i>	<i>07/04/21</i>
<b>03/05/21</b>				<b>20/04/21</b>	<b>23/04/21</b>

To be programmed:

## Adults Committee Training Plan 2019/20

## Agenda Item: 12

Below is an outline of dates and topics for potential training committee sessions and visits. The preference would be to organise training and visits prior to Committee meetings and utilising existing Reserve Committee dates:

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
<b>July / August 2019</b>		Adults Positive Challenge	TBC	TBC	All Members	
<b>September 2019</b>		An overview of Adults Social Care Finance	Stephen Howarth	Shire Hall	All Members	
<b>October 2019 and April 2020</b> (utilise April reserve meeting)		A service-users journey  Induction to early intervention and prevention: <ul style="list-style-type: none"> <li>- Assisted Technology (ATT)</li> <li>- Adults Early Help</li> <li>- Sensory Services</li> <li>- Reablement</li> </ul>	Jackie Galwey	Various	All Members	
<b>October 2019</b> (Possibly Member Seminar)		An overview of Mental Health	TBC	Shire Hall	All Members	
<b>November 2019</b>		Commissioning Services – what services are commissioned and how our services are commissioned across People & Communities	Gary Jones / Oliver Hayward	Shire Hall	All Members	
<b>November 2019</b> (Possibly Member Seminar)		An overview of the Adults Social Care	Jackie Galwey	TBC	All Adults Members	

Suggested Dates	Timings	Topic	Presenter	Location	Audience	Notes
February 2020		Safeguarding: - Overview of safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Helen Duncan	Chord Park	All Adult Members	
On request		Introduction to Learning Disability / Physical Disability	Tracey Gurney	TBA	Please contact Lesley Hart to arrange a visit or for further information.	
		An overview of the Council's work in relation to Carers	Helen Duncan	TBA		
		Neighbourhood cares	Louise Tranham	TBA		
		Counting Every Adult	Tom Tallon	TBA		
		Learning Disability Provider Services	Emily Wheeler	TBA		
		Discharge Planning Team	Social Worker	TBA		

Reserve Committee dates for 2019/20

- April
- June

- August
- February

## GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:

<https://www.cambridgeshire.gov.uk/residents/adults/>

ABBREVIATION/TERM	NAME	DESCRIPTION
<b>COMMON TERMS USED IN ADULTS SERVICES</b>		
Care Plan	Care and Support Plan	A Care and Support plan are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (I,e, this could be from hospital back home with a care plan or to a care home perhaps)
<b>KEY TEAMS</b>		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
ATT	Assisted Technology Team	ATT help service users to use technology to assist them with living as independently as possible
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
Discharge Planning Team	Discharge Planning Team	This team works with Hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable

<b>ABBREVIATION/TERM</b>	<b>NAME</b>	<b>DESCRIPTION</b>
		people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss