

# ADULTS COMMITTEE



**Date: Thursday, 09 November 2017**

**Democratic and Members' Services**

Quentin Baker

LGSS Director: Law and Governance

**14:00hr**

Shire Hall

Castle Hill

Cambridge

CB3 0AP

**Kreis Viersen Room**

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

## AGENDA

Open to Public and Press

### CONSTITUTIONAL MATTERS

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

*Guidance on declaring interests is available at*

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

**2 Minutes - 12th October 2017**

**5 - 16**

**3 Petitions**

### DECISIONS

**4 Finance & Performance Report - September 2017**

**17 - 78**

**5 Changes to the Fairer Contributions Policy**

**79 - 94**

**6 Delayed Transfers of Care**

**95 - 104**

<b>7</b>	<b>Reablement Service 'Deep Dive'</b>	<b>105 - 124</b>
<b>8</b>	<b>Adult and Older People's Services Performance &amp; Self-Assessment</b>	<b>125 - 146</b>
<b>9</b>	<b>People &amp; Communities Staffing Structure</b>	<b>147 - 162</b>
<b>10</b>	<b>Adults Committee Agenda Plan &amp; Appointments to Outside Bodies</b>	<b>163 - 166</b>

The Adults Committee comprises the following members:

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

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

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

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## **ADULTS COMMITTEE: MINUTES**

**Date:** Thursday 12th October 2017

**Time:** 2.00pm to 4.30pm

**Present:** Councillors A Bailey (Chairwoman), D Connor (substituting for Cllr Wells), A Costello, S Crawford, J French, D Giles, N Harrison, M Howell (Vice-Chairman), L Joseph (substituting for Cllr Cuffley) and G Wilson

**Apologies:** Councillor K Cuffley, D Wells

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

Councillor Howell declared a personal interest in agenda item 7 (minute 31) by reason of friendship with a member of the Assistive Technology Telehealthcare (ATT) team.

### **26. MINUTES – 14 SEPTEMBER 2017 AND ACTION LOG**

The minutes of the meeting held on 14 September 2017 were agreed as a correct record and signed by the Chairman.

The Action Log and oral updates were noted. Officers reported that work was progressing to produce the Gantt chart for the care home development timeline.

### **27. PETITIONS**

No petitions were received.

### **28. FINANCE AND PERFORMANCE REPORT – AUGUST 2017**

The Committee received the August 2017 Finance and Performance Report for People and Communities (P&C) Services, noting that the overspend to the end of August had worsened across P&C. Expenditure in the Young Adults team and the Learning Disability (LD) Partnership team had been higher than expected, partially offset by underspends in the Physical Disability team.

Examining the report, members

- sought further information on why the target and the figure for the proportion of adults with learning disabilities in employment were so low. The Chairwoman recalled that the Committee had previously received a report on this, and asked that it be circulated again. Members noted that commissioning plans were being refreshed. **ACTION**
- noted that the Committee, when previously discussing the Draft Employment Strategy for People with Learning Disabilities or Autism, had agreed that it was important to embed the strategy within the work of frontline social care staff
-

- asked why the costs of new and existing LD packages had been higher than expected. Members were advised that costs tended to vary depending on what providers were available and what they could offer; the Service Director – Commissioning offered to find out more detailed information about the 16 cases in question. **ACTION**
- noted that a team reviewing details of placements and packages, including Out of County placements, had met with considerable success; it was expected to continue its efforts in the coming year, and was working towards repatriation of people placed Out of County, which should help reduce costs
- drew attention to the importance of ensuring that service users received the services that they needed
- noted that a delivery board had been established which received reports of progress in achieving savings. Achieving savings was challenging, and could include issues of phasing because of the length of time needed for some changes to take effect
- expressed concern at the increase in bed-day delays. Officers advised that numbers of hospital admissions had greatly increased. Better Care Fund money was being used to improve Delayed Transfer of Care (DTOC) figures; a further report on measures to reduce DTOCs would be brought to a future meeting of the Committee
- suggested that the actions being taken to mitigate pressure in LD Services amounted to cuts because demand was greater than anticipated and the cost or content of care packages were being reduced. The Chairwoman replied that this was a phasing issue, and part of the Transforming Lives agenda, which encouraged independence. For example, measures were being developed to give people the skills needed to enter employment, and people were being enabled to live in supported accommodation rather than in expensive care homes. Often there were upfront costs involved, for example in travel training, which aimed to remove the need for a person to be accompanied on public transport. The budget pressures stemmed from the transformation work progressing more slowly than originally planned. Officers confirmed that the budget was challenging and demand-led, but the response was to improve outcomes, not make cuts to services
- requested fuller information in future Finance and Performance reports; for example, not filling vacancies suggested either that the post had been unnecessary or that necessary work was not being done. The transformation plan appeared to be behind timetable and inadequately assessed or resourced
- drew attention to the proportion of planned reviews completed on or before their due date, which was slightly below a modest target, and meant that when a review was delayed, provision of a support plan was also delayed. Members noted that the Adult Early Help Team was diverting a large number of people from front-line staff, thus freeing them up to address reviews, but they were in turn being diverted by other demands such as DTOC. Officers suggested, and the Chairwoman agreed, that a deep dive into issues around the review target would be useful. **ACTION**

It was resolved to review and comment on the report.

## 29. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2018-19 TO 2022-2023

The Committee received a report setting out an overview of the draft Business Plan Revenue Proposals for services within the remit of the Adults Committee. Members noted that savings had already been delivered over the preceding five years, and that the unidentified savings were of key importance in delivering savings for 2018-19. There were various uncertainties in the year ahead, including for example the national living wage. Members noted that the business planning proposals would next be considered by the Policy and Service Committees in December, then by General Purposes Committee before going to Full Council for decision in February 2018.

Discussing the proposals, members

- in relation to the effect on the inhabitants of a village of the presence of a community organisation that cared for people for example on hospital discharge, asked whether the Council liaised with such organisations, whether any data was available on their effectiveness, and whether fewer people were admitted to hospitals from villages which had such organisations. The Service Director – Commissioning said that data was available in relation to investment in community support and outcomes of that support; this could be shared with members. The intention was to continue to invest in community support in future. **ACTION**
- noted that the business planning proposals assumed a 2% increase in precept in each of the five years covered, though the 2% Adult Social Care (ASC) precept was only definitely available for the first two years of the five. Members suggested that the committee report could set this out more clearly
- were advised that officers were reasonably confident that savings could be achieved, despite the increase in the number of older people and their needs; delivery would not be equally successful in all areas, but investment in for example ATT and reablement would bring savings
- sought assurance that the proposed savings would not reduce the level of service to service users, would not adversely affect their lives and livelihood. The Chairwoman said that she wished people to be assured that ASC needs would be met; it was a question of how to do this, and of shifting resources into preventative work. In her view it was neither helpful nor responsible to increase spending on frontline care at the present stage
- expressed support for transformation work, but said that it was clear that there were shortfalls in the current quality of ASC, and asked the Chairwoman to tell her colleagues in other service areas that the funding available to the Adults Committee was inadequate
- praised officers for their excellent work and achievement in developing the business plan proposals.

Councillor Wilson proposed the following amendment, seconded by Councillor Harrison:

The committee instructs officers to propose priority actions to invest additional income from raising the general precept by 1.99% in each year of the business plan from 2018/19 to 2022/23. The options proposed should be costed and outline the benefits for service users.

Introducing the amendment, Councillor Wilson said that it related to what he believed to be the assumption in the business plan that it would not be possible to have an adult social care precept. He suggested that a prioritised list of things that could be done should be developed, including all the key themes identified in report paragraph 1.5 as well as ideas about service improvements.

Debating the amendment, members

- suggested that the amendment was little but rhetoric and lacked innovative thinking. The seconder explained that what was being sought was the opportunity to work with officers on developing proposals; possible areas for investment included delayed transfers care and mental health services, which were not adequately funded by the County Council
- pointed out that the County's mental health responsibility was for the social care needs of individuals, which was carried out through a Section 75 agreement with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), which had presented its annual report to the Committee's last meeting, in September
- noted that the proposal would provide an additional £5m a year, increasing cumulatively
- pointed out that many initiatives were going through the process of having business cases worked up and that if the Committee or members had a specific proposal or proposals that required a £5m investment, it would be possible to put in a bid to the corporate Transformation Fund. Others pointed out that the fund would need to be replenished as it was spent.

Councillor Giles proposed that the amendment be amended to direct officers to invest additional income in the Transformation Fund. On being reminded by the Chairwoman that there was already £5m from the Transformation Fund available to the Committee, so the additional precept of 1.99% was unnecessary, Councillor Giles withdrew his amendment.

Returning to discussion of Councillor Wilson's amendment, members

- noted that around £17m was available in the corporate Transformation Fund for 2018/19
- expressed support for an increase in precept, but also expressed concern that too great an increase would risk impoverishing local people, who would then have less money available to spend in local businesses, with the result that the whole community would be impoverished.



Councillor Wilson explained that the motion was not about increasing percentages, but about identifying options to make a more informed use of funds. He was seeking ideas from officers which had not been put into the business planning papers; the ideas could then be discussed with the Committee and included in the debate at Council. The Chairwoman reminded members that a wide range of proposals were already being developed, the best of which had been included in the report.

On being put to the vote, the amendment was defeated.

Returning to the substantive motion, the Chairwoman reminded members that their business planning suggestions would be welcomed.

It was resolved by a majority:

- a) to note the overview and context provided for the 2018-19 Business Plan revenue proposals for the Service
- b) to comment on the draft revenue proposals that were within the remit of the Adults Committee.

### **30. OLDER PEOPLE'S ACCOMMODATION STRATEGY**

The Committee received a report updating it on recent progress in delivering the Older People's Accommodation Strategy, now in its ninth iteration. The strategy set out the County Council's approach towards both meeting and preventing the increasing demand for specialist accommodation for older people.

Members noted that the strategy had been produced in collaboration with the Older People's Accommodation Programme Board, which included a wide range of organisations and services from across the county in its membership. This collaborative work had led directly to the selection of the Northstowe development as an NHS Vanguard for the Healthy New Town (HNT) programme. Less encouragingly, no conclusion had yet been reached in the national debate on the utilisation of housing benefit and its impact on supported housing, and the merger of Hinchingsbrooke Hospital NHS Trust with Peterborough and Stamford NHS Foundation Trust had delayed plans for the development of the Hinchingsbrooke Hospital site.

Points raised or noted in the course of discussion included

- the report covered most of the areas of the action plan, which concentrated on matters where it was anticipated rapid progress could be made; the strategy was wider, and concerned more with types of housing
- the timescale for the doubling of the older population was 20 years
- the work round developing a care home was concerned more with affordability for residents than with income generation
- it would be useful to have a key performance indicator to cover customer satisfaction; it was important to know what current users thought of the service

- Trading Standards should be asked to be involved in questions of residents' rights and Home Improvement Agency (HIA) performance
- discussions with HIAs had included ensuring that all were working to the same approved list of contractors; this could be followed up with Trading Standards, and would be included in a future deep dive report on HIA
- it was difficult to predict what future demand would be for accommodation specifically for older people; more people were growing older, but many of them would continue to live independently, and changes were also taking place in working patterns and in technology. All the strategy could do was give a best estimate of demand
- until two years ago, more care home places had been lost than gained, but there had been a reversal of this position as new providers had appeared, including housing associations aiming at the luxury end of the market.

Members from different districts pointed out that it had been said previously that care home places would be included in districts' local plans, for example, 50 places for every 500 houses. The Chairwoman urged members to encourage their local councils to include care home places in their local plans where this had not yet been done.

The Head of Commissioning – Adults was thanked for his helpful and informative report.

It was resolved to consider and comment on the report.

### **31. DELIVERING BETTER OUTCOMES THROUGH TECHNOLOGY ENABLED CARE**

The Committee received a report on the work of the Assistive Technology Telehealthcare (ATT) Team and the Double-Up Project to demonstrate the positive outcomes and challenges of providing technology enabled care. Members noted that

- training materials were being developed to increase awareness of ATT
- the question of branding was being examined, as the full name of Assistive Technology Telehealthcare was rather cumbersome
- the double-up team was a small group, aiming to reduce the number of calls which required attendance by two carers by assessing a service user's needs and in some cases supplying alternative equipment
- the use of ATT helped improve the quality of life for service users and their family carers, as well as reducing the costs of delivering care.

Discussing the report, members

- thanked officers for an excellent report, welcomed the investment being made in ATT, and expressed support for the intention to rebrand the service as the Technology Enabled Care (TEC) Team
- encouraged greater efforts to raise awareness of the service

- asked why the County's share of the Section 75 budget (£345k) was greater than the £240k contributed by the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). Members were advised that had frequently been raised with the CCG, because the work benefitted Health as well as Social Care, with for example the remote monitoring of vital signs, and the prevention of hospital admissions; it was hoped that the CCG would increase its share
- noted that the CCG's contribution to the Section 75 funding was not specifically for telehealth; the £240k went into the main budget for specific development
- sought clarification of the current percentage of people in receipt of a community care package which included assistive technology, and asked how it compared with the Telecare Services Association (TSA) suggested target of 50%. Officers advised that the data required to measure this was not being reliably captured at present, though ways of benchmarking meaningfully were being explored. The Council did evaluate its service, but was not yet able reliably to compare it with that of other authorities
- noted that the report described the Cambridgeshire assistive technology offering as 'bespoke' because, while some other authorities classed the provision of a red-button alarm system as telecare, Cambridgeshire supplied equipment based on an assessment of the individual's circumstances and care needs
- suggested that members could try and help with developing a more joined-up approach to Community Lifeline Provision across the county. Members noted that lifelines were not necessarily provided by the district councils, but by other agencies; there was a difference of approach between large organisations wanting to rent out equipment for a profit and local authorities wanting to lend equipment on the basis of need. The use of innovative ATT equipment was not always possible, because it was necessary to work with the lifelines supplied
- requested that members of the Committee be notified when the report by The Institute for Health Research, University of Bedfordshire, was published; the study sample for this had included all the people referred to the Cambridgeshire ATT service, and members expressed an interest in its findings about using assistive technology to prolong the length of time for which people with dementia could continue to live in their own homes. **ACTION**
- noted that there was some scope for further reducing double-up, and that it was important to keep individual service users' needs under review; the social care management team was fully aware of the work, and consulted the ATT team before agreeing any request to recommission care as double-up. Efforts were also being made to review the range of equipment held by care homes; the work had been funded through the Transformation Fund, and the occupational therapist carrying it out had been in post for three months and was already building good links with care homes
- suggested that a letter should be sent to those who were funding their own care pointing out that it might be possible to remove the need for double-up; this should be done on a phased basis to avoid overwhelming staff. **ACTION**

- suggested that the Care Quality Commission should be encouraged to include a question about the use of double-up care in their inspections of care providers.

The Chairwoman thanked officers for the report and the work they were doing.

It was resolved to review and comment on the work of both teams and their progress to date.

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

The Committee noted that an appointment was required to the Outcome-focussed Review on Adult Early Help, as described in the Business Planning Report (agenda item 5 and minute 29 refer).

It was resolved unanimously to:

appoint Councillor Bailey to the Outcome-focussed Review on Adult Early Help.

### **33. ADULTS COMMITTEE AGENDA PLAN AND TRAINING PLAN**

The Committee considered its agenda plan and training plan and identified a number of modifications.

It was resolved unanimously:

- a) to note the Agenda Plan, subject to the following modifications
  - i) adding a report on the Fairer Contributions Policy and an update report on Delayed Transfers of Care performance to the agenda for November 2017
  - ii) moving the report on Older People Care Home Development from the agenda for November 2017 to the agenda for December 2017
  - iii) moving the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) six-monthly report, and the Transforming Lives report, from the agenda for December 2017 to the agenda for January 2018
- b) to note the Training Plan

Chairwoman

## ADULTS COMMITTEE

### Minutes-Action Log



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

#### Introduction:

This log captures the actions arising from the Adults Committee from **14 September 2017 onwards** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 25 October 2017

#### **Meeting of 14 September 2017**

<b>Minute No.</b>	<b>Report Title</b>	<b>Action to be taken by</b>	<b>Action</b>	<b>Comments</b>	<b>Status</b>
17.	<b>Finance and Performance Report – July 2017</b>	DR/MW/Ry	Arrange training session to assist understanding of the finance and performance report tables.		
21.	<b>Care Home Development Timeline</b>	RO'D	Supply a Gantt chart setting out timescales on care home development visually; Head of Commissioning to talk to colleagues.	To be included in November report to Committee	<b>Completed</b>
24.	<b>Adults Committee Agenda Plan</b>	CB, DM, RO'D	Follow up suggestion of looking at Home Improvements Agency's more long-standing cases, either as a separate item or within a report on assistive technology. Assistant Director: Adults and Head of Commissioning – Adults to look into this with Commissioning Manager.	Home Improvement Agency Update placed on Agenda Plan for 8 March 2018	<b>Completed</b>

# Meeting of 12 October 2017

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
28.	Finance and Performance Report – August 2017	RY	Circulate previous report on Draft Employment Strategy for People with Learning Disabilities or Autism considered at Committee on 19 January 2017	Report circulated	Completed
		WP	Find out details of the 16 Learning Disability packages mentioned in the committee report that were costing more than expected		
		WP/DR/Ry	Arrange for a deep dive into issues surrounding the performance target 'Proportion of planned reviews completed within the period that were completed on or before their due date'		
29.	Service Committee Review of Draft Revenue Business Planning Proposals for 2018-19 to 2022-2023	WP	Provide data to members on investment in community support and outcomes of that support		
31.	Delivering Better Outcomes Through Technology Enabled Care	DM	Notify Committee members when the report by The Institute for Health Research, University of Bedfordshire on use of assistive technology to help people with dementia remain in their own homes is published	This will be made available once it is published in 2018. DM will ensure that Committee members receive a copy.	Completed

Minute No.	Report Title	Action to be taken by	Action	Comments	Status
		DM	Send letter (on a phased basis) to self-funders pointing out that it might be possible to remove the need for double-up care	This will be progressed as part of the Neighbourhood Cares project. DM has already discussed this with the lead officer for that project, Louise Tranham	<b>Completed</b>





**FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2017**

**To: Adults Committee**

**Meeting Date: 9 November 2017**

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

**Electoral division(s): All**

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

**Purpose: To provide the Committee with the September 2017 Finance and Performance report for People And Communities Services (P&C), formerly Children's, Families and Adults Services (CFA).**

**The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of September 2017.**

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

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## 1.0 BACKGROUND

- 1.1 A Finance & Performance Report for People and Communities (P&C), formerly Children, Families and Adults Directorates (CFA) is produced monthly and the most recent available report is presented to the Committee when it meets.
- 1.2 The report is presented to provide the Committee with the opportunity to comment on the financial and performance position of the services for which the Committee has responsibility.
- 1.3 This report is for the whole of the P&C Service, and as such, not all of the budgets contained within it are the responsibility of this Committee. Members are requested to restrict their attention to the budget lines detailed in Appendix 1, whilst the table below provides a summary of the budget totals relating to Adults Committee:

<b>Forecast Variance Outturn (Aug) £000</b>	<b>Directorate</b>	<b>Current Budget 2017/18 £000</b>	<b>Actual to end of Sept £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance Outturn (Sept) £000</b>
462	Adults & Safeguarding	146,157	75,692	247	448
-111	Adults Commissioning (including Local Assistance Scheme)	10,538	6,873	-88	-55
0	Communities & Safety – Safer Communities Partnership	1,589	640	-13	0
<b>351</b>	<b>Total Expenditure</b>	<b>158,285</b>	<b>83,205</b>	<b>146</b>	<b>393</b>
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-15,025	-4,408	0	0
<b>351</b>	<b>Total</b>	<b>143,260</b>	<b>78,797</b>	<b>146</b>	<b>393</b>

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

### 1.4 Financial Context

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

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

## 2.0 MAIN ISSUES IN THE SEPTEMBER 2017 P&C FINANCE & PERFORMANCE REPORT

- 2.1 The September 2017 Finance and Performance report is attached at Appendix 2. At the end of September, P&C forecast an overspend of £4,388k. This is a worsening position from the previous month when the forecast overspend was £3,739k.

### 2.2 Revenue

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

- Strategic Management – Adults – due to challenges recruiting to some posts, the forecast underspend has increased by £150k.
- In Adults and Safeguarding, the forecast pressure on the Learning Disability Partnership (LDP) increased by £317k. This is mainly due to reduced slippage on staffing costs following transformation of the service that has seen vacant posts deleted and the management structure streamlined. Staffing cover for vacancies and other absences are being reviewed to ensure efficiency in line with Care Quality Commission (CQC) standards. The LDP is expected to deliver a further £2.8m of savings for the remainder of the year.

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

<p><b>Strategic Management - Adults</b></p> <p>Forecast year-end variance: <b>-£200k</b></p>	<p>The key reasons for the underspend in this area are:</p> <ul style="list-style-type: none"> <li>• £150k on vacancy savings as a result of difficulties in recruiting to posts across the Directorate.</li> <li>• £50k of efficiencies from the provision of services relating to social care needs for prisoners.</li> </ul>
<p><b>Learning Disability Services (LD)</b></p> <p>Forecast year-end variance: <b>+£945k</b></p>	<p>The key reasons for the pressure in this area are:</p> <ul style="list-style-type: none"> <li>• Increased levels of care and support required to meet needs and the sustainability of these arrangements through the year. The circumstances of the young people as they reach 18 years old is monitored closely to confirm the level of funding required to meet their needs and to try to anticipate the sustainability of the arrangements. This includes both the home circumstances and the educational arrangements for the young person.</li> <li>• Demand pressures are higher than expected, and there is continued expenditure on high-cost out of county in-patient placements due to the level of need of the people concerned. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in the first part of 2017/18. This has also resulted in revised projections of demand pressures for the remainder of the year.</li> </ul> <p>Mitigating actions include:</p> <ul style="list-style-type: none"> <li>• The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements.</li> <li>• Restrictions on price uplifts for providers are being targeted.</li> <li>• Work to return service-users placed out of county into cheaper, in-county provisions is being scoped to see if this can be brought-forward into 2017/18.</li> <li>• Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services.</li> <li>• Ongoing work with colleagues in Children's services to ensure that packages are cost effective leading up to each person's 18th birthday.</li> <li>• The Young Adults Team are working to try to mitigate the potential of increased costs if individual circumstances are not sustainable.</li> </ul>

<b>Older People's Services</b>  Forecast year-end variance: <b>+£50k</b>	The key reasons for the pressure in this area are: <ul style="list-style-type: none"> <li>• Higher demand for placements than anticipated at the start of the year.</li> <li>• Increasing package prices.</li> </ul> Mitigating actions include: <ul style="list-style-type: none"> <li>• Increasing the utilisation rate of existing block contracts;</li> <li>• Working closely with the Brokerage team to minimise new placement costs;</li> <li>• Introducing a new process for Continuing Health Care to help reduce the time between initial checklist and case completion.</li> </ul>
<b>Physical Disabilities (PD)</b>  Forecast year-end variance: <b>-£314k</b>	The key reason for the underspend in this area is: <ul style="list-style-type: none"> <li>• Revised projections of costs for the remaining part of the year as a result of lower than expected demand and higher than expected clawbacks of unused direct payments.</li> </ul>
<b>Autism and Adult Support</b>  Forecast year-end variance: <b>-£119k</b>	The key reason for the underspend in this area is: <ul style="list-style-type: none"> <li>• Lower than expected service-user needs, and efficiencies that have been made in existing care packages as a result of shorter-term interventions being put in place in line with the Transforming Lives approach.</li> </ul>
<b>Mental Health Central</b>  Forecast year-end variance: <b>-£127k</b>	The key reason for the underspend in this area is: <ul style="list-style-type: none"> <li>• The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17.</li> </ul>
<b>Mental Health Services</b>  Forecast year-end variance: <b>+194k</b>	The key reasons for the pressure in this area is: <ul style="list-style-type: none"> <li>• Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year.</li> </ul> Mitigating actions include: <ul style="list-style-type: none"> <li>• Identification of underspends elsewhere across Mental Health Services, notably efficiencies achieved on the Section 75 contract, as reported under Mental Health Central.</li> <li>• Stepping up strategies for move on;</li> <li>• Working with the new provider of supported accommodation to increase thresholds thereby reducing the use of more expensive residential care in adult mental health; and</li> <li>• Securing appropriate funding for service users with health needs.</li> </ul>

## 2.4 Performance

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

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

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

## **2.5 P&C Portfolio**

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

## **3.0 2017-18 SAVINGS TRACKER**

3.1 As previously reported the “tracker” report – a tool for summarising delivery of savings – will be made available for Members on a quarterly basis. The tracker as at mid-October is included as Appendix 3 to this report.

3.2 Within the tracker the forecast is shown against the original saving approved as part of the 2017-18 Business Planning process. Based on current forecasts the overall position for CFA is a £3,882k shortfall against plan. However, the stretched targets for existing savings and additional savings identified within the funnel are supporting delivery of a further £2,348k towards the overall £20,658k CFA savings target. For several proposals, due to delays or difficulties in recruiting, the delivery of savings may slip into the latter part of the year and in some cases into 2018/19.

Where a shortfall is currently forecast this is being reflected in the overall bottom line, but it is also important to note the relationship with the reported pressures within the detailed F&PR.

## **4.0 ALIGNMENT WITH CORPORATE PRIORITIES**

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

4.1.1 There are no significant implications for this priority.

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

4.2.1 There are no significant implications for this priority

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

4.3.1 There are no significant implications for this priority

## **5.0 SIGNIFICANT IMPLICATIONS**

### **5.1 Resource Implications**

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

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

5.2.1 There are no significant implications within this category.

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

5.3.1 There are no significant implications within this category.

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

5.4.1 There are no significant implications within this category.

## **5.5 Engagement and Consultation Implications**

5.5.1 There are no significant implications within this category.

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

5.6.1 There are no significant implications within this category.

## **5.7 Public Health Implications**

5.7.1 There are no significant implications within this category.

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

## **Appendix 1**

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

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

Strategic Management – Adults

Principal Social Worker, Practice and Safeguarding

#### **Learning Disability Services**

LD Head of Services

LD - City, South and East Localities

LD - Hunts & Fenland Localities

LD – Young Adults

In House Provider Services

NHS Contribution to Pooled Budget

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

OP - City & South Locality

OP - East Cambs Locality

OP - Fenland Locality

OP - Hunts Locality

Discharge Planning Teams

Shorter Term Support and Maximising Independence

#### **Adult Disability Services**

PD Head of Services

Physical Disabilities

Autism and Adult Support Carers

#### **Mental Health**

Mental Health Central

Adult Mental Health Localities

Older People Mental Health

#### **Commissioning Directorate**

Strategic Management – Commissioning – *covers all of P&C*

Local Assistance Scheme

#### **Adults Commissioning**

Central Commissioning - Adults

Integrated Community Equipment Service

Mental Health Voluntary Organisations

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

Safer Communities Partnership

#### **Executive Director**

Executive Director - *covers all of P&C*

Central Financing - *covers all of P&C*

#### **Grant Funding**

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





From: Martin Wade  
 Tel.: 01223 699733  
 Date: 10<sup>th</sup> October 2017

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

### **Finance and Performance Report – September 2017**

#### **1. SUMMARY**

##### **1.1 Finance**

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

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

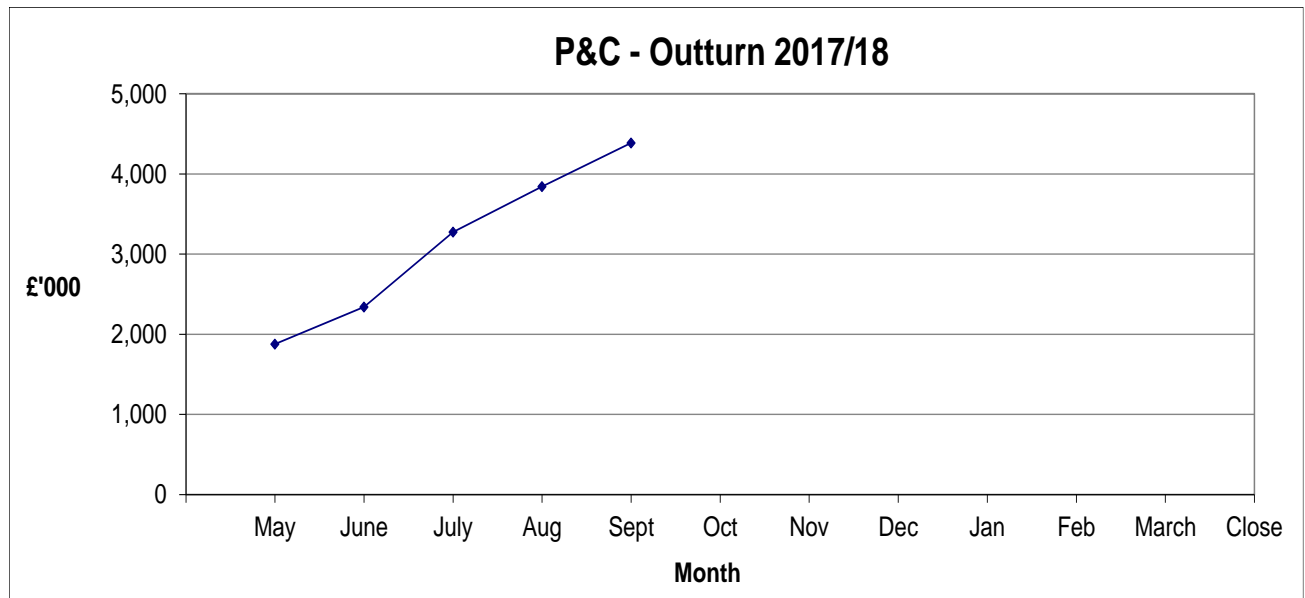
<b>Monthly Indicators</b>	<b>Red</b>	<b>Amber</b>	<b>Green</b>	<b>Total</b>
Aug Performance (No. of indicators)	7	4	12	23
Aug Portfolio (No. of indicators)	0	3	3	7

#### **2. INCOME AND EXPENDITURE**

##### **2.1 Overall Position**

<b>Forecast Variance Outturn (Aug) £000</b>	<b>Directorate</b>	<b>Original Budget 2017/18 £000</b>	<b>Current Budget 2017/18 £000</b>	<b>Current Variance £000</b>	<b>Forecast Variance Outturn (Sep) £000</b>	<b>Forecast Variance - Outturn (Sep) %</b>
462	Adults & Safeguarding	147,601	146,157	247	448	0.3%
-80	Commissioning	33,255	37,175	45	663	1.8%
0	Communities & Safety	3,443	3,836	1,419	-90	-2.3%
3,418	Children & Safeguarding	92,308	93,181	1,932	3,818	4.1%
0	Education	19,008	20,041	-34	0	0.0%
210	Executive Director	494	-367	45	210	-57.3%
<b>4,011</b>	<b>Total Expenditure</b>	<b>296,108</b>	<b>300,024</b>	<b>3,654</b>	<b>5,050</b>	<b>1.7%</b>
-272	Grant Funding	-61,711	-61,711	-331	-662	1.1%
<b>3,739</b>	<b>Total</b>	<b>234,397</b>	<b>238,313</b>	<b>1,760</b>	<b>4,388</b>	<b>1.8%</b>

The service level finance & performance report for September 2017 can be found in [appendix 1](#). Further analysis of the forecast position can be found in [appendix 2](#).



## 2.2 Significant Issues

At the end of September 2017 P&C is forecasting a pressure for the year of £4,388k.

Against a savings target for the year of £20.5m, the directorate is currently forecasting delivery of £18.2m, of which £8.3m was delivered in quarter 1.

As well as making savings through transformation, the service faces significant demand pressures, particularly in children's services related to the rising number of looked after children, a national trend. This month the report also acknowledges emerging pressures in Adults services, and risk will likely increase in this area as efforts to meet national delayed transfers of care targets step-up for winter.

The directorate is focused on identifying financial mitigations to offset pressures; seventeen service lines have already identified underspends and other areas are anticipating that they can improve their current position before year-end in the forecast submitted.

The whole directorate has been tasked with going further to improve the position. In many cases, planned transformation and demand management strategies are in progress and will deliver the expected savings ask although to a delayed timescale.

The increase in forecast pressure since last month is £545k. Significant changes are detailed below:

- In Adults and Safeguarding, the forecast underspend within Strategic Management – Adults increased by £150k due to a recalculation of expected staffing savings based on vacancies held within the service to the end of the second quarter.
- In Adults and Safeguarding, the forecast pressure on the Learning Disability Partnership increased by £317k. This is mainly due to reduced slippage on staffing costs following transformation of the service that has seen vacant posts deleted and the management structure streamlined. Staffing cover for vacancies and other absences are being reviewed to ensure efficiency in line with CQC standards. The LDP is expected to deliver a further £2.8m of savings for the remainder of the year.

- In Commissioning, the SEN Placements budget is forecasting a pressure of £500k, an increase of £400k since last month. There has been a further increase since the beginning of this academic year in the number of children and young people placed in 52 week residential placements. This budget pays for the educational element of those placements and is funded from the Dedicated Schools Grant (DSG). It is the aim that any pressures on DSG funded services will be managed from within the overall available DSG for 2017/18.
- In Commissioning, the LAC Transport budget is forecasting a pressure of £250k. Due to the overall increase in Looked after Children, this has meant more children are requiring Home to School Transport, with an average of 20 additional children being transported each month compared to this point in 16/17. In addition, the distances travelled to school have also increased with volunteer drivers covering an additional 37,500 miles compared to the same point last year.
- In Children & Safeguarding, the Strategic Management budget is forecasting a pressure of £686k, a favorable shift of -£200k from last month due to a recalculation of expected staffing savings based on vacancies held within the service to the end of the second quarter.
- In Children & Safeguarding, the Children in Care budget is forecasting a pressure of £71k, an increase of £199k since last month. This relates to increased contact requirements necessitating increased staff hours and use of external agencies (£136k) and an increase of in-house foster placements (£63k).
- In Children & Safeguarding, the Looked After Children (LAC) Placements budget is forecasting a pressure of £1,750k, an increase of £228k from last month. Of this increase, £100k relates to a reduction in the level of LAC savings expected to be made during 2017/18, with the remaining £128k being due to a combination of changes in placement fees (higher prices) and/or new placements (more placements). Overall there are 10 more looked after children at the end of September than at the end of the previous month, with 348 (a decrease of 20) of these children in external LAC placements. Additional management resource has been deployed to lead and add capacity to the Access to Resources function. Other mitigating actions are outlined Appendix 2, note number 12.
- In Children & Safeguarding, the Legal Proceedings budget is forecasting a pressure of £550k, an increase of £100k since last month. Whilst we have less ongoing sets of care proceedings (and less new applications being issued in Court) legacy cases and associated costs are still working through the system.
- In Grant Funding, the Financing DSG underspend is £662k, an increase of £390k since last month. This funding is met by DSG reserve carry forwards and will fund the increased SEN placements pressure.

## 2.3 Additional Income and Grant Budgeted this Period

(De Minimis reporting limit = £160,000)

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

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

In Education, the Childrens' Innovation & Development Service budget is no longer forecasting a pressure of £104k, arising from the Outdoor Education service. The pressure still remains, however Outdoor Education, Education IT, Cambridge Music and Professional Development Centre Services are now being reported within 'Traded Services to Schools and Parents' for Commercial & Investment committee.

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

## 2.5 Key Activity Data

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

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

	BUDGET				ACTUAL (Sept)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements Sept 17	Yearly Average	Actual Spend	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	1	£143k	52	2,743.20	1	1.00	£133k	2,544.66	0	£10k	-198.54
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	16	£1,160k	52	1,408.53	16	15.30	£1,773k	2,262.44	-0.7	£614k	853.91
Residential homes	22	£3,018k	52	2,656.43	36	34.66	£5,382k	3,068.47	12.66	£2,364k	412.04
Independent Fostering	263	£10,304k	52	784.53	260	259.40	£10,762k	800.31	-3.6	£459k	15.78
Supported Accommodation	15	£1,244k	52	1,247.14	28	23.58	£1,801k	1,620.60	8.58	£557k	373.46
16+	25	£608k	52	467.73	7	5.61	£59k	214.11	-19.39	£549k	-253.62
Growth/Replacement	-	£868k	-	-	-	-	£607k	-	-	£261k	-
Pressure funded within directorate	-	£k	-	-	-	-	£1,423k	-	-	£1,423k	-
<b>TOTAL</b>	<b>342</b>	<b>£17,344k</b>			<b>348</b>	<b>339.55</b>	<b>£19,094k</b>		<b>-2.45</b>	<b>£1,750k</b>	
In-house fostering - Basic	212	£2,053k	56	172.89	185	174.47	£1,944k	180.26	-37.53	£108k	7.37
In-house fostering - Skills	212	£1,884k	52	170.94	185	176.54	£1,630k	175.70	-35.46	£255k	4.76
Kinship - Basic	40	£439k	56	195.84	39	39.36	£395k	179.42	-0.64	£43k	-16.42
Kinship - Skills	11	£39k	52	68.78	11	11.00	£39k	68.78	0	£k	0.00
In-house residential	5	£556k	52	2,138.07	2	3.41	£556k	3,134.99	-1.59	£k	996.93
Growth*	0	£297k	-	0.00	0	0.00	£k	0.00	-	£297k	-
<b>TOTAL</b>	<b>257</b>	<b>£4,674k</b>			<b>226</b>	<b>217.24</b>	<b>£4,565k</b>		<b>-39.76</b>	<b>£109k</b>	
Adoption	376	£3,236k	52	165.51	400	399.16	£3,421k	165.08	23.16	£185k	-0.43
Concurrent Adoption	5	£91k	52	350.00	3	2.54	£46k	350.00	-2.46	£45k	0.00
<b>TOTAL</b>	<b>381</b>	<b>£3,327k</b>			<b>403</b>	<b>401.70</b>	<b>£3,468k</b>		<b>23.16</b>	<b>£141k</b>	
<b>OVERALL TOTAL</b>	<b>980</b>	<b>£25,345k</b>			<b>977</b>	<b>958.49</b>	<b>£27,126k</b>		<b>-19.05</b>	<b>£1,782k</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.

\*Represents expected growth of in-house foster placements to be managed against the LAC Placements budget

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

BUDGET				ACTUAL (Sept 17)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements Sept 17	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	98	£6,165k	£63k	93	96.19	£6,818k	£71k	-5	-1.81	£653k	£8k
Hearing Impairment (HI)	3	£100k	£33k	2	2.00	£74k	£37k	-1	-1.00	£26k	£4k
Moderate Learning Difficulty (MLD)	3	£109k	£36k	5	4.16	£143k	£34k	2	1.16	£34k	£2k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£k
Physical Disability (PD)	1	£19k	£19k	3	2.58	£50k	£19k	2	1.58	£31k	£k
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	£41k	£k
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	35	38.63	£1,825k	£47k	0	3.63	£335k	£5k
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	2	2.00	£90k	£45k	-1	-1.00	£74k	£10k
Severe Learning Difficulty (SLD)	2	£180k	£90k	1	1.00	£90k	£90k	-1	-1.00	£90k	£k
Specific Learning Difficulty (SPLD)	8	£164k	£20k	5	4.88	£197k	£40k	-3	-3.12	£33k	£20k
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£57k	£29k	0	0.00	£7k	£4k
Recoupmnt	-	-	-	-	-	£273k	-	-	-	£273k	-
<b>TOTAL</b>	<b>157</b>	<b>£8,573k</b>	<b>£55k</b>	<b>148</b>	<b>153.44</b>	<b>£9,073k</b>	<b>£61k</b>	<b>-9</b>	<b>-3.56</b>	<b>£500k</b>	<b>£6k</b>

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

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

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

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

		BUDGET			ACTUAL (Sept 17)				Forecast		
Service Type		Budgeted No. of Service Users 2017/18	Budgeted Average Unit Cost (per week) £	Annual Budget £000	No. of Service Users at End of Sept 17	D	Current Average Unit Cost (per week) £	D	Forecast Actual £000	D	Forecast Variance £000
Adult Disability Services	Residential	31	£1,121k	£1,807k	29	↓	£1,022	↑	£1,543k	↑	£264k
	Nursing	20	£928k	£965k	23	↑	£993	↓	£1,189k	↑	£224k
	Community	669	£292k	£10,149k	641	↓	£318	↔	£10,615k	↓	£466k
<b>Total expenditure</b>		<b>720</b>		<b>£12,921k</b>	<b>693</b>				<b>£13,347k</b>		<b>£426k</b>
<b>Income</b>				£1,646k					£1,735k	↑	£89k
<b>Further savings assumed within forecast</b>										↓	£763k
<b>Net Total</b>				<b>£11,275k</b>							<b>£426k</b>
Learning Disability Services	Residential	313	£1,338	£21,771k	308	↑	£1,376	↓	£22,688k	↑	£917k
	Nursing	8	£2,069	£861k	7	↓	£1,842	↓	£756k	↓	£104k
	Community	1,272	£608	£40,217k	1,293	↑	£648	↑	£43,201k	↓	£2,984k
<b>Learning Disability Service Total</b>		<b>1,593</b>		<b>£62,848k</b>	<b>1,608</b>				<b>£66,645k</b>		<b>£3,797k</b>
<b>Income</b>				£2,566k					£3,199k		£633k
<b>Further savings assumed within forecast as shown in Appendix 1</b>											£2,854k
<b>Net Total</b>											<b>£311k</b>

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

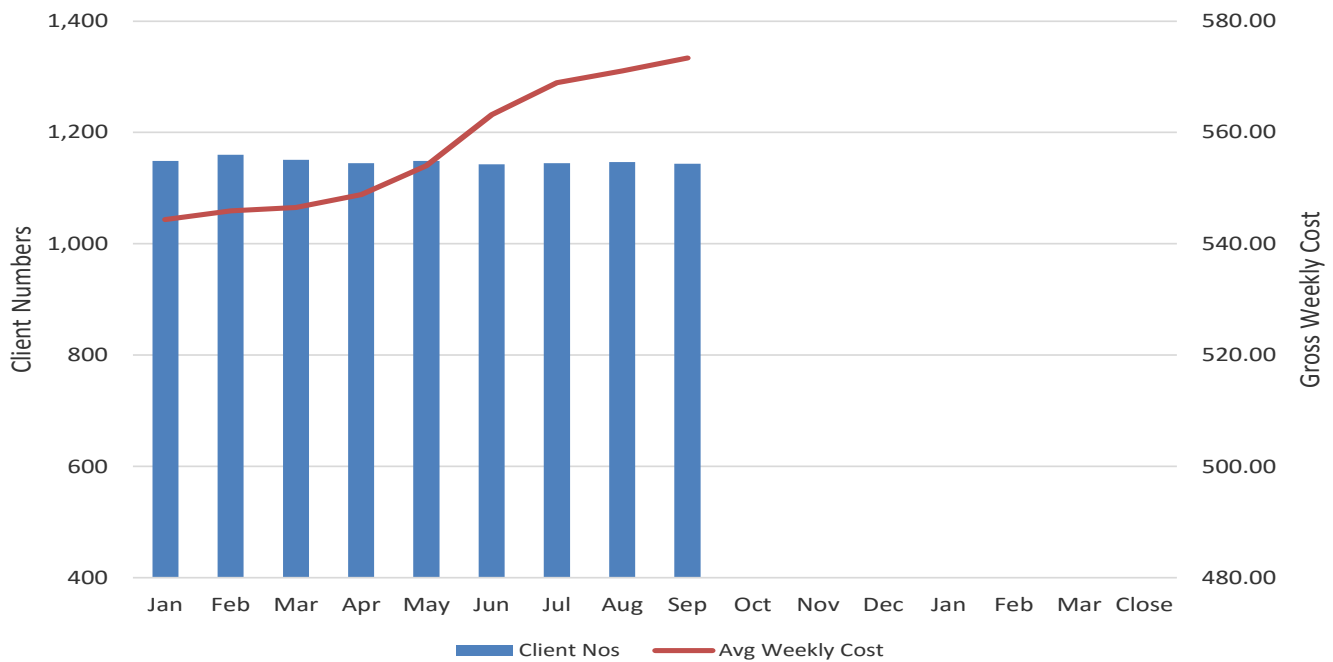
		BUDGET			ACTUAL (Sept)				FORECAST		
Service Type		Budgeted No. of Clients 2017/18	Budgeted Average Unit Cost (per week) £'s	Annual Budget £000's	Snapshot of No. of Clients at End of Sept 17	D o T	Current Average Unit Cost (per week) £'s	D o T	Forecast Spend £000's	D o T	Variance £000's
Adult Mental Health	Community based support	24	£72	£90k	17	↔	£153	↓	£147k	↔	£57k
	Home & Community support	154	£88	£709k	174	↓	£88	↓	£808k	↓	£99k
	Nursing Placement	13	£803	£544k	16	↔	£652	↑	£563k	↑	£19k
	Residential Placement	65	£736	£2,493k	74	↓	£700	↑	£2,677k	↓	£184k
	Supported Accommodation	133	£119	£828k	129	↓	£111	↑	£704k	↓	-£124k
	Direct Payments	20	£235	£245k	14	↔	£241	↓	£193k	↓	-£52k
	Anticipated New Demand										£69k
	Income			-£368k					-£384k		-£14k
<b>Adult Mental Health Total</b>		<b>409</b>		<b>£4,541k</b>	<b>424</b>				<b>£4,708k</b>		<b>£238k</b>
<b>Further savings assumed within forecast as shown in Appendix 1</b>											<b>-£518k</b>

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

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

OP Total	BUDGET			ACTUAL (Sept 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	447	£483	£11,593k	441	↓	£493	↑	£12,204k	↑	£612k
Residential Dementia	347	£536	£9,984k	360	↔	£546	↑	£10,511k	↑	£527k
Nursing	301	£715	£11,694k	293	↔	£697	↑	£11,266k	↑	-£428k
Nursing Dementia	55	£753	£2,253k	50	↓	£754	↑	£2,170k	↑	-£82k
Respite			£1,303k					£1,376k	↑	£73k
Community based										
~ Direct payments	248	£173	£2,239k	230	↑	£273	↑	£2,866k	↑	£626k
~ Day Care			£941k					£920k	↓	-£21k
~ Other Care			£5,081k					£4,916k	↓	-£165k
~ Homecare arranged	1,608	per hour £15.70	£13,265k	1,432	↓	per hour £16.11	↔	£14,170k	↑	£905k
<b>Total Expenditure</b>	<b>3,006</b>		<b>£58,351k</b>	<b>2,806</b>				<b>£60,399k</b>		<b>£2,047k</b>
Residential Income			-£8,306k					-£8,720k	↓	-£414k
Community Income			-£8,099k					-£8,322k	↓	-£223k
Health Income			-£9k					-£27k	↔	-£18k
<b>Total Income</b>			<b>-£16,415k</b>					<b>-£17,070k</b>		<b>-£655k</b>
<b>Further Savings Assumed Within Forecast as shown within Appendix 1</b>										<b>-£1,293k</b>

### OP Activity and Weekly Cost for Residential and Nursing Care from Jan 2017



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

OPMH Total	BUDGET			ACTUAL (Sept 17)				Forecast		
Service Type	Expected No. of Service Users 2017/18	Budgeted Average Cost (per week) £	Gross Annual Budget £000	Current Service Users	D o T	Current Average Cost (per week) £	D o T	Forecast Actual £000	D o T	Forecast Variance £000
Residential	14	£663	£503k	16	↔	£633	↔	£607k	↑	£104k
Residential Dementia	28	£533	£802k	25	↔	£535	↔	£967k	↑	£165k
Nursing	16	£740	£610k	16	↓	£753	↑	£719k	↓	£109k
Nursing Dementia	90	£747	£3,526k	102	↔	£769	↑	£4,153k	↓	£627k
Respite			£10k					£3k	↓	-£7k
Community based										
~ Direct payments	16	£207	£165k	13	↔	£283	↑	£195k	↑	£30k
~ Day Care			£3k					£11k	↔	£8k
~ Other Care			£38k					£29k	↓	-£9k
~ Homecare arranged	45	per hour £15.95	£546k	51	↑	per hour £16.13	↓	£597k	↓	£51k
<b>Total Expenditure</b>	<b>209</b>		<b>£6,204k</b>	<b>223</b>				<b>£7,281k</b>		<b>£1,077k</b>
Residential Income			-£862k					-£935k	↑	-£74k
Community Income			-£244k					-£236k	↑	£8k
Health Income			£k					£k	↔	£k
<b>Total Income</b>			<b>-£1,106k</b>					<b>-£1,172k</b>		<b>-£66k</b>
Further Savings Assumed Within Forecast as shown in Appendix 1										-£537k

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

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

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

### **3. BALANCE SHEET**

#### **3.1 Reserves**

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

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

##### 2017/18 and Future Years Scheme Costs

In September there has been a £2,178k increase in the overall capital scheme cost. The schemes affected include;

- Gamlingay Primary School; £1,350k increase as scheme scope and details are finalised. This change relates to future years and will be addressed through the 2018/19 Business Plan.
- Littleport Secondary and Special; £182k increased cost of land purchase required for the scheme and additional costs associated with planning conditions related to the sports centre.
- Cambourne Village College; £412k additional budget for performance hall which will be funded by the district and parish councils, but completed as part of the scheme.

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

As at the end of September the capital programme forecast underspend continues to be zero. The level of slippage has not exceeded the Capital Variation budget of £10,305k. A forecast outturn will only be reported once slippage exceeds this level. However in September movements on schemes have occurred totaling £213k. The significant changes in schemes are detailed below;

- Histon Additional Places; £200k slippage from December 17 to January 18 due to delays in the planning application being approved.
- Northstowe Secondary; £200k slippage due to the mini competition award for the designer not being completed until October 2017 resulting in a delay in design work.
- Alconbury Weald Secondary and Special; £420k slippage due to design work slipping. The appointment of a contractor will now take place in January 2018.
- Cambourne Village College; £509k accelerated spend, £412k as a result on an agreement that the Council will undertake works for the performance hall which will then be offset by funding from the district and parish councils.

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



#### 4. **PERFORMANCE**

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

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

Seven indicators are currently showing as RED:

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

During August, we saw the numbers of children with a Child Protection plan reduce slightly from 577 to 575.

Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved

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

The number of Looked After Children reduced from 689 to 687 in August. This includes 65 UASC, around 9.5% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population and reduce the cost of placements. Some of these workstreams will impact on current commitment.

Actions being taken include;

- A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.

- A weekly LAC monitoring meeting chaired by the Executive Director of P&C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.

- **FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2 and FSM/non-FSM attainment gap % achieving 5+A\*-C at GCSE including Maths and English**

2016 data shows that there is still a significant gap in the performance of pupils eligible for FSM in the new KS2 tests. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential. All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

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

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

Performance remains very low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD teams.

(N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)

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

Between April '16 and March '17 there were 35,732 bed-day delays across the whole of the Cambridgeshire system - representing a 22% increase on the preceding 12 months.

Across this period NHS bed-day delays have increased by 16% from 20,365 (Apr 15 - Mar 16) to 23,621 (Apr 16 - Mar 17), while bed-day delays attributed to Adult Social Care have increased from 7,709 in Apr 15 - Mar 16 to 9,259 in Apr 16 - Mar 17 an increase of 20%.

Over the course of this year we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.

The significant improvement in this indicator comes as we move into the new financial year and last year's performance is replaced with a single, relatively-well performing month of data

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

In July '17 there were 948 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 183.2 delays per 100,000 of 18+ population. For the same period the national rate was 156.3 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

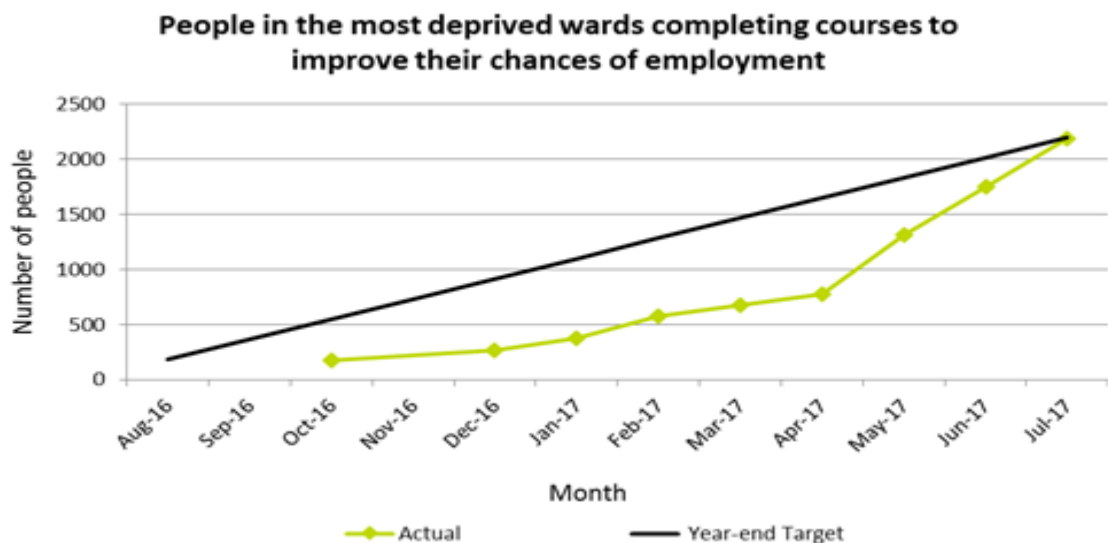
The increase is primarily due to delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's.

- **Adult Learning & Skills - The number of people in the most deprived wards completing courses to improve their chances of employment or progression in work (July 2017)**

Figures to the end of July show that there are currently 2191 learners taking courses in the most deprived wards.

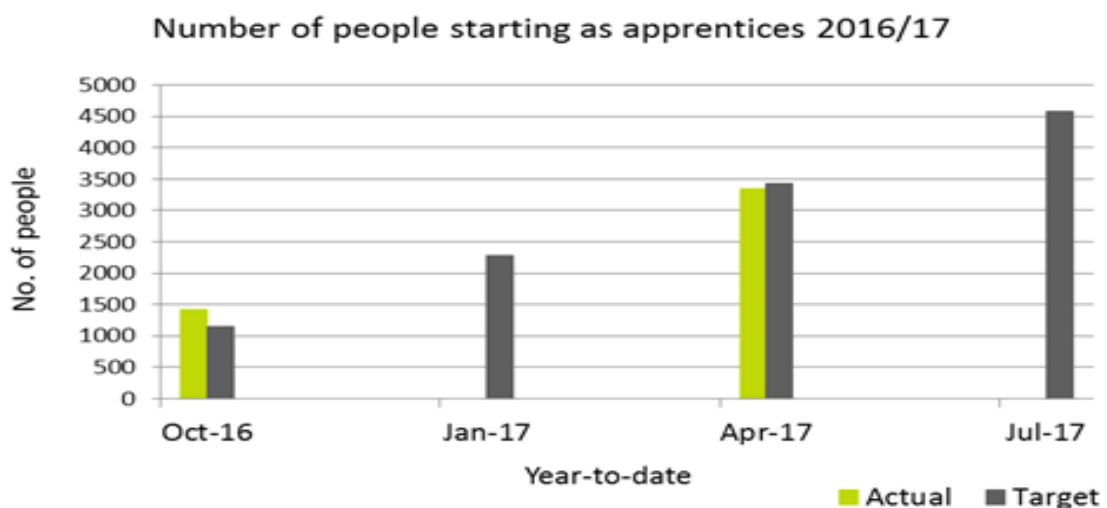
A targeted programme has started, focusing on increasing the participation in these deprived areas.

The number of people completing courses will not be recorded until the end of the academic year. The target of 2,200 is end-of-year.



- **Adult Learning & Skills, The number of people starting as apprentices – academic year, 2016/17**

Provisional figures for the number of people starting as apprentices by the end of the third quarter of 2016/17 are 3,340, compared with 3,280 for the same quarter in 2015/16 - an increase of 2%. This means that the 2016/17 target of 4,574 is on track to be achieved.



## 5. P&C PORTFOLIO

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

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

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

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2017/18 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance		Forecast Variance Outturn (Sept)	
						£'000	%	£'000	%
Adults & Safeguarding Directorate									
-50	1	Strategic Management - Adults	2,658	3,149	3,097	-52	-2%	-200	-8%
41		Principal Social Worker, Practice and Safeguarding	1,429	730	559	-171	-23%	40	3%
Learning Disability Services									
58	2	LD Head of Service	5,600	2,481	2,498	17	1%	52	1%
-138	2	LD - City, South and East Localities	33,559	17,404	17,272	-132	-1%	-247	-1%
421	2	LD - Hunts & Fenland Localities	27,151	13,726	13,847	121	1%	442	2%
179	2	LD - Young Adults	4,300	1,622	1,670	48	3%	182	4%
108	2	In House Provider Services	5,501	2,722	3,037	315	12%	516	9%
0		NHS Contribution to Pooled Budget	-17,113	-8,557	-8,557	0	0%	0	0%
Older People's Services									
0	3	OP - City & South Locality	19,068	10,567	10,626	58	1%	0	0%
0	3	OP - East Cambs Locality	6,024	2,808	2,777	-32	-1%	0	0%
0	3	OP - Fenland Locality	9,106	4,526	4,326	-200	-4%	0	0%
50	3	OP - Hunts Locality	12,459	6,361	6,568	207	3%	50	0%
0		Discharge Planning Teams	2,189	1,094	1,031	-63	-6%	0	0%
0		Shorter Term Support and Maximising Independence	7,362	3,342	3,370	28	1%	-12	0%
Adult Disability Services									
0		PD Head of Services	427	228	211	-17	-7%	-9	-2%
-284	4	Physical Disabilities	11,632	6,564	6,488	-76	-1%	-314	-3%
-83	5	Autism and Adult Support	835	369	319	-50	-13%	-119	-14%
0		Carers	724	362	365	3	1%	0	0%
Mental Health									
-127	6	Mental Health Central	784	403	281	-122	-30%	-127	-16%
-82	7	Adult Mental Health Localities	6,493	2,691	2,690	-1	0%	-280	-4%
369	7	Older People Mental Health	5,970	2,850	3,215	365	13%	474	8%
462		Adult & Safeguarding Directorate Total	146,157	75,445	75,692	247	0%	448	0%
Commissioning Directorate									
-127	8	Strategic Management – Commissioning	2,249	980	865	-116	-12%	-154	-7%
-85		Access to Resource & Quality	1,057	535	529	-6	-1%	0	0%
-28		Local Assistance Scheme	321	175	146	-29	-17%	-28	-9%
Adults Commissioning									
-25		Central Commissioning - Adults	5,562	3,507	3,542	35	1%	-27	0%
0		Integrated Community Equipment Service	711	1,209	1,222	12	1%	0	0%
-58		Mental Health Voluntary Organisations	3,944	2,070	1,964	-106	-5%	0	0%
Childrens Commissioning									
100	9	Special Educational Needs Placements	8,973	5,296	5,531	235	4%	500	6%
100		Commissioning Services	4,016	1,717	1,618	-99	-6%	79	2%
44		Early Years Specialist Support	1,210	148	155	7	5%	44	4%
0		Home to School Transport – Special	8,006	2,607	2,555	-51	-2%	0	0%
0	10	LAC Transport	1,126	463	626	163	35%	250	22%
-80		Commissioning Directorate Total	37,175	18,708	18,752	45	0%	663	2%

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2017/18 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance		Forecast Variance Outturn (Sept)	
						£'000	%	£'000	%
Communities & Safety Directorate									
0		Strategic Management - Communities & Safety	-25	0	0	0	0%	0	0%
0		Youth Offending Service	1,618	691	553	-137	-20%	-90	-6%
0		Central Integrated Youth Support Services	343	110	103	-7	-6%	0	0%
0		Safer Communities Partnership	1,589	654	640	-13	-2%	0	0%
0		Strengthening Communities	130	65	106	41	63%	0	0%
0		Adult Learning & Skills	180	-101	-127	-26	26%	0	0%
0		Learning Centres	0	0	-1	-1	0%	0	0%
0		Communities & Safety Directorate Total	3,836	1,419	1,275	-144	-10%	-90	-2%
Children & Safeguarding Directorate									
886	11	Strategic Management – Children & Safeguarding	2,492	2,077	2,380	303	15%	686	28%
0		Partnerships and Quality Assurance	1,892	845	893	48	6%	36	2%
-128		Children in Care	13,477	6,777	6,754	-23	0%	71	1%
-21		Integrated Front Door	2,818	1,376	1,347	-28	-2%	-21	-1%
0		Children’s Centre Strategy	317	320	319	-1	0%	0	0%
0		Support to Parents	2,847	1,194	1,203	10	1%	0	0%
1,522	12	Looked After Children Placements	17,344	6,865	8,075	1,210	18%	1,750	10%
450	13	Adoption Allowances	4,406	2,203	2,300	97	4%	450	10%
450	14	Legal Proceedings	1,540	705	978	272	39%	550	36%
SEND Specialist Services (0-25 years)									
43		SEND Specialist Services	6,815	3,816	3,955	139	4%	48	1%
168	15	Children’s Disability Service	6,527	3,183	3,294	112	4%	168	3%
0		High Needs Top Up Funding	13,573	6,436	6,414	-22	0%	0	0%
District Delivery Service									
75	16	Safeguarding Hunts and Fenland	4,994	2,497	2,510	13	1%	122	2%
0		Safeguarding East & South Cambs and Cambridge	4,422	2,021	1,960	-61	-3%	0	0%
-25		Early Help District Delivery Service –North	4,582	1,977	1,912	-65	-3%	-25	-1%
-2		Early Help District Delivery Service – South	5,134	2,086	2,014	-72	-3%	-17	0%
3,418		Children & Safeguarding Directorate Total	93,181	44,377	46,308	1,932	4%	3,818	4%

Forecast Variance Outturn (Aug) £'000	Service	Current Budget for 2017/18 £'000	Expected to end of Sept £'000	Actual to end of Sept £'000	Current Variance £'000   %		Forecast Variance Outturn (Sept) £'000   %	
Education Directorate								
0	Strategic Management - Education	414	287	363	76	26%	0	0%
0	Early Years' Service	1,439	433	356	-77	-18%	0	0%
0	Schools Curriculum Service	58	-169	-159	10	-6%	0	0%
0	Schools Intervention Service	1,077	444	544	100	22%	0	0%
0	Schools Partnership Service	818	165	83	-82	-50%	0	0%
0	Children's' Innovation & Development Service	395	243	168	-75	-31%	0	0%
0	Teachers' Pensions & Redundancy	2,936	1,468	1,390	-78	-5%	0	0%
Infrastructure								
0	0-19 Organisation & Planning	3,683	2,478	2,458	-20	-1%	0	0%
0	Early Years Policy, Funding & Operations	90	45	36	-8	-19%	0	0%
0	Education Capital	160	323	513	190	59%	0	0%
0	Home to School/College Transport – Mainstream	8,972	3,073	3,005	-68	-2%	0	0%
0	Education Directorate Total	20,041	8,791	8,758	-34	0%	0	0%
Executive Director								
219	17 Executive Director	211	88	162	75	85%	219	103%
-9	Central Financing	-578	-949	-979	-30	3%	-9	-1%
210	Executive Director Total	-367	-862	-817	45	-5%	210	-57%
4,011	Total	300,024	147,878	149,969	2,091	1%	5,050	2%
Grant Funding								
-272	18 Financing DSG	-39,991	-19,664	-19,995	-331	2%	-662	-2%
0	Non Baselined Grants	-21,720	-8,127	-8,127	0	0%	0	0%
-272	Grant Funding Total	-61,711	-27,792	-28,123	-331	1%	-662	1%
3,739	Net Total	238,313	120,086	121,846	1,760	1%	4,388	2%

## APPENDIX 2 – Commentary on Forecast Outturn Position

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

Service	Current Budget	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>1) Strategic Management – Adults</b>	<b>2,658</b>	<b>3,097</b>	<b>-200</b>	<b>-8%</b>
<p>An underspend of £200k is now being reported for Strategic Management – Adults; this is an increase of £150k from last month's figure. Difficulties experienced in recruiting to posts across the Directorate have continued in the current year, and so a variance of £150k on vacancy savings has been included in the forecast to reflect this.</p> <p>Efficiencies of £50k from the provision of services relating to social care needs for prisoners are also included in the forecast.</p>				
<b>2) LD – Overall LDP Position</b>	<b>76,111</b>	<b>38,325</b>	<b>945</b>	<b>1%</b>
<p>At the end of September, the Learning Disability Partnership is overall forecasting a pressure of £945k. This is an increase of £317k from the previous month. The total savings target for Learning Disability exceeds £4.7m, and there is optimism about the portion deliverable in the remainder of the year.</p> <p>Demand pressures are higher than expected, despite positive work that has reduced the number of people in high cost out of area inpatient placements. New package costs and increases in the costs of existing packages were higher than expected in the final months of 2016/17 and have continued to be high in the first half of 2017/18. This has also resulted in revised projections of demand pressures for the remainder of the year. This is the cause of the £283k projection on the LD locality policy lines.</p> <p>Business Plan savings are expected to be delivered in full, with underachievement on specific workstreams offset by exceeding targets elsewhere and through new initiatives.</p> <p>The predicted pressure has been partially mitigated by a number of actions:</p> <ul style="list-style-type: none"> <li>• The dedicated reassessment and brokerage capacity funded by the Transformation Fund is continuing to explore additional workstreams to deliver further savings, and is providing key expertise in negotiating with providers to avoid increases in costs and to rationalise existing arrangements.</li> <li>• Restrictions on price uplifts for providers are being targeted where the providers are unable to evidence increased costs.</li> <li>• Underspending on staff where vacancies cannot be, or have not been, filled.</li> <li>• Reviewing the utilisation of staff to reduce reliance on agency staff and overtime working in the in-house provider services.</li> </ul> <p>Included in this forecast, the Young Adults Team is projected to have a pressure of £182k, an increase of £3k on the previous month. The demography and savings relating to this part of the LDP is prepared using a number of assumptions about the levels of care and support required to meet needs and the sustainability of these arrangements through the year. These assumptions are measured against the specific circumstances of young people as they turn 18, which has resulted in a pressure being forecast. Work continues with Children's services to ensure that packages are cost effective leading up to each young person's 18th birthday, and work is ongoing to ensure that existing packages are cost effective.</p> <p>The element of this pressure in the In House Provider Services is £516k, an increase of £408k compared to August. This is partly due to a re-phasing of a saving work-stream around staffing restructures and transformation in a number of provider units, with a portion of the saving falling in 2018-19, creating a pressure in year, offset by over-delivery of other workstreams. In addition, the level of slippage on staff costs as a result of vacancies has not been as high as expected in the first half of the year, and expectations for the remainder of the year have been adjusted. The provider units have managed with reducing budgets for several years, with a reduction of 6.4% in 2017/18. Staffing cover for vacancies and other absences are being reviewed by the units in order to ensure staff members are being used as efficiently as possible and agency cover is only used where this is necessary to meet CQC regulatory standards.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>3) Older People's Services</b>	<b>46,656</b>	<b>24,296</b>	<b>50</b>	<b>0%</b>
<p>The Older People's Locality teams are experiencing higher demand for placements than anticipated at the start of the year. This, in conjunction with increasing package prices, is resulting in an underlying pressure across the budget and presents a risk to achievement of a balanced budget position at year end.</p> <p>Significant transformation and savings activity is in progress and the underlying pressure is being partially offset by an increase in forecast income (client contributions - as a result of improved financial assessment processes) since the start of the year, and further mitigating actions taken to date have included:</p> <ul style="list-style-type: none"> <li>• Increasing the utilisation rate of existing block contracts;</li> <li>• Working closely with the Brokerage team to minimise new placement costs;</li> <li>• Introducing a new process for Continuing Health Care to help reduce the time between initial checklist and case completion.</li> </ul> <p>At present, an indicative forecast pressure of £50k is being reported, though it is acknowledged that the underlying pressure on the budget is greater than this and is likely to continue to increase. Work is underway to identify further mitigations to manage the overall position.</p>				
<b>4) Physical Disabilities</b>	<b>11,632</b>	<b>6,488</b>	<b>-314</b>	<b>-3%</b>
<p>The Physical Disability Service is forecast to be -£314k underspent at year end, an increase of -£30k from the previous month. The underspend has increased due to revised projections of costs for the remaining part of the year as a result of lower than expected demand and higher than expected clawbacks of unused direct payments. This forecast position assumes NHS funding for service-users with health needs comes in at expected levels.</p>				
<b>5) Autism and Adult Support</b>	<b>835</b>	<b>319</b>	<b>-119</b>	<b>-14%</b>
<p>The Autism and Adult Support Team is forecast to be -£119k underspent at the end of the year, and increase of -£36k since August. The underspend is due to lower than expected service-user needs, and efficiencies that have been made in existing care packages as a result of shorter-term interventions being put in place in line with the Transforming Lives approach.</p>				
<b>6) Mental Health Central</b>	<b>784</b>	<b>281</b>	<b>-127</b>	<b>-16%</b>
<p>The Section 75 contract value with CPFT (who host the mental health workforce) has been updated in line with the restructure of Mental Health Services undertaken during 2016/17. This has resulted in efficiency in the current year of £127k. A number of small items of additional spend partially offset the position.</p>				



Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>7) Mental Health Services</b>	<b>12,463</b>	<b>5,905</b>	<b>194</b>	<b>2%</b>
<p>Mental Health Services are reporting a pressure of £194k across Adult Mental Health and Older People Mental Health. This is an improvement of £93k from the combined position reported last month.</p> <p>Increases in care commitments in the last quarter of 2016/17 resulted in a £360k pressure on the budget at the start of the year. The underlying cost of care commitments increased by £26k since August; whilst this has further impacted on savings delivery to date, it is expected that pace of delivery will increase through:</p> <ul style="list-style-type: none"> <li>stepping up strategies for move on;</li> <li>working with the new provider of supported accommodation to increase thresholds thereby reducing the use of more expensive residential care in adult mental health; and</li> <li>securing appropriate funding for service users with health needs.</li> </ul> <p>A mitigating underspend has been identified through efficiencies achieved on the Section 75 contract, as reported under Mental Health Central.</p>				
<b>8) Strategic Management - Commissioning</b>	<b>2,249</b>	<b>865</b>	<b>-154</b>	<b>-7%</b>
<p>Strategic Management Commissioning is expected to be £154k underspent at the end of 2017/18.</p> <p>The Grants to Voluntary Organisations budget is forecasting an under spend of £195k, which is due to the Home Start/Community Resilience Grant where the re-commissioning of this service ceased in 16/17 (£168k), and £27k has been identified in relation to an underspend in Small Grants in 2017/18. This has therefore reduced the 2017/18 committed expenditure. This underspend is partially offset by interim management costs that were incurred pending the outcome of the new Commissioning Directorate consultation.</p>				
<b>9) SEN Placements</b>	<b>8,973</b>	<b>5,531</b>	<b>500</b>	<b>6%</b>
<p>The SEN Placements budget is reporting a £500k pressure. This is an increase of £400k from last month due to 14 additional young people who are accessing 52 week education placements since the beginning of this academic year. A small number of these young people are in very high cost placements due to the complexity of their need.</p> <p>Overall there are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive. Four additional such cases recently placed further pressure on this budget.</p> <p>The SEN Placement budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG).</p> <p><u>Actions being taken:</u></p> <ul style="list-style-type: none"> <li>SEND Sufficiency plan to be implemented. This sets out what is needed, how and when;</li> <li>Three new special schools to accommodate the rising demand over the next 10 years. One school is opening in September 2017 with two more planned for 2020 and 2021. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with further education providers to provide appropriate post 16 course is also being explored in the plan;</li> <li>Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education;</li> <li>Work on coordination of reviews for ISEPs to look at returning in to county; and</li> <li>A full review of all High Needs spend is required due to the ongoing pressures and proposed changes to national funding arrangements.</li> </ul>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>10) LAC Transport</b>	<b>1,126</b>	<b>626</b>	<b>250</b>	<b>22%</b>
<p>There is a £250k pressure forecast against the LAC Transport budget. The overall increase in Looked after Children has meant that more children are requiring Home to School Transport, with an average of 20 additional children being transported each month compared to this point in 16/17, with a corresponding increase in cost. As well as higher LAC numbers, the distances travelled to school have also increased with volunteer drivers covering an additional 37,500 miles compared to the same point last year.</p> <p>The relevant Heads of Service will be meeting in the near future to review the current position and agree an action and implementation plan and timetable with the aim of bringing future spending in line with the available budget.</p>				
<b>11) Strategic Management – Children &amp; Safeguarding</b>	<b>2,492</b>	<b>2,380</b>	<b>686</b>	<b>28%</b>
<p>The Children and Safeguarding Director budget is forecasting pressure of £686k. This is a reduction of £200k on the August 2017 position due to a positive revision to the vacancy savings forecast.</p> <p>The Children's Change Programme (CCP) is on course to deliver savings of £669k in 2017/18 to be achieved by integrating children's social work and children's early help services in to a district-based delivery model. However, historical unfunded pressures of £886k still remain. These consist of £706k around the use of agency staffing and unfunded posts of £180k. The Business Support service pressure of £245k is now being managed in year and managed out entirely by 2018/19. Agency need has been reduced based on a 15% usage expectation in 2017/18 but use of agency staff remains necessary to manage current caseloads. All local authorities have agency social workers, many with a much higher % and therefore a budget to accommodate this need is necessary.</p> <p>The service is also expected to exceed its vacancy saving target by £200k.</p> <p><u>Actions being taken:</u></p> <p>A business support review is underway to ensure we use that resource in the most effective manner in the new structure. All the budget pressures continue to be monitored and reviewed at the workforce work stream project meetings, by Senior Management Team and at the P&amp;C Delivery Board with any residual pressures being managed as part of the 2018/19 Business Planning round.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>12) Looked After Children Placements</b>	<b>17,344</b>	<b>8,075</b>	<b>1,750</b>	<b>10%</b>

A pressure of £1.75m is being forecast, which is an increase of £0.23m from the reported position at the end of August. Of this increase, £0.1m relates to a reduction in the forecast LAC savings (which will now be delivered in 18/19, later than planned), with the remaining amount being due to a combination of changes in placement fees (higher prices) and/or new placements (more placements). It is positive that the snapshot number of external placements has reduced as children have returned home or moved to in-house provision.

Overall LAC numbers at the end of September 2017, including placements with in-house foster carers, residential homes and kinship, are 697, 10 more than August 2017. This includes 68 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of September are 348, a decrease of 20 from the 368 reported at the end of August. However the composition of placement types and costs indicates that a small but significant number of children are in receipt of very intensive and costly packages of support which has increased since last month. The Access to Resources team and working with providers to ensure that support and cost matches need for all children.

External Placements Client Group	Budgeted Packages	31 Aug 2017 Packages	30 Sep 2017 Packages	Variance from Budget
Residential Disability – Children	1	1	1	0
Child Homes – Secure Accommodation	0	0	0	0
Child Homes – Educational	16	20	16	0
Child Homes – General	22	36	36	+14
Independent Fostering	263	277	260	-3
Supported Accommodation	15	28	28	+13
Supported Living 16+	25	6	7	-18
<b>TOTAL</b>	<b>342</b>	<b>368</b>	<b>348</b>	<b>+6</b>

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

Actions being taken to address the forecast pressure include:

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

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>Looked After Children Placements continued;</b> <ul style="list-style-type: none"> <li>A new Head of Service, with expertise in children's services commissioning, has been re-deployed from elsewhere in the P&amp;C directorate to lead the Access to Resources function.</li> <li>A new Access to Resources Manager has been engaged to add specific capacity to ensure the right placement at the right cost is secured in all cases.</li> </ul>				
<b>13) Adoption</b>	<b>4,406</b>	<b>2,300</b>	<b>450</b>	<b>10%</b>
<p>The Allowances budget is forecasting a pressure of £450k.</p> <p>Our contract with Coram Cambridgeshire Adoption (CCA) provides for 38 adoptive placements pa. In 2017/18 we are forecasting an additional requirement of 20 adoptive placements. There is a need to purchase inter agency placements to manage this requirement and ensure our children receive the best possible outcomes. The forecast assumes £270k to manage our inter agency requirement and a further £30k to increase our marketing strategy in order to identify more suitable adoptive households.</p> <p>The adoption/Special Guardianship Order (SGO) allowances pressure of £150k is based on the continuation of historical adoption/SGO allowances and a lower than expected reduction from reviews of packages or delays in completing reviews of packages. The increase in Adoption orders is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p> <p><u>Actions being taken:</u></p> <p>Ongoing dialogue continues with CCA to look at more cost effective medium term options to recruit more adoptive families to meet the needs of our children. Rigorous oversight of individual children's cases is undertaken before Inter Agency placement is agreed.</p> <p>A programme of reviews of allowances continues which is resulting in some reduction of packages, which is currently off-setting any growth by way of new allowances.</p>				
<b>14) Legal Proceedings</b>	<b>1,540</b>	<b>978</b>	<b>550</b>	<b>36%</b>
<p>The Legal Proceedings budget is forecasting a £550k pressure. This is an increase of £100k on the August 2017 position due to a revision of the forecast based on spend to date.</p> <p>Numbers of care applications increased by 52% from 2014/15 (105) to 2016/17 (160), mirroring the national trend. Whilst we now have less ongoing sets of care proceedings (and less new applications being issued in Court) legacy cases and associated costs are still working through the system. Aside from those areas which we are working on to reduce costs i.e. advice/use of appropriate level of Counsel, the volume of cases remaining within the system indicates an estimated £550k of costs in 2017/18. This assumes overrun costs through delay in cases can be managed down as well as requests for advice being better managed.</p> <p><u>Actions being taken:</u></p> <p>Work is ongoing to better manage our controllable costs by use of a legal tracker but this was only implemented in June 2017 so the impact is yet to be felt. The tracker should enable us to better track the cases through the system and avoid additional costs due to delay. We have invested in two practice development posts to improve practice in the service and will also seek to work closer with LGSS Law with a view to maximising value for money.</p>				

Service	Current Budget for 2017/18	Actual	Forecast Variance Outturn	
	£'000	£'000	£'000	%
<b>15) Children's Disability Service</b>	<b>6,527</b>	<b>3,294</b>	<b>168</b>	<b>3%</b>
<p>The Children's Disability Service is forecasting a pressure of £168k.</p> <p>The Community Support Services budget has seen an increase both in the number of support hours, a high cost individual case (£35k) and in the number of joint funded health packages (also including some with high allocations of hours). Contributions to Adult Services (£45k) have increased and the service is also carrying a £50k pressure from 2016/17.</p> <p><u>Actions being taken:</u></p> <p>We will be reviewing the costs of current packages and in particular support levels for our young people.</p>				
<b>16) Safeguarding Hunts and Fenland</b>	<b>4,994</b>	<b>2,510</b>	<b>122</b>	<b>2%</b>
<p>The Hunts and Fenland Safeguarding service is reporting an over spend of £122k. This is an increase of £47k on last month.</p> <p>Pressures within the Safeguarding Units have now been quantified and a £101k pressure forecast. This is mainly due to the volume of cases within the Unit model and the need to provide accommodation whilst placements are being identified and the limited capacity of the Contact team to take on contact support.</p> <p>Interpreter costs (+£46k) continue to remain high as a result of the volume of cases that are in the system and a higher than expected number of requests due to No Recourse to Public Funds- NRPF (+£25k) has also added to the pressure.</p> <p>The above pressures are offset by a £50k underspend in the Head of Service budget.</p> <p><u>Actions being taken:</u></p> <p>We have undertaken analysis on our use of interpreters which has led to the use of another Local Authority's in house provision. We are also proposing recruitment of bilingual practitioners and an internal pool of workers to interpret and translate as a way of addressing this. We are liaising with the Home Office to manage our NRPF cases as well as reviewing support arrangements for these families whilst in our care.</p>				
<b>17) Executive Director</b>	<b>211</b>	<b>162</b>	<b>219</b>	<b>103%</b>
<p>It is not likely that the £219k Business Support saving will not be achieved in 17/18 through efficiencies identified within the business support functions. As such, there is a pressure of £219k being reported. However, work is ongoing to identify strategies to realise this saving.</p>				
<b>18) Financing DSG</b>	<b>-39,991</b>	<b>-19,995</b>	<b>-662</b>	<b>-2%</b>
<p>Within P&amp;C, spend of £40.0m is funded by the ring fenced Dedicated Schools Grant. The DSG pressure of £662k is made up from SEN Placements (£500k); Commissioning Services (£100k); Early Years Specialist Support (£44k); SEND Specialist Services (£48k); offset slightly with savings within Early Help District Delivery Service (-£30k). For this financial year will be met by DSG reserve carry forwards.</p>				

### APPENDIX 3 – Grant Income Analysis

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

Grant	Awarding Body	Expected Amount £'000
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	331
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	319
Unaccompanied Asylum Seekers	Home Office	1,600
Staying Put	DfE	167
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,668
Children's Social Care Innovation Grant (MST innovation grant)	DfE	521
Domestic Abuse	DCLG	574
High Needs Strategic Planning Funding	DfE	267
MST Standard	DoH	63
Non-material grants (+/- £160k)	Various	95
<b>Total Non Baselined Grants 2017/18</b>		<b>21,720</b>

Financing DSG	Education Funding Agency	39,991
<b>Total Grant Funding 2017/18</b>		<b>62,495</b>

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

Directorate	Grant Total £'000
Adults & Safeguarding	440
Commissioning	15,457
Children & Safeguarding	5,128
Education	38
Community & Safety	658
<b>TOTAL</b>	<b>21,720</b>

## APPENDIX 4 – Virements and Budget Reconciliation

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

	Eff. Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>237,311</b>	
Multiple Policy Lines	Apr	-292	Corporate Capacity Review (CCR) adjustments
Multiple Policy Lines	Apr	310	Apprenticeship Levy – allocation of budget to meet new payroll cost.
Information Management & Information Technology	Apr	-1,286	Digital Strategy moved to Corporate Services
Multiple Policy Lines	Apr	-293	Savings from organisational structure review within P&C, contribution to corporate target
Adult & Safeguarding	Apr	-52	Court of Protection Client Funds Team transferring to Finance Operations within LGSS
Shorter Term Support and Maximising Independence	May	-10	Transfer from Reablement for InTouch Maintenance to Corporate Services (Digital)
Multiple Policy Lines	May	-1,335	Workforce Development moved to Corporate Services as part of Corporate Capacity review
Safer Communities Partnership	May	-178	DAAT budgets transferred to Public Health Joint Commissioning Unit
Early Help District Delivery Service – North & South	June	-43	Transfer Youth and Community Coordinator budget to Corporate Services per CCR
Education Capital	June	-11	Transfer Property Services from LGSS
LAC Placements	July	2,913	LAC Demography approved by GPC in July
Strategic Management - Adults	July	12	Transfer of Dial a Ride (ETE) to Total Transport (P&C)
Catering & Cleaning Services	Aug	449	Transfer from Education to Commercial and Investment
Adult Early Help	Aug	80	Transfer from Corporate & Customer Services (following review of welfare benefits advice provision)
Adult Learning & Skills	Sept	180	Adult Learning & Skills moved from ETE to Community & Safety
Strategic Management - Children & Safeguarding	Sept	-54	Transfer Budget from CSC Business Support - BSO's to Applications Development Team, within LGSS
Strengthening Communities	Sept	130	Grants to Voluntary Organisations from Corporate Services
Central Integrated Youth Support Services	Sept	139	Transfer of SCS payroll budget from Corporate services
Childrens' Innovation & Development Service and 0-19 Organisation & Planning	Sept	343	Transfer Trading Units (PCS, ICT, Music and Outdoor Education) to Commercial and Investment
<b>Current Budget 2017/18</b>		<b>238,313</b>	

## APPENDIX 5 – Reserve Schedule

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 30 Sept 17		
	£'000	£'000	£'000	£'000	
<b>General Reserve</b>					
P&C carry-forward	540	-540	0	-4,388	Forecast pressure of £4,388k applied against reserves.
<b>subtotal</b>	<b>540</b>	<b>-540</b>	<b>0</b>	<b>-4,388</b>	
<b>Equipment Reserves</b>					
IT for Looked After Children	133	0	133	83	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
<b>subtotal</b>	<b>133</b>	<b>0</b>	<b>133</b>	<b>83</b>	
<b>Other Earmarked Reserves</b>					
<b>Adults &amp; Safeguarding</b>					
Homecare Development	22	-22	0	0	Managerial post worked on proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	0	Up scaled the falls prevention programme with Forever Active
Dementia Co-ordinator	13	-13	0	0	Used to joint fund dementia co-ordinator post with Public Health
Mindful / Resilient Together	188	-188	0	55	Programme of community mental health resilience work (spend over 3 years)
Increasing client contributions and the frequency of Financial Re-assessments	14	-14	0	0	Hired fixed term financial assessment officers to increase client contributions as per BP
Brokerage function - extending to domiciliary care	35	-35	0	0	Trialled homecare care purchasing co-ordinator post located in Fenland
Hunts Mental Health	200	0	200	0	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
<b>Commissioning</b>					
Capacity in Adults procurement & contract management	143	-81	62	62	Continuing to support route rationalisation for domiciliary care rounds
Specialist Capacity: home care transformation / and extending affordable care home capacity	25	-25	0	0	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Home to School Transport Equalisation reserve	-240	296	56	56	17/18 is a shorter year. Therefore, a £296k contribution has been made back to reserves to account for this. No further changes expected this year.
Reduce the cost of home to school transport (Independent travel training)	60	-60	0	0	Draw down of funds to pay for independent travel training
Prevent children and young people becoming Looked After	25	-25	0	0	Re-tendering of Supporting People contracts (ART)



Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 30 Sept 17		
	£'000	£'000	£'000	£'000	
Disabled Facilities	44	0	44	0	Funding for grants for disabled children for adaptations to family homes.
<b>Community &amp; Safety</b>					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	150	0	150	60	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
<b>Children &amp; Safeguarding</b>					
Child Sexual Exploitation (CSE) Service	250	0	250	0	The funding required is in relation to a dedicated Missing and Exploitation (MET) Unit and due to a delay in the service being delivered this is going back to GPC to obtain approval, as originally the Child Sexual Exploitation service was going to be commissioned out but now this will be bought in house within the Integrated Front Door and this funding will be required in 2017/18 to support this function (1 x Consultant Social Worker & 4 x MET Hub Support Workers).
<b>Education</b>					
Cambridgeshire Culture/Art Collection	47	-4	43	113	Providing cultural experiences for children and young people in Cambs - fund to increase in-year due to sale of art collection
ESLAC Support for children on edge of care	36	-36	0	20	Funding for 2 year post re CIN
<b>Cross Service</b>					
Develop 'traded' services	30	-30	0	0	£30k is for Early Years and Childcare Provider Staff Development
Improve the recruitment and retention of Social Workers (these bids are cross-cutting for adults, older people and children and young people)	78	-78	0	0	This will fund 2-3 staff across 2017/18 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	110	-110	0	0	Repairs & refurb to council properties: £5k Linton; £25k March; £20k Norwich Rd; £10k Russell St; Alterations: £50k Havilland Way Support the implementation of the in-house fostering action plan: £74k
Other Reserves (<£50k)	149	-43	106	0	Other small scale reserves.
<b>subtotal</b>	<b>1,423</b>	<b>-512</b>	<b>1,001</b>	<b>366</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>2,096</b>	<b>-1,052</b>	<b>1,044</b>	<b>-3,939</b>	

Fund Description	Balance at 1 April 2017	2017/18		Forecast Balance at Year End	Notes
		Movements in 2017/18	Balance at 30 Sept 17		
	£'000	£'000	£'000	£'000	
<b><u>Capital Reserves</u></b>					
Devolved Formula Capital	780	980	1,760	0	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire School
Basic Need	0	21,833	21,833	0	The Basic Need allocation received in 2017/18 is fully committed against the approved capital plan.
Capital Maintenance	0	2,487	2,487	0	The School Condition allocation received in 2017/18 is fully committed against the approved capital plan.
Other Children Capital Reserves	1,448	1,272	2,720	0	£5k Universal Infant Free School Meal Grant c/f, £1,444k is Early Years funding for project to be spent in 2017/18
Other Adult Capital Reserves	379	3,809	4,188	0	Adult Social Care Grant to fund 2017/18 capital programme spend.
<b>TOTAL CAPITAL RESERVE</b>	<b>2,607</b>	<b>30,381</b>	<b>32,988</b>	<b>0</b>	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

### 6.1 Capital Expenditure

2017/18						TOTAL SCHEME	
Original 2017/18 Budget as per BP	Scheme	Revised Budget for 2017/18	Actual Spend (Sept)	Forecast Spend - Outturn (Sept)	Forecast Variance - Outturn (Sept)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	<b>Schools</b>						
41,560	Basic Need - Primary	38,750	18,558	36,992	-1,758	274,415	-8,445
26,865	Basic Need - Secondary	29,520	17,813	31,035	1,515	219,592	22,259
841	Basic Need - Early Years	1,687	314	1,346	-341	5,442	192
1,650	Adaptations	1,945	157	1,795	-150	3,442	919
248	Specialist Provision	242	-41	216	-26	9,810	0
3,000	Condition & Maintenance	3,000	4,222	3,000	0	27,400	0
1,076	Schools Managed Capital	1,760	0	1,760	0	12,022	-664
150	Site Acquisition and Development	150	141	150	0	650	0
1,500	Temporary Accommodation	1,500	855	1,500	0	15,500	0
2,095	Children Support Services	383	0	383	0	2,618	0
5,354	Adult Social Care	5,278	3,809	5,278	0	36,029	0
-6,664	P&C Capital Variation	-10,305	0	-9,546	759	-37,825	0
1,533	Capitalisation of Interest Costs	1,533	0	1,533	0	6,846	0
<b>79,208</b>	<b>Total P&amp;C Capital Spending</b>	<b>75,442</b>	<b>45,827</b>	<b>75,442</b>	<b>0</b>	<b>569,095</b>	<b>14,261</b>

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

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

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

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

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

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

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

### **Basic Need - Primary £1,758k 2017/18 slippage**

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

- Meldreth Primary is forecasting slippage of £710k due to the scheme experiencing a delay in the commencement on site from November 2017 to February 2018.
- Barrington £90k slippage as project has slipped to a September 2020 completion and planning and design work has consequently reduced.
- Hatton Park scheme forecasting slippage of £71k due to contingencies and risk items not being required.
- These are offset by £50k accelerated spend at Godmanchester Bridge Primary School.

Histon Additional Places scheme has experienced £200k slippage from December 2017 to January 2018 due to delays in the planning application being approved. Wintringham Park has also incurred £52k slippage due to design work not progressing as anticipated.

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

A total scheme variance of £21,564k has occurred due to changes since the Business Plan was approved;

- Littleport Secondary and Special School has experienced a £1,059k increase in costs due to additional specialist equipment being required as part of the capital build and further costs associated to planning requirements for the sport centre and increased land purchase costs required for the scheme.
- Bottisham Secondary scheme has increased by £2,269k due to works funded by a grant from the Education & Skills Funding Agency (ESFA) being carried out by the Council and the school transferring the budget to fund this.
- Northstowe Secondary scheme has increased by £19,600k due to the addition of SEN provision of which 90 places are to be funded by the EFSA and also the delivery of community sports provision which will attract S106 funding from South Cambridgeshire District Council.
- Cambourne Village College has experienced an increased scheme cost of £412k for the construction of a performance hall. Funding will be received from the district and parish councils to offset this increase.

**Basic Need – Secondary £1,515k 2017/18 overspend**

An in-year overspend for Littleport of £825k and accelerated spend on Southern Fringe of £250k on IT equipment has been offset with slippage on Northstowe Secondary (£100k), Alconbury Secondary and SEN scheme (£470k) where the design stage on these projects has not progressed since the beginning of the financial year. Slippage has also occurred on North West Fringe (£350k) as the project has been rephased by 1 year.

Bottisham Village College is forecasting an in-year overspend of £900k due to accelerated spend. Revised contractor cash flow reports are ahead of the scheme's original schedule. Cromwell Community college is also experiencing accelerated spend of £150k to complete the design work to ensure the scheme can achieve the September 2019 completion date. Northstowe Secondary is expecting £300k slippage due to design work now expected to begin later than October 2017.

**Basic Need – Early Years £400k reduction in scheme cost**

The scheme has been reduced by £400k as this element has been added in future years to the Morley Memorial project to undertake the building of Early Years annex as part of this scheme.

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

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

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

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

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

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

**Schools Managed Capital**

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

## P&C Capital Variation

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

2017/18					
Service	Capital Programme Variations Budget £000	Forecast Variance - Outturn (Sept) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Forecast Variance - Outturn (Sept) £000
P&C	-10,305	-759	759	7.4%	-
<b>Total Spending</b>	-10,305	-759	759	7.4%	-

## 6.2 Capital Funding

2017/18				
Original 2017/18 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2017/18 £'000	Forecast Spend – Outturn (Sept) £'000	Forecast Funding Variance - Outturn (Sept) £'000
32,671	Basic Need	32,671	32,671	0
4,043	Capital maintenance	4,476	4,476	0
1,076	Devolved Formula Capital	1,760	1,760	0
3,904	Adult specific Grants	4,283	4,283	0
17,170	S106 contributions	14,800	14,800	0
0	Early Years Grant	1,443	1,443	0
0	Capitalised Revenue Funding	0	0	0
2,725	Other Capital Contributions	3,804	3,804	0
26,464	Prudential Borrowing	21,050	21,050	0
-8,845	Prudential Borrowing (Repayable)	-8,845	-8,845	0
<b>79,208</b>	<b>Total Funding</b>	<b>75,442</b>	<b>75,442</b>	<b>0</b>

## APPENDIX 7 – Performance at end of August 2017

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% children whose referral to social care occurred within 12 months of a previous referral	Children and Families	20.9%	20.0%	17.2%	Jul-17	↑	G	19.9% (2016)	22.3% (2016)	Performance in re-referrals to children's social care is below target
Number of children with a Child Protection Plan per 10,000 population under 18	Children and Families	43.4	30.0	43.2	Aug-17	↑	R	38 (2016)	43.1 (2016)	During August, we saw the numbers of children with a Child Protection plan reduce slightly from 577 to 575. Following a review of working processes in FREDt which has ensured that referrals are effectively processed in a timelier manner, we have seen some increases in the number of families undergoing a section 47 assessment, which has then impacted on the numbers of requests for Conference. This increase is likely to be short-lived as any backlog is resolved

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of looked after children per 10,000 children	Children and Families	51.8	40.0	51.6	Aug-17	↑	R	42.3 (2016)	60.0 (2016)	<p>The number of Looked After Children reduced from 689 to 687 in August. This includes 65 UASC, around 9.5% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment.</p> <p>Actions being taken include:</p> <ul style="list-style-type: none"> <li>• A weekly Section 20 panel to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The panel also reviews placements of children currently in care to provide more innovative solutions to meet the child's needs.</li> <li>• A weekly LAC monitoring meeting chaired by the Executive Director of P&amp;C, which looks at reducing numbers of children coming into care and identifying further actions that will ensure further and future reductions. It also challenges progress made and promotes new initiatives.</li> </ul> <p>At present the savings within the 2016/17 Business Plan are on track to be delivered and these are being monitored through the monthly LAC Commissioning Board. The LAC strategy and LAC action plan are being implemented as agreed by CYP Committee.</p>



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% year 12 in learning	Children and Families	93.8%	96.5%	92.9%	Aug-17	↓	A	94.0% (2015)	94.8% (2015)	We have not met our in learning target for year 12 and performance has been variable across the localities. Year 13 in learning has improved over the last three years and is very close to target. However again performance is variable across the localities.
%16-18 year olds NEET and unknown	Children and Families	3.8%	3.8%	3.6%	Jun-17	↑	G			This is not measured in July and August as these are school holidays and therefore no data is collected. NOTE: From Sept 2016 - This indicator has changed from 16-19 to 16-18 and now includes unknowns, and therefore isn't comparable to previous years. Though performance remains within target, there is a high number of young people whose situation is currently unknown. Information about these young people will be gathered during the autumn term to give a clearer idea of our actual performance.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% Clients with SEND who are NEET	Children and Families	10.6%	9.0%	9.4%	Q1 (Apr to Jun 17)	↑	A	7.0% (2015)	9.2% (2015)	Whilst we are not on target our performance is much better than this time last year when NEET was 10.6%. We continue to prioritise this group for follow up and support.
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Aug-17	→	G			
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	82.8%	82.0%	83.7%	Jul-17	↑	G	88.4% (2016)	88.5% (2016)	163 out of 195 primary schools are judged as good or outstanding

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	81.3%	75.0%	81.3%	Jul-17	➡	G	85.2% (2016)	80.3% (2016)	Performance for Secondary schools continues to improve with 25 out of 31 schools now good or outstanding. Further improvement is expected.
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Jul-17	➡	G			
Proportion of income deprived 2 year olds receiving free childcare	Learning	78%	80.0%	75.4%	Spring Term	⬇	A			There were 1,703 children identified by the DWP as eligible for the Spring Term. 1,284 took up a place which equates to 75.4%

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
<i>FSM/Non-FSM attainment gap % achieving the national standard in Reading, Writing &amp; Maths at KS2</i>	Learning	30%	21%	27%	2016	↑	R			2016 data shows that there is still a significant gap in the performance of pupils eligible for FSM in the new KS2 tests. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential.
<i>FSM/Non-FSM attainment gap % achieving 5+ A*-C including English &amp; Maths at GCSE</i>	Learning	37%	26%	29%	2016	↑	R		24.8%	All services for children and families will work together with schools and parents to do all they can to eradicate the achievement gap between vulnerable groups of children and young people and their peers.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
1E - Proportion of adults with learning disabilities in paid employment	Adult Social Care	0.5%	2.5% (Pro-Rata)	0.7%	Aug-17	↑	R	5.8% (2015-16)	5.8% (2015-16)	Performance remains very low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependant on the review/assessment performance of LD teams. (N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	97.8%	93.0%	98.1%	Aug-17	↑	G	88.2% (2015-16)	86.9% (2015-16)	Performance remains above the target and is generally moving toward 100%. Performance is above the national average for 15/16 and will be monitored closely.
RV1 - Proportion of planned reviews completed within the period that were completed on or before their due date. (YTD)	Adult Social Care / Older People & Mental Health	47.5%	50.1%	47.9%	Aug-17	↑	A	N/A (Local Indicator)		Performance of this indicator has risen and is closer to the target. If teams focus on completing overdue reviews this would contribute to a fall in performance in the future.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	58.1%	57.0%	58.5%	Aug-17	↑	G	N/A (Local Indicator)		<p>The service continues to be the main route for people leaving hospital with simple, as opposed to complex care needs. However, we are experiencing a significant challenge around capacity in that a number of staff have recently retired and we are currently undertaking a recruitment campaign to increase staffing numbers. In addition the service is being re-organised to strengthen leadership and to reduce process delays.</p> <p>In addition, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We are addressing this issue through a variety of means, including discussions with the NHS about filling intermediate care gaps, to reduce inappropriate referrals and use of capacity in reablement. The Council has also developed the Double Up Team who work with staff to reduce long term care needs and also release re-ablement capacity, and a home care transition service to support transfers into long term domiciliary care.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	98.7	235 (Pro-Rata)	124.8	Aug-17	↑	G	548.5 (2015-16)	628.2 (2015-16)	<p>The implementation of Transforming Lives model, combined with a general lack of available residential and nursing beds in the area is resulting in a fall in the number of admissions.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p>

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+) - YTD	Older People & Mental Health	470.3	429	504.3	Jul-17	↓	R	N/A (Local Indicator)		<p>Between April '16 and March '17 there were 35,732 bed-day delays across the whole of the Cambridgeshire system - representing a 22% increase on the preceding 12 months.</p> <p>Across this period NHS bed-day delays have increased by 16% from 20,365 (Apr 15 - Mar 16) to 23,621 (Apr 16 - Mar 17), while bed-day delays attributed to Adult Social Care have increased from 7,709 in Apr 15 - Mar 16 to 9,259 in Apr 16 - Mar 17 an increase of 20%.</p> <p>Over the course of this year we have seen a rise in the number of admissions to A &amp; E across the county with several of the hospitals reporting Black Alert. The main cause of the recent increase in bed-day delays varies by area but a general lack of capacity in domiciliary and residential care is the prevailing theme. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. We continue to work in collaboration with health colleagues to build on this work.</p> <p>The significant improvement in this indicator comes as we move into the new financial year and last year's performance is replaced with a single, relatively-well performing month of data.</p>



Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average number of ASC attributable bed-day delays per 100,000 population per month (aged 18+) - YTD	Older People & Mental Health	136.7	114	148.4	Jul-17	↓	R	N/A (Local Indicator)		<p>In July '17 there were 948 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 183.2 delays per 100,000 of 18+ population. For the same period the national rate was 156.3 delays per 100,000. During this period we invested considerable amounts of staff and management time to improve processes, identify clear performance targets as well as being clear about roles &amp; responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.</p> <p>The increase is primarily due to delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's.</p>
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	12.8%	12.5%	12.7%	Aug-17	↓	G	9.0% (2015-16)	6.7% (2015/16)	Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The number of people in the most deprived wards completing courses to improve their chances of employment or progression in work	Community & Safety		2,200	2,191	Jul-17	↑	G			<p>Figures to the end of July show that The number of people completing courser are currently 2,1919 learners taking courses in the most deprived wards.</p> <p>A targeted programme has started, focusing on increasing the participation in these deprived areas.</p> <p>The number of people completing courses will not be recorded until the end of the academic year. The target of 2,200 is end-of-year.</p>
The number of people starting as apprentices	Community & Safety		4,574	3,340	2016/17	↑	G			<p>Provisional figures for the number of people starting as apprentices by the end of the third quarter of 2016/17 are 3,340, compared with 3,280 for the same quarter in 2015/16 - an increase of 2%. This means that the 2016/17 target of 4,574 is on track to be achieved.</p>

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

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Transforming Lives Practice Governance Project</b> Claire Bruin / Jane Heath	<p>The project board has made the decision that the Transforming Lives Practice Governance Project will no longer be a project and will revert to the role of a governance group for Transforming Lives practice. The group will continue to be lead by the Principal Social Worker, who will oversee the process of reviewing actions on the project plan and turning them into actions for the group. The focus of the governance group will be on implementation of the Transforming Lives approach at service level and on ensuring cultural change; ongoing evaluation will be part of this role.</p> <p>The outcomes of quality audits will be used to inform the ongoing development of service implementation plans, and to set the direction for further training and development. The Principal Social Worker will also lead six reflective practice session each year. Standard agenda items for the group will include: service plans (quality and implementation), customer care and feedback plus celebrating best practice.</p> <p>As this is no longer a project, the group will no longer contribute to this Finance &amp; Performance Report.</p>	<b>GREEN</b>
<b>Building Community Resilience Programme:</b> Sarah Ferguson / Elaine Matthews	<p>'Innovate and Cultivate Fund' was relaunched on 27<sup>th</sup> September by Cllr Steve Criswell and Cllr Mandy Smith – 65 organisations attended a workshop with service leads from the current priorities: Adult Social Care, Children and Families and the Waste Service. The fund has been split into two streams: a small grants scheme (£2k- £10k) focusing on capacity building and developing and strengthening community networks and a large grants scheme (up to £50k) with a focus on innovative projects and piloting new ideas and approaches. The small grants have a simplified one-stage application process and are no longer required to present to panel, and the large grants continue with the existing two-stage process. Both funds still require a return on council investment and must focus on one or more of the seven key outcomes that are prioritised by Cambridgeshire County Council for Cambridgeshire residents.</p> <p>The fourth cohort of Councillors have started the Councillors as Community Connectors programme – a peer learning programme led by Cllr Criswell, supported by officers and partners such as Support Cambridgeshire,, to share techniques and good practice to enable community building.</p> <p>A workshop for the Communities and Partnerships Committee was held in Wisbech focusing on deprivation, followed by a short tour of Waterlees.</p> <p>Parish Council Development Plan, which sets out how we will work together to support Town &amp; Parish Councils, based on a survey of Parish Councillors and Clerks, has gone out to consultation. The plan has been developed with Parish Councils, District Councils and key support organisations.</p> <p>A full round of Time Credit network meetings has taken place, and training is planned this month for potential new earn partners that want to come on board.</p>	<b>GREEN</b>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<p><b>0-19 Commissioning:</b> Meredith Teasdale / Janet Dullaghan</p>	<p>This project is looking at how Cambridgeshire County Council (CCC), Peterborough City Council (PCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) can work together to integrate child health and wellbeing services. This includes consideration of 0-19 community based health services, including Health Visiting, School Nursing and Family Nurse Partnership; Early Help and Children's Centre services; and Child and Adolescent Mental Health Services across Cambridgeshire and Peterborough.</p> <p>The aim is for an integrated model where children, young people and families are offered a core programme of evidence based, early intervention and preventative health care with additional care and support for those who need it in line with the Thrive model that is based on having a good core offer across the agencies for universal services and clear and process to identify need early and provide the right early help and support.</p> <p>Progress to date:</p> <ul style="list-style-type: none"> <li>• Options appraisal completed and recommended option taken forward</li> <li>• Specification collaboratively completed to an advanced position</li> <li>• Method statement completed to an advanced position</li> <li>• Financial envelope agreed to the point of a jointly owned master spreadsheet</li> </ul> <p>The next steps are to progress JCU governance in support of commissioning options and determine provider response to the recommended option. This was discussed at a board to board meeting in September. Critical to furthering the work stream is agreement of future savings from each of the commissioning organisations and clarity about future savings assumptions, this will be discussed at the November JCU following commissioner agreement of the financial envelope.</p> <p>Work stream logs to include risks, issues, actions and decisions are complete to date, and an extensive engagement log is in place evidencing wide spread stakeholder engagement that has influenced the principles, specification and outcomes sought from this work.</p> <p>Once all the above are approved and in place, the current timeline will be updated with the detailed planning required to deliver the next phase.</p> <p>New guidance from NHS England (ISAP) will impact on taking 0-19 service forward and may delay the procurement a further year to April 2019, We await confirmation of the CCG's approach to contract award and provider response to the recommended option as these 2-elements will define the Local Authority approach.</p> <p>A draft Spec has been distributed to providers in support of their pursuance of the recommended option.</p>	<p><b>GREEN</b></p>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Children's Centres:</b> Helen Freeman / Theresa Leavy	The Public Children's Centre consultation closed on 22 <sup>nd</sup> September. A response document will be taken for discussion at Full Council on 17 <sup>th</sup> October, where Members will be asked to agree the proposals outlined in the consultation.	<b>AMBER</b>
<b>Mosaic:</b> Sue Grace / Joanne Hopkins	<p>New Board established, project team strengthened in terms of capacity and capability – including experienced project lead Joanne Hopkins – project plan &amp; milestones and risks &amp; issues revised and these are reviewed and updated at each project board.</p> <p>Technical workstreams progressing well and migration work is beginning in earnest. Reporting workstream is a little behind target due to resourcing issues – these have now been addressed.</p> <p>Developing strategies to engage and involve the wider business in the programme. Dedicated section on the website in development and shared with Board, training and support for Change Champions and Super Users underway.</p> <p>The plan for go-live of the system in the first quarter of 2018/19 will be reviewed in December as it is dependent on the results of the data migration and the implications of the delay in the go live date for ERP Gold, which needs to be worked through.</p> <p>Following review by colleagues in Children's Services we are no longer going to be adopting the Signs of Safety module and will be developing our own forms. Adults are looking at finance resourcing requirements for Mosaic as part of a wider review of Business Support functions.</p> <p>Amber status remains reflecting both the overall complexity, tight timelines and technical and business change challenges – current issues are identified below.</p> <ul style="list-style-type: none"> <li>• In some areas Servelec are not providing the capacity and responsiveness we need – some issues around the process design workshops have been addressed but they are still not fully meeting our requirements; discussions are underway about the nature of the support relationship between Servelec and LGSS IT this too needs to be resolved.</li> <li>• The Accountancy budget code structure hasn't been finalised / agreed between Children's and Adults accountants. Work can continue on the service structure build but the code structure is required for the final build, and to determine the AP &amp; AR interface specification, meetings scheduled to address this.</li> <li>• The new Adam DPS domiciliary care contract is being implemented during the development phase of mosaic financials and is unable to provide confirmed requirements at the moment. Mosaic Finance project will need to allow for these requirements once known and incorporate into the build.</li> </ul>	<b>AMBER</b>

Programme/Project and Lead Director	Brief description and any key issues	RAG
<b>Accelerating Achievement:</b> Keith Grimwade	<p>Although the achievement of most vulnerable groups of children and young people is improving, progress is slow and the gap between vulnerable groups and other children and young people remains unacceptably wide. Accelerating the Achievement of Vulnerable Groups is a key priority of the Local Authority's School Improvement Strategy 2016-18 and an action plan has been developed. The AA Steering Group is monitoring the implementation of this plan.</p>	<b>AMBER</b>
<b>Children's Change Programme:</b> Theresa Leavy / James Gemmell	<p>The aims of the project are to identify additional opportunities within children's services to ensure that our services are targeted to those in greatest need and towards those that we can ensure experience a de-escalation of need and risk as a result of effective, integrated, multi-agency services delivered in a timely manner.</p> <p>The following options will be explored;</p> <ul style="list-style-type: none"> <li>• Whether the current offer being delivered by the SPACE team can be mainstreamed into the District teams</li> <li>• Review a number of fixed term posts which were created as part of the earlier phases of the CCP to identify if learning / development has been embedded within the District teams</li> <li>• Review of the fostering service</li> <li>• Using technology / different ways of working to increase productivity across the service</li> <li>• Restrict the use of out of hours support provided by external providers (following the introduction of planned out of hours working for District Teams)</li> <li>• Further opportunities to share services with Peterborough CC</li> </ul>	<b>GREEN</b>

Appendix 3 - Savings Tracker 2017-18 as at October 2017

				Planned £000					Forecast £000													
				4,023	-11,603	-3,109	-3,201	-2,625	-20,538	-7,168	-2,832	-4,483	-2,173	-16,656	3,882							
Reference	Title	Description	Committee	Investment 17-18 £000	Original Phasing - Q1	Original Phasing - Q2	Original Phasing - Q3	Original Phasing - Q4	Original Saving 17-18	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	Saving complete?	RAG	Direction of travel	Forecast Commentary	Links with partner organisations		
A/R.6.001	DAAT - Saving from integrating drug and alcohol misuse service contracts	The NHS trust 'Inclusion' provides countywide specialist drug & alcohol treatment services. Currently there are separate treatment contracts for alcohol and drugs. Inclusion have agreed to commence full service integration in 2016-17. This will require fewer service leads employed in management grades and reduces the overall management on-costs in the existing contract agreement. It is also proposed to reduce Saturday clinics and/or move to a volunteer/service user led model for these clinics.	Adults, C&YP	0	-100	0	0	0	-100	-100	0	0	0	-100	0	Yes	Green	↔	Saving Achieved	0		
A/R.6.101	Recouping under-used direct payment budget allocations for service users	Improving central monitoring and coordination arrangements for direct payments - ensuring budget allocations are proportionate to need and any underspends are recovered.	Adults	87	-98	-99	-99	-99	-395	0	0	0	0	0	395	No	Red	↓	Expecting to achieve direct payment clawbacks totalling £1.65m, which is short of the baseline target and therefore making none of the savings. This is based on monitoring after first 6 months of the year. This could also reflect progress in setting updated (lower) personal budgets in response to clients where there is a recurring underspend.  This position will be kept under close review as direct payments are monitored each month.	N - except LD: Pooled budget - learning disability partnership		
A/R.6.102	Care Act (part reversal of previous saving)	There is a £60k deficit on Care Act funded schemes going into 2017-18, and a further £60k required to fund a new Community Navigators scheme. A saving of £400k was taken from the Care Act funding in 2016-17. Part of this (£120k) will be reversed to fund these schemes now that they are established and ongoing	Adults	0	120	0	0	0	120	120	0	0	0	120	0	Yes	Green	↔	In place	0		
A/R.6.111	Supporting people with physical disabilities and people with autism to live more independently	The focus will be on helping people lead independent lives through the Transforming Lives programme and measures approved by Adults Committee in 2016.	Adults	128	-377	-138	-138	-138	-791	-27	-254	-255	-255	-791	0	No	Green	↔	On track	0		
A/R.6.112	Securing appropriate Continuing Healthcare Funding for people with physical disabilities and ongoing health needs	Careful consideration of the needs of people with complex needs to identify where these needs meet the criteria for Continuing Healthcare and full funding by the NHS.	Adults	0	-80	-80	-80	-80	-320	-66	-84	-85	-85	-320	0	No	Green	↔	On track	NHS fund continuing healthcare		
A/R.6.113	Specialist Support for Adults with Autism to increase their independence	Recruitment of two full time Support Workers for a twelve month period to work with service users to develop skills and access opportunities such as training or employment that would reduce the need for social care support.	Adults	50	-18	-18	-18	-18	-72	-6	-6	-7	-7	-26	46	No	Red	↔	Mitigation work involves expanding the activity of the Workers to other Vulnerable Adults; monitoring the saving against avoided costs and the demographic expectation.	0		
A/R.6.114	Increasing independence and resilience when meeting the needs of people with learning disabilities	The focus will be on helping individuals to be independent and resilient through the Transforming Lives initiative, together with policies approved by Adults Committee in 2016. Care and support will focus on developing skills and opportunities, wherever possible, to increase independence. In the short term this may include more intensive support in order to reduce reliance on social care support in the longer term.	Adults	750	-2,307	-74	0	0	-2,381	-904	-984	-493	0	-2,381	0	No	Green	↔	On track	Pooled budget - learning disability partnership		
A/R.6.115	Retendering for residential, supported living and domiciliary care for people with learning disabilities	Contracts will be retendered in 2017-18 with the intention of reducing the unit cost of care.	Adults	0	-63	-63	-102	-103	-331	-71	0	0	0	-71	260	No	Red	↔	Domiciliary care retender has taken place and is expected to deliver associated saving. Decision taken to delay retender for supported living and residential frameworks to allow time to undertake detailed analysis of clients and the market to ensure retender is as effective as possible, will achieve in 18/19 instead.	Pooled budget - learning disability partnership		
A/R.6.116	Using assistive technology to help people with learning disabilities live and be safe more independently without the need for 24hr or overnight care	New and existing care packages will be reviewed by specialist Assistive Technology and Occupational Therapy staff to identify appropriate equipment which could help disabled people to be safe and live more independently.	Adults	186	-53	-53	-54	-54	-214	-53	-53	-54	-54	-214	0	No	Green	↔	On track.	0		
A/R.6.117	Developing a new learning disability care model in Cambridgeshire to reduce the reliance on out of county placements	This work will entail a review of the most expensive out-of-county placements to inform the development of the most cost-effective ways of meeting needs by commissioning new services within county. In particular we know we will need to develop additional in-county provision with the expertise to manage behaviours that may be challenging. By replacing high-cost out of county placements with new in-county provision tailored to our needs we will reduce overall expenditure on care placements.	Adults	0	-58	-47	-35	0	-140	0	0	0	0	0	140	No	Red	↔	Saving has been postponed to 2018/19 pending additional resource from the Transformation Fund.	Pooled budget - learning disability partnership		
A/R.6.118	Review of Health partner contributions to the Learning Disability Partnership	Negotiating with the NHS for additional funding through reviewing funding arrangements, with a focus on Continuing Healthcare and joint funded packages.	Adults	0	-500	0	0	0	-500	-500	0	0	0	-500	0	Yes	Green	↔	On track	NHS funding to pooled budget		
A/R.6.121	Managing the assessment of Deprivation of Liberty cases within reduced additional resources	The March 2014 Supreme Court judgment on Deprivation of Liberty requires councils to undertake a large number of new assessments, including applications to the Court of Protection. Funding was made available to increase capacity to undertake best interest assessments and process applications for DoLS. The national demand for staff who are trained as best interest assessors has meant that it has not been possible to deploy all the available funding in this way. This position is not expected to change, and so a saving has been identified against this budget.	Adults	0	-100	0	0	0	-100	-100	0	0	0	-100	0	Yes	Green	↔	Budget reduced - delivered	0		

		Planned £000						Forecast £000												
		4,023	-11,603	-3,109	-3,201	-2,625	-20,538	-7,168	-2,832	-4,483	-2,173	-16,656	3,882							
Reference	Title	Description	Committee	Investment 17-18 £000	Original Phasing - Q1	Original Phasing - Q2	Original Phasing - Q3	Original Phasing - Q4	Original Saving 17-18	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	Saving complete?	RAG	Direction of travel	Forecast Commentary	Links with partner organisations
A/R.6.122	Transforming In-House Learning Disability Services	We will review and make necessary changes to in house services focussed on ensuring that resource is appropriately targeted to provide intensive short term support aimed at increasing independence. We will also identify where we can work with the independent sector to provide for assessed needs in a different way and consider whether any under-utilised services are required for the future	Adults	0	-375	0	-55	0	-430	-287	0	-35	0	-322	108	No	Red	↔	A saving of £265k delivered from restructure implemented in May 2017. Phase two of restructure to deliver additional savings has been designed and will be implemented in the second half of the year. The time taken to design and implement phase two means that an element of this saving will be delivered in 2018/19 instead of 2017/18.	0
A/R.6.123	Rationalisation of housing related support contracts	In 2016-17 we completed a review of contracted services which support individuals and families to maintain their housing. A contract was terminated in November 2016, with the full-year effect of the associated budget reduction affecting 2017-18.	Adults	0	-58	0	0	0	-58	-58	0	0	0	-58	0	Yes	Green	↔	Delivered through change to contract in 2016/17.	0
A/R.6.125	Supporting people with learning disabilities to live as independently as possible in adult life	This work has two elements which are focused on managing demand for long term funded services. 1. Work in children's services and in the Young Adults Team will ensure that young people transferring to the LDP will be expected to have less need for services. 2. Working proactively with people who are living at home with carers who are needing increased support to maintain their caring role for whatever reason	Adults	0	-181	-181	-182	-182	-726	-27	-37	-37	-37	-138	588	No	Red	↓	The circumstances of the young people as they reach 18 years old is monitored closely to confirm the level of funding required to meet their needs and to try to anticipate the sustainability of the arrangements. This includes both the home circumstances and the educational arrangements for the young person. This work has led to the forecast overspend	Pooled budget - learning disability partnership
A/R.6.132	Promoting independence and recovery and keep people within their homes by providing care closer to home and making best use of resources for adults and older people with mental health needs	Reducing the cost of care plans for adults and older people with mental health needs will lead to savings. We aim to reduce residential and nursing care costs and increase the availability of support in the community.	Adults	0	-353	-252	-52	-19	-676	-66	-31	-98	-39	-234	442	No	Red	↓	Demand for residential and nursing care is increasing across Mental Health services, and although a number of actions have been put in place to increase pace of delivery, there is expected to be a significant shortfall against the target.	0
A/R.6.134	Increase in income from Older People and Older People with mental health's client contributions from increased frequency of reassessments	Older people and those receiving elderly mental health services are not always being financially reassessed every year. The council will therefore reassess all clients more regularly to ensure that the full contributions are being collected. This programme has begun in 2016-17 and will continue into 2017-18 to complete.	Adults	46	-121	-139	-87	-34	-381	-155	-105	-87	-34	-381	0	No	Green	↔	On track. Automatic (annual) uplifts in place for a growing number of clients using Abacus software. Staff in place working through more complex assessments. Monitored and reported through OP Management team.	0
A/R.6.140	Helping older people to take up their full benefits entitlements	The council will work with service users to make sure they receive all the benefits to which they are entitled and this is expected to increase service user contributions.	Adults	0	-72	-82	-51	-21	-226	0	0	-126	-100	-226	0	No	Green	↔	Monitoring process in place and supplied to OP management team. Welfare benefits advisor team to be re-organised between the Adult Early Help team (CFA) and Financial Assessment team (LGSS) this has only recently been completed creating a delay. Financial Assessment staff have access to DWP database.	0
A/R.6.143	Savings from Homecare: re-tendering of home care to develop the market through a number of best practice initiatives including the expansion of direct payments	This proposal will focus specifically on piloting an alternative but complementary approach to home-based care that would try and find alternative and local solutions to traditional homecare - whilst still improving outcomes for service users, promote independence, and achieve savings to the Council. Through the tendering process for home care, the Council will engage potential providers within a price range consistent with achieving this saving. The model also envisages greater efficiency through working across all service user groups including those that that are the responsibility of the CCG.	Adults	0	0	0	-306	0	-306	0	0	-306	0	-306	0	No	Green	↔	DPS selected for procurement exercise which aims to secure savings through price ceilings and floors for new work, manage current and future cost pressures through a managed and formulaic approach and reduce the number of homecare transition cars. Tender is running according to schedule in line with financial recommendations.	0



		Planned £000								Forecast £000											
		4,023	-11,603	-3,109	-3,201	-2,625	-20,538	-7,168	-2,832	-4,483	-2,173	-16,656	3,882								
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A/R.6.145	Using assistive technology to support older people to remain independent in their own homes	<p>The proposal is to invest in and expand the use of Just Checking (or similar) equipment to reduce spending in older people's services. As part of a social care assessment the equipment gives us a full report of a person's movements during a given period allowing us to test whether they are able to go about daily life (eating, washing, dressing, going to the toilet) unaided and to check that overnight they are safe at home.</p> <p>This full picture of a person's daily patterns and movements allows us to say with significantly more accuracy and confidence whether they can or cannot cope independently at home. This additional information and confidence would allow older people, their families and social workers to only make the decision to recommend a move into residential or nursing care where it is absolutely essential. In this way we can reduce care spending overall whilst ensuring we do make provision for those who cannot be independent in their own homes.</p>	Adults	110	-187	-134	-27	-10	-358	-166	-155	-27	-10	-358	0	No	Green	↔	On track	0	
A/R.6.146	Expansion of the Adult Early Help Team to minimise the need for statutory care	<p>The Adult Early Help team was established in April 2016 to provide an enhanced first response to people contacting the County Council with social care concerns. The team help people to retain independence, access services and advise on ways in which older people and their carers can organise help for themselves. The goal is to try to resolve issues without the need to wait for a formal assessment or care plan.</p> <p>Through either telephone support or through a face to face discussion, we hope to work with older people to find solutions without the need for further local authority involvement. The initial phase is already resulting in a reduced number of referrals to social care teams. This business case builds on the first phase and proposes continuing the expansion of the Adult Early Help team, so that the team is able to meet more of the need at tier 2, preventing further escalation of need and hence minimising care expenditure. This contributes further savings in 2017-18 as part of the care budget targets in Older People's Services.</p>	Adults	0	-201	-143	-29	-11	-384	-201	-143	-29	-11	-384	0	No	Green	↔	On track. Work underway to be able to demonstrate avoid costs as a result of service's involvement.	0	
A/R.6.149	Administer Disability Facilities Grant within reduced overhead costs	At present the County Council invests £300k into the Home Improvement Agencies, which oversee the Disabled Facilities Grants by each of the Districts. The County Council is working in partnership with the District Councils to reduce the cost of the administration of these services. There will be no reduction in the level of grant or service and the intention is to speed up the decision making process.	Adults	0	-150	0	0	0	-150	-150	0	0	0	-150	0	Yes	Green	↔	Savings for 2017/18 agreed with District Councils and in the budget - complete.	District Council capital grants via Better Care Fund and central government significantly increased. District Councils engaged in review project	
A/R.6.155	Securing appropriate contributions from health to section 117 aftercare.	Careful consideration of the needs of people sectioned under the Mental Health Act to identify joint responsibility and ensure appropriate contributions by the council and the clinical commissioning group to section 117 aftercare.	Adults	0	-150	-150	-80	-40	-420	-45	3	-215	-163	-420	0	No	Green	↔	Delivery of this saving has been re-profiled over the second 6 months of the financial year to accommodate on-going work with the CCG in relation to section 117 and the Joint Commissioning Tool which has taken place over the first 6 months of the year and was completed in September. It should also be noted that the savings will not be achieved equitably over the next 6 months, for example, 70% of the savings may be achieved in month 11 etc.	NHS funding to section 117 aftercare	
A/R.6.157	Increase in income from Older People and Older People with Mental Health's client contributions following a change in Disability Related Expenditure	Following a comparative exercise, the Adults Committee agreed a change to the standard rate of disability related expenditure (DRE) during 2016. This means that additional income is being collected through client contributions. This line reflects the 'full-year' impact of this change, reflecting that the new standard rate is applied at the planned point of financial assessment or reassessment for each person	Adults	0	-53	-38	-22	-6	-119	-53	-38	-22	-6	-119	0	No	Green	↔	Implemented following policy change in 2016. Achievement in 2017/18 is through full year effect (existing clients did not start adjustment until January, and will be picked up through scheduled financial assessment reviews). Monitoring process in place through to OP management team.	0	
A/R.6.159	Efficiencies from the cost of Transport for Older People	Savings can be made through close scrutiny of the expenditure on transport as part of care packages in Older People's Services to ensure that travel requirements are being met in as cost efficient a way as possible.	Adults	0	-25	-25	-25	-25	-100	0	-16	-16	-16	-48	52	No	Red	↓	Investigation has identified three areas in which £64k can be made and these are being implemented. £16k of this will be achieved next financial year and £48k will be achieved in year. This leaves £36k that is unlikely to be achieved.	0	
A/R.6.160	Ensuring joint health and social care funding arrangements for older people are appropriate	<p>We have been working with NHS colleagues to review continuing health care arrangements including joint funding, with a view to ensuring that the decision making process is transparent and we are clearer about funding responsibility between social care and the NHS when someone has continuing health care needs.</p> <p>Several cases has been identified where potentially health funding should be included or increased based on a review of needs.</p>	Adults	0	-196	-143	-89	-36	-464	-106	0	-138	-130	-374	90	No	Red	↓	To achieve the baseline CHC savings each year as well as continue with last year's permanent saving and make this year's saving requires the team to complete decision support tool that save £1.541m this year. Savings to date are £651k across the OP&MH directorate. Our progress is constrained by the pace and effectiveness of the CCG in completing the CHC process. Pace of delivery is expected to increase as these constraints are resolved.	0	

		Planned £000								Forecast £000											
		4,023	-11,603	-3,109	-3,201	-2,625	-20,538	-7,168	-2,832	-4,483	-2,173	-16,656	3,882								
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A/R.6.161	Managing the Cambridgeshire Local Assistance Scheme within existing resources	The Adults Committee has considered several proposals on how to deliver the Cambridgeshire Local Assistance Scheme (CLAS). The contingency budget previously held for CLAS has now been removed, as is no longer required to support the redesigned service.	Adults	0	-163	0	0	0	-163	-163	0	0	0	-163	0	No	Green	↔	On-track. The contract has already been let and so the savings has been delivered.	0	
A/R.6.163	Ensuring homecare for adults with mental health needs focuses on supporting recovery and piloting peer support delivered through the Recovery College	Savings will be achieved through reproviding homecare services for adults with mental health needs and helping people to return to independence more quickly.	Adults	0	-75	-75	-60	-40	-250	-38	-28	-35	-12	-113	137	No	Red	↓	Savings delivery is behind profile, and although actions are being put in place to increase the pace of delivery, there is expected to be a shortfall against target at year end.	0	
A/R.6.164	Reablement for Older People - Improving effectiveness to enable more people to live independently	Development of the Reablement Service to ensure it promotes independence and reduces the costs of care by being directed at the right people. Changes to the way the service operates will release additional capacity, allowing it to work with more people, achieve better outcomes and so reduce demand and cut costs. It is proposed that within existing staffing levels we can increase the number of people receiving a reablement service and increase the number of people for whom the reablement intervention is ended without the need for ongoing care or with a reduced need for ongoing care.  To achieve this we will improve team structures and working practices and ensure the cases referred to the service are appropriate, where there is good potential for people to live independently again.	Adults	0	-93	-67	-42	-17	-219	-93	-67	-42	-17	-219	0	No	Green	↔	On track. Likely efficiencies which are being made as a result of a number of service based innovations ('in touch' etc.) which should increase throughput of the service. Work underway to ensure that the service can measure the avoided cost as a result of the involvement and to avoid double counting with AEH. Key risk around pull towards mainstream provision.	0	
A/R.6.165	Enhanced Occupational Therapy Support to reduce the need for double-handed care	The Double-Up Team was set up as a 'spend to save' initiative in 2013 based on evidence from other local authorities. Initially set up as a pilot project, it was endorsed as part of the County Council's prevention agenda, the implementation of Transforming Lives and the requirements of The Care Act.  The team consists of two Senior Occupational Therapists (OTs) and two OT Technicians employed directly by the County Council. The team's remit is to focus on the review of service users to assess whether it is possible to either: <ul style="list-style-type: none"><li>• Reduce existing double-up packages of care to single-handed care</li><li>OR</li><li>• Prevent single-handed care packages being increased to double-up</li></ul> This team is currently based outside of the existing mainstream OT service to ensure focus on the delivery of actions that will benefit the recipients whilst returning a saving direct to the Council. Through the actions of the existing team, savings from the Councils homecare budget were generated in the region of £1.1m in 2015-16 and are on track to achieve a similar figure in the current financial year.  This business case proposes the expansion of the service through the recruitment of an additional two OT workers so they can share learning and benefits associated with the current model to other settings (further details are listed in the 'scope' section of this Renegotiation of a number of voluntary sector contracts for mental health support has resulted in lower costs to the Council whilst maintaining levels of service provision for adults with mental health needs. The reductions have been discussed and negotiated with the providers impacted, and they have factored this into their own business planning. On-going investment by the Mental Health service in the voluntary and community sector remains over £3.7m.	Adults	90	-132	-94	-19	-7	-252	-42	-124	-39	-17	-222	30	No	Amber	↔	Alongside mainstream occupational therapy service provided within community (CPFT) and hospitals based OTs	0	
A/R.6.167	Voluntary Sector Contracts for Mental Health Services	Renegotiation of a number of voluntary sector contracts for mental health support has resulted in lower costs to the Council whilst maintaining levels of service provision for adults with mental health needs. The reductions have been discussed and negotiated with the providers impacted, and they have factored this into their own business planning. On-going investment by the Mental Health service in the voluntary and community sector remains over £3.7m.	Adults	0	-130	0	0	0	-130	-130	0	0	0	-130	0	Yes	Green	↔	Delivered	0	
A/R.6.168	Establish a review and reablement function for older people with mental health needs	Redirect support workers within the Older People Mental Health team to provide a review and reablement function for service users in receipt of low cost packages (under £150 per week).	Adults	0	-20	-25	-15	-9	-69	-4	-1	-9	-2	-16	53	No	Red	↓	Savings delivery is behind profile, and although actions are being put in place to increase the pace of delivery, there is expected to be a shortfall against target at year end.	0	
A/R.6.169	Better Care Fund improvement	Each year the Council and the local NHS agree a Better Care Fund plan, this includes an element for social care services.  Given the uplift in the BCF allocation in 2016-17 and an anticipated further increase in 2017-18 the Council will negotiate that a greater share of BCF monies are focused on provision of social care services. This supports the local NHS.	Adults	0	-930	0	0	0	-930	0	0	-930	0	-930	0	No	Green	↔	On track	The Better Care Fund is a pooled budget with the NHS	
A/R.6.170	OP contractual & demand savings (including respite beds) 6.170	Retendering of contracts in 2016-17 has presented the opportunity to reduce our block purchasing of respite beds, following under-utilisation and unused voids in previous arrangements. Use of spot purchasing for respite will be monitored.  Additionally, as trends have continued towards supporting fewer people overall in 2016-17 it has been possible to reflect this cost reduction in a further small saving on demographic allocations.	Adults	0	-450	0	0	-100	-550	-450	0	0	0	-450	100	No	Red	↓	Full delivery of respite block saving resulting from 2016/17 retendering, but demand pressures across OP locality budgets means that full delivery of this saving is not expected.	0	
A/R.6.201	Staffing reductions in Commissioning Enhanced Services	Review of Commissioning across CFA.	C&YP	0	0	0	-107	0	-107	0	0	-107	0	-107	0	No	Green	↔	On-track. Saving to be delivered as part of the Commissioning restructure.	0	

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A/R.6.202	Children's Change Programme: Changes to Management Structure in Children's Services	The Children's Change Programme is reviewing and transforming the system of children's services across early help, safeguarding and protection teams. Phase 1 of the programme will realise savings from staffing by deleting duplication and simplifying processes. Specifically, we will integrate social work and early help services into a district-based delivery model, unifying services around familiar and common administrative boundaries so they can align with partners better; and reducing the number of team manager level posts required.	C&YP	0	-619	0	0	0	-619	-619	0	0	0	-619	0	No	Green	↔	On-track - Plan in place to deliver. Awaiting response from DfE on Innovation Funding before confirming full achievement of savings.	0	
A/R.6.203	Amalgamating Family Support Services	Amalgamation of Specialist Family Support Service Family Support Workers in localities to produce better efficiency and subsequent a reduction of associated relief staff costs.	C&YP	0	-50	0	0	0	-50	-50	0	0	0	-50	0	No	Green	↔	On-track - Plan in place.	0	
A/R.6.205	Children's Social Care Support for young people with complex needs	Prevention of placement or family breakdowns by providing outreach support and the provision of a consistent wrap-around support for young people with complex needs to avoid the use of costly external residential provision that may not meet need.	C&YP	497	0	-135	-181	-243	-559	0	-51	-192	-100	-343	216	No	Red	↔	Current forecasting shortfall in 2017/18 due to delayed start of The Hub but still forecasting ability to meet total savings over the next two years.	0	
A/R.6.210	Home to School Transport (Special)	Most children and young people with statements or SEND and Education, Health and Care (EHC) plans do not require special transport arrangements. Wherever possible and appropriate, the child or young person with SEN should be treated in the same way as those without. e.g. in general they should walk to school, travel on a public bus or rail service or a contract bus service or be taken by their parents. They should develop independent travel skills which should be assessed at each Annual Review. The majority of children/ young people of statutory school age (5-16) who have a Statement of Special Educational Need (SEN) will attend their designated mainstream school. Only if, as detailed in their SEN/EHC Plan, a child or young person has a special educational need or disability which ordinarily prevents them from either walking to and from school or accessing a bus or rail service or contract bus service, will they be eligible for free transport. With effect from 1 September 2015, the Council stopped providing free transport for young people with SEND over the age of 16, except those living in low income families. In addition to the £396k of savings in this business case, there are two separate invest to save proposals which are being funded by CFA underspend and ETE capital funding (Meadowgate footpath and Independent Travel Training) which relate to home to school transport (special). There is less likelihood of achieving savings from 2018-19 onwards as these are more reliant on a reduction in the number of children on EHC plans. The ability to make considerable savings from 2018-19 onwards is based on increased in-county education provision and reduction in EHC Plans due to more need being met within mainstream provision, both of which are needed to reduce the number of pupils requiring transport - even with demographic increase in population. We plan to achieve	C&YP	0	-124	-123	-123	-123	-493	-104	-93	-371	-253	-821	-328	No	Green	↑	On Track – we are anticipating that this savings target will be surpassed, with savings already made due to a successful tender round, demography savings and an ongoing scrutiny of contract services to ensure that Council delivers the most efficient and cost effective school transport services. This over-achievement offsets pressures due to under achievement in A/R.6.214 and A/R.6.222	0	
A/R.6.213	LAC Inflation Savings	Award inflation at 0.7% rather than 1.7%	C&YP	0	-31	-31	-31	-31	-124	-124	-23	-23	-22	-192	-68	No	Green	↑	The forecast is based on the current fee uplifts agreed. If further fee uplift requests are received, and subsequently approved, the forecast surplus will decrease. Requests can be received throughout the year. This savings is likely to over deliver and mitigate under delivery in A/R. 6. 239	0	
A/R.6.214	Moving towards personal budgets in home to school transport (SEN)	The Personal Transport Budget (PTB) is a sum of money that is paid to a parent/carer of a child who is eligible for free school travel. The cost of a PTB would not be more than current transport arrangements. A PTB gives families the freedom to make their own decisions and arrangements about how their child will get to and from school each day. Monitoring and bureaucracy of PTBs is kept to a minimum with parents not being expected to provide evidence on how the money is spent. However, monitoring of children's attendance at school is done and PTBs are removed if attendance falls below an agreed level.	C&YP	0	-58	-58	-58	-58	-232	0	0	0	0	0	232	No	Red	↓	Not on track to deliver savings this financial year. While some parents have taken up the option of a PTB, a focused, strictly time-limited review will be undertaken to determine whether a greater level of savings could be achieved in future years by making changes to the scheme and relaunching it. Additional savings, outlined in A/R.6.210 are on track to be achieved and will offset this pressure.	0	
A/R.6.215	Adaptation and refurbishment of Council Properties to reduce the unit cost of placements	Two properties owned by Cambridgeshire County Council have become vacant, or are becoming vacant over the coming months. This presents an opportunity to increase the capacity for in-county accommodation the Council has for children who are looked after and to contribute to the savings arising from the unit cost of placements. Refurbishment of the properties will take place to make these buildings fit for purpose.	C&YP	0	-141	-140	-141	-140	-562	0	-19	-54	-55	-128	434	No	Red	↓	The original saving was predicated on a 12 month period for each of these placements. Due to issues with handing the properties over in a fit state the timescales for opening the homes slipped from April 17 to August 17. As a result of the lead times needed to progress the project, part of the saving will be pushed to 18/19 (a saving of -£92k is currently forecast to be delivered in 18/19). Not all the beds are occupied currently and the team continue to review placements in order to identify suitable young children to move into the properties.	0	
A/R.6.216	Pathways to access contraception and sexual health services for priority groups	To provide intermediate level training to 100 staff from targeted services in residential children's homes, drug and alcohol services, adult mental health services, the Youth Offending Service, the 18-25 team and Domestic Violence Adviser team. We will purchase 12 contraception boxes for offices of services attending training for use with clients.	C&YP	0	-185	0	0	0	-185	0	0	0	0	0	185	No	Red	↔		0	

				Planned £000					Forecast £000											
				4,023	-11,603	-3,109	-3,201	-2,625	-20,538	-7,168	-2,832	-4,483	-2,173	-16,656	3,882					
Reference	Title	Description	Committee	Investment 17-18 £000	Original Phasing - Q1	Original Phasing - Q2	Original Phasing - Q3	Original Phasing - Q4	Original Saving 17-18	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	Saving complete?	RAG	Direction of travel	Forecast Commentary	Links with partner organisations
A/R.6.217	Enhanced intervention service for children with disabilities	Establish an Enhanced Intervention Service in Cambridgeshire. The purpose of the team would be to reduce the number of children with disabilities placed in out of county residential homes, to enable children to safely live with their family and access education in their local area.	C&YP	120	-29	-48	-48	-49	-174	-29	-48	-48	-49	-174	0	No	Green	↔	On-track - Staff appointed, children identified and working within timeframes	0
A/R.6.218	SPACE Programme – helping mothers to prevent repeat removals	The Space Programme works to engage with mothers who have had their baby permanently removed from their care, with the aim of reducing the likelihood of it happening again. The programme works with mothers and their partners where appropriate, to help them understand the range of issues they face and which may have contributed to their child becoming permanently removed in the first place. In partnership with other agencies, the programme works to promote positive relationships, self esteem and confidence and assertiveness, whilst encouraging access to universal and specialist services that can help mothers live healthier lives. The programme has been funded by CFA reserves from October 2015 to March 2017 and works on the assumption that the programme prevents six babies entering foster care in 2017-18 and 2018-19 as a result of the intervention work that’s taken place in 2015-16 and 2016-17. Outcome data for the programme is currently being prepared and reviewed and options to secure permanent funding to sustain this.	C&YP	0	-111	0	0	0	-111	0	0	0	0	0	111	No	Red	↔	Savings deemed as not achievable. Under review.	0
A/R.6.219	Systemic family meetings to be offered at an earlier stage to increase the number of children being diverted from LAC placements	Change the referral criteria for systemic family meetings so they take place with families at an earlier stage - at the point just before beginning a child protection plan. This would enable us to work with a larger group of 390 children at Child Protection level, rather than 240 at court proceedings level.	C&YP	148	-115	-115	-115	-116	-461	-115	-115	-115	-116	-461	0	No	Green	↔	On-track - Q2 savings quantified against benchmark data.	0
A/R.6.220	Increase the number and capacity of in-house foster carers	Reduce spending on foster placements from external carer agencies by increasing the capacity of the in-house service.	C&YP	0	-48	-49	-49	-49	-195	-73	-151	-22	-16	-262	-67	No	Green	↔	On-track and currently forecasting exceeding savings by £78k.	0
A/R.6.221	Link workers within Adult Mental Health Services	Two Link Workers will embed a Think Family approach in adult mental health services and increase access to preventative and early help services to keep families together wherever possible.	C&YP	84	0	0	0	0	0	0	0	0	0	0	0	No	0	↔	No savings planned for 17/18	0
A/R.6.222	Independent travel training for children with SEND	Proposal to introduce Independent Travel Training (ITT) for young people with SEND to help them cope with the often more complex journeys required to access further education. Once trained and assessed to be safely able to travel independently, we will no longer have to provide home to school transport for these young people.	C&YP	0	-24	-24	-24	-24	-96	0	0	0	0	0	96	No	Red	↓	Not on track to deliver savings this financial year. A small working group will be established to begin work in Autumn 2017 to develop an action and implementation plan to deliver savings in 2018/19. Additional savings, outlined in A/R.6.210 are on track to be achieved and will offset this pressure.	0
A/R.6.225	Alternative model of delivery for school catering and cleaning [EI]	A new way of providing school catering and cleaning as either a joint venture or a partnership with another provider is at an advanced stage. A minimum of £50K has been set as a project priority.	C&YP	0	-13	-13	-12	-12	-50	0	0	0	0	0	50	No	Red	↔	Management changes for the service have been implemented from 1 July - a recovery plan is being undertaken with support from theTransformation Team.	0
A/R.6.227	Strategic review of the LA's ongoing statutory role in learning	A programme to transform the role of the local authority in education in response to national developments such as the 2016 Education White Paper, and the local context, (e.g. the increasing number of academies and the educational performance of schools) has been started. This has four strands - the LA's core duties, traded services, local authority-initiated Multi-academy Trusts and the recruitment and retention of school staff. Early work has identified savings from reducing core funding by discharging the Education Advisor function with two f.t.e. staff, one funded centrally and one traded; Mathematics, English and Improvement advisers to be fully traded from 2017-18; Primary advisers to be part traded from 2017-18 and fully traded from 2018-19; Senior Advisers to be part traded; and a reduction in the intervention budget, supporting only maintained schools where we have a statutory responsibility to do so. The Education Advisers will generate a £10k surplus in 2018-19.	C&YP	0	-67	-68	-67	-68	-270	-180	-25	-35	-30	-270	0	No	Green	↑	These savings have been met in full through grant funding and reduction in intervention budget	0
A/R.6.230	Reduction in Heads of Service	Reduce the number of Heads of Service in the Learning directorate from six to five in line with the reduction in staffing and changing role of the Directorate.	C&YP	0	-80	0	0	0	-80	-60	0	0	0	-60	20	No	Green	↔	On-track - Head of Service for CID appointed as interim, permanent role still planned for deletion.	0
A/R.6.234	Home to School Transport (Mainstream)	The 2017-18 saving is made up of the summer term changes to post 16 and spare seats charging policy, implemented in 2016-17.  As a result of a decision taken by SMT, all services are now required to absorb the impact of the general growth in population and no demography funding will be allocated for this purpose. This represents £598k for this budget. Full year savings of £438k from route retendering (which normally would be offered as savings) will instead be diverted to meet this pressure, with the remainder secured through a programme of route reviews.	C&YP	0	-70	0	0	-24	-94	-70	0	0	-24	-94	0	No	Green	↔	On-track	0
A/R.6.236	Business Support	Development and implementation of course booking and customer feedback systems and new ways of working will enable us to reduce our business support capacity.	C&YP	0	-51	0	0	0	-51	-51	0	0	0	-51	0	Yes	Green	↔	Saving achieved	0
A/R.6.238	Virtual Beds	Tender for 16 Block Distributed Purchasing (Flexi Beds).	C&YP	0	0	-23	-83	-99	-205	0	0	0	0	0	205	No	Red	↔	Decision taken not to take this proposal forward. Alternative proposals are being progressed.	0

				Planned £000					Forecast £000														
				4,023	-11,603	-3,109	-3,201	-2,625	-20,538	-7,168	-2,832	-4,483	-2,173	-16,656	3,882								
Reference	Title	Description	Committee	Investment 17-18 £000	Original Phasing - Q1	Original Phasing - Q2	Original Phasing - Q3	Original Phasing - Q4	Original Saving 17-18	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	Saving complete?	RAG	Direction of travel	Forecast Commentary	Links with partner organisations			
A/R.6.239	Review of top 50 placements	Monthly review by panel of the top 50 most expensive external placements, with the objective of reducing placement costs wherever possible.	C&YP	0	-81	-81	-81	-81	-324	0	-24	-45	-128	-197	127	No	Red	↓	<p>The forecast saving is based on a review of the high cost placements that has been undertaken to date. 'Top 50' meetings are taking place to ensure regular review of high cost placements in order to secure further savings. There are also Purchased Placement review meetings being established that will be held by Placements Officers and Group Managers to review high cost placements that are made in an emergency and ensuring these are adequately reviewed. The forecast will be updated monthly following the outcome of these meetings. This is likely to generate further savings.</p> <p>It should also be noted that where a placement price is reduced, the saving is quantified over a 12 month period. Therefore any changes midway through the financial year will result in an element of the saving being pushed back into 18/19. Of the placements currently identified to deliver savings during 17/18 (-£197k), a further -£286k is forecast to be delivered in 18/19 from these placements.</p>	0			
A/R.6.240	Negotiating placement fees	Negotiate the costs of external placements for Looked After Children.	C&YP	0	-17	-18	-17	-18	-70	-9	-8	-7	-8	-32	38	No	Red	↓	Savings are negotiated on an adhoc basis either at point of placement (for placement moves) or by reducing high cost packages. The team will continue to negotiate with providers where possible.	0			
A/R.6.241	Foster carers to provide supported lodgings	Delivery of 10 new supported lodging placements	C&YP	0	0	-22	-65	-65	-152	0	0	-9	-7	-16	136	No	Red	↔	Shortfall of savings projected based on availability of supported lodgings carers.	0			
A/R.6.242	Reducing fees for Independent Fostering Agency placements	Reduce fees for Independent Fostering Agency (IFA) placements	C&YP	0	-30	-30	-3	-3	-66	-17	-12	0	0	-29	37	No	Red	↓	Meetings continue to be arranged with providers, contracts and placements to support negotiations in order to try and secure further savings in this area.	0			
A/R.6.243	Children's Change Programme: Hawthorns, FGC, PIP & Misc	Restructure of Children's Services through the Children's Change Programme, to be reinvested to support the revised structure (see proposal A/R.5.004).	C&YP	1,595	-1,595	0	0	0	-1,595	-1,595	0	0	0	-1,595	0	Yes	Green	↔	Saving Achieved	0			
A/R.6.244	Total Transport	This is an updated proposal, in light of the data and experience gained through Phase 1 of the Total Transport pilot, which was implemented in the East Cambridgeshire area at the start of September 2016. By investing in staff and by extending the use of smartcard technology, the Council will be able to deliver more efficient mainstream school transport services, matching capacity more closely with demand. The intention is to secure financial savings whilst ensuring that all eligible pupils continue to receive free transport with reasonable but efficient travel arrangements.	C&YP	132	-180	0	-290	-370	-840	0	-134	-336	-370	-840	0	No	Green	↑	On Track	0			
A/R.6.245	Cambridgeshire Race, Equality and Diversity Service (CREDS)	The de-delegation received by the Cambridgeshire Race, Equality and Diversity Service (CREDS) from maintained primary schools in 2017-18 will reduce as a consequence of the large number of recent and forthcoming academy conversions. This reduction in funding will require a restructure of the service, including staffing reductions.	C&YP	0	-125	0	0	0	-125	-125	0	0	0	-125	0	No	Green	↔	On-track	0			
A/R.7.101	Early Years subscription package	Proposal to develop Early Years subscription package for trading with settings.	C&YP	0	0	0	-28	0	-28	0	0	-28	0	-28	0	No	Green	↔	On-track	0			
A/R.7.103	Education ICT Service	Increase in trading surplus through expanding out-of-county provision.	C&YP	0	-25	-25	-25	-25	-100	-25	-25	-25	-25	-100	0	No	Green	↔	On-track	0			
A/R.7.104	Cambridgeshire Outdoors	Increase in trading surplus through cost reduction and external marketing.	C&YP	0	-12	-13	-13	-12	-50	-8	-8	-8	-9	-33	17	No	Amber	↑	A plan has been developed across the three centres to achieve this target. Key actions include the development and marketing of new offers, including weekend and school holiday bookings, and a relative reduction in management costs. This plan is resulting in increased income, however it is unlikely that the full target will be reached.	0			
A/R.7.105	Admissions Service	Increase in trading surplus through an increased use of automated systems.	C&YP	0	-3	-3	-3	-1	-10	-3	-3	-3	-1	-10	0	No	Green	↔	On-track	0			
A/R.7.106	Reduction in income de-delegated from Schools to CREDS	The de-delegation received by the Cambridgeshire Race, Equality and Diversity Service (CREDS) from maintained primary schools in 2017-18 will reduce as a consequence of the large number of recent and forthcoming academy conversions. This reduction in funding will require a restructure of the service, including staffing reductions.	C&YP	0	30	30	30	35	125	30	30	30	35	125	0	No	Green	↔	On-track	0			



**CHANGES TO THE FAIRER CONTRIBUTIONS POLICY**

*To:* **Adults Committee**

*Meeting Date:* **9 November 2017**

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

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

*Forward Plan ref:* **N/A**

*Key decision:*  
**No**

*Purpose:* **The report sets out a number of possible changes to the Fairer Contributions Policy that would increase the income raised through service user contributions towards their care and support. Any change to the Fairer Contributions Policy will require a consultation. The Committee is being asked to consider the options and confirm which options they would want to pursue and include in a consultation.**

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

**a) Consider the options for changing the Council's Fairer Contributions Policy**

**b) Confirm which options the Committee want officers to take forward for consultation**

**c) Request interim feedback from the consultation in January and further feedback in February**

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## **1. BACKGROUND**

- 1.1** Care and support provided under the Care Act 2014 is subject to means testing to determine how much each service user should contribute to the cost of their care and support. The process of financial assessment used to determine this contribution is carried out in line with Department of Health guidance. This income is used within the Adults budget to offset the cost of the care and support provided to people in Cambridgeshire and contributes to the Council's ability to support the people in most need of care and support.
- 1.2** As part of the business planning process for 2018/19, LGSS colleagues have been asked to consider whether there are any changes that could be made to the Council's Fairer Contributions Policy, in light of national changes or practice in other Local Authorities that could increase the income collected.
- 1.3** This report sets out a number of potential changes that could deliver increased income and assist the Council in delivering care and support within the available budget.
- 1.4** Any changes to the Fairer Contributions Policy have to be consulted on to fit with Government requirements around changes to contribution/charging policies. The length of consultation required is 12 weeks to fit with the Compact with the voluntary sector. Compacts were established to support joint working between Local Authorities and the voluntary sector including the timeframe for meaningful consultation.
- 1.5** Arrangements are in place to undertake a consultation, informed by the decisions from the Members of the Committee.

## **2. Comparison of Contribution/Charging Policies**

- 2.1** LGSS colleagues have sought to compare our Fairer Contributions Policy with similar policies for other local authorities, focusing on our statistical neighbours (Local Authorities of a similar size and mix of market towns/rurality) and Peterborough City Council and Milton Keynes Council. Of the 17 Local Authorities approached, six provided responses which have been taken into account in the options set out below.
- 2.2** The introduction of the Care Act 2014 and the associated Care and Support Statutory Guidance in April 2015 intended to harmonise charging rules for non-residential care across the country. The intention was to have a more consistent approach to charging for non-residential care services.
- 2.3** While the Care Act 2014 has achieved this to some extent, there are still differences across the country in how Local Authorities charge for specific services and the level of benefits taken into account in financial assessments.
- 2.4** Having reviewed the charging policies for the Local Authorities that responded to requests for information, LGSS colleagues concluded that there are four options that Cambridgeshire County Council can consider to increase the value of income being received for specific services. The table below sets out these options and identifies which Authorities operate in this way:



## 2.5

	Increased amount of Disability Benefits Included in Financial Assessment	Respite Charged under residential Rules	Appointee Charging	Direct Debits
Cambridgeshire County Council	No	No	No	Yes - 41% uptake
Northamptonshire County Council	No - about to go into public consultation	Yes	Yes £7.50 per week - about to consult to increase to £10 per week for residential care and £12.50 for community care.	Yes - 60% uptake
Milton Keynes Council	Yes	Yes	Yes £12.50 per week	Yes - 35% uptake
Peterborough City Council	Yes	Yes	Yes £5 per week	No
Hertfordshire County Council	No - about to go to public consultation	Yes for unplanned, no for planned	No	Yes - 40% uptake
Buckinghamshire County Council	Yes	Yes	Yes - £2.50 per week	Yes - 66% uptake
Hampshire County Council	Yes for PIP only	No	No	Yes - unknown acceptance rate

2.6 The detail of each option is set out below, with the range of the potential increase in income and the risks and benefits of each change.

## 3.0 Disability Benefits Review

3.1 Prior to the Care Act 2014, Cambridgeshire County Council (CCC) used the Fairer Charging Guidance issued by the Department of Health in order to create a policy for calculating contributions towards social care & support services in the community. This has since been superseded by the Care Act 2014.

3.2 The Fairer Charging Guidelines included guidance on how disability benefits should be treated within the financial assessment. The current disability benefits are Attendance Allowance (AA), Disability Living Allowance (DLA), and Personal Independence Payment (PIP). These benefits are paid out at different rates dependent upon the level of personal support required. The current rates are as follows:

	AA	DLA	PIP
Low	£55.65	£22.00	£55.65 (known as standard rate)
Middle	None	£55.65	None
High	£83.10	£83.10	£83.10 (known as enhanced rate)

3.3 The Fairer Charging Guidelines previously stated that Local Authorities' should only take into account the lower or middle rate of any disability benefits if that Local Authority is not providing any night time services. This is a principle which is currently within CCC's Contributions Policy and is applied within the financial assessment.

3.4 Within the Care and Support Statutory Guidance, it states what income can be included within the financial assessment. The wording used is as follows:

"Any income from the following benefits must be taken into account when considering what a person can afford to pay towards their care from their income:"

The guidance then goes on to list Attendance Allowance, Disability Living Allowance (Care Component) and Personal Independence Payment (Care Component). There is no reference to only the lower or middle rate of disability benefits being included within the financial assessment unless the Local Authority is providing night time support.

3.5 There are three options available to the Council:

- Do nothing and continue to assess individuals who receive the enhanced rate of disability benefit as if they were receiving the standard or lower rate, where the Council does not provide night time support.
- Amend the CCC Contributions Policy to enable the Financial Assessment Team to charge against the higher rate of Attendance Allowance, Disability Living Allowance or Personal Independence Payment.
- Amend the CCC Contributions Policy to enable the Financial Assessment Team to charge against the enhanced rate of Personal Independence Payment only.

#### Option 1 – Do nothing

3.6 The CCC Contributions Policy can be left as is and any service users receiving the higher rate of Attendance Allowance, Disability Living Allowance or Personal Independence Payment will be treated as if they only receive the standard rate, unless the Council provides night time support.

#### Option 2 – Amend the CCC Contributions Policy to allow the Financial Assessment Team to take into account the higher rate of Attendance Allowance, Disability Living Allowance and Personal Independence Payment

3.7 The existing policy could be amended to allow for additional income to be included within the financial assessment.

There are currently 1,306 service users who have been financially assessed who have the high rate of Attendance Allowance (AA), Disability Living Allowance (DLA) or Personal Independence Payment (PIP) but are assessed as if they only have the low or middle rate. Of these service users between 500 – 800 are assessed to make a contribution. If the higher rate of these benefits were included in the financial assessment, you could expect a relevant service user's contribution to increase by £27.45 per week. Therefore, the additional income of between £713,700 and £1,141,920 could be achieved.

3.8 For the purpose of this calculation, we have only included the service users who are currently assessed to make a contribution. However, it is possible that by changing the

policy, some nil charge customers may be asked to make a contribution and therefore further additional income may be obtained.

- 3.9 Consideration should be given to the impact that this would have on the service users whose contribution would increase by £27.45 per week and who are using this money for additional care and support over and above that provided by the Council. This may also have an impact on debt, if service users feel unable to manage to pay the increase in contributions.
- 3.10 It should also be noted that the Disability Rights Handbook states that the higher rate of AA or DLA is paid to service users who require personal support through the night. If the Council decides to adopt this option, there is a risk of legal challenge should the Council not be providing night time services.
- 3.11 With PIP, the award of the enhanced rate is not dependent upon the applicant having support needs through the night. The DWP use a points based system to determine which rate the applicant will be awarded. The option of applying this change to people with PIP only does not carry the same level of risk of legal challenge as applying the change to people on DLA and AA. It should be noted that DLA is being phased out and replaced by PIP (see option 3 below).
- 3.12 Benefits
- Increased contributions means increased income generation for the Council.
- 3.13 Risks
- Although invoices for increased amounts will be issued, there is the risk that invoices may not be paid. Increased charges can mean that service users who previously paid their invoices on time may not pay their invoices at all, leading to increased debt figures.
  - The financial impact on the service user could be significant, especially to those customers who are accustomed to paying a lower amount. This could cause financial hardship, worry and anxiety for service users who are classed as very vulnerable.
  - Increased charges can lead to an increased amount of complaints and financial appeals which will also have an impact on staff resource.
  - Due to the nature of the change, there is an increased risk of legal challenge but this can be reduced by applying the change to people with PIP only.

Option 3 – Amend the CCC Contributions Policy to allow the Financial Assessment Team to take into account the Enhanced Rate of Personal Independence Payment.

- 3.14 There are currently 311 service users who are assessed against the standard rate of PIP and receive the enhanced rate. Of these 311 service users, 159 service users are assessed as nil charge and are therefore not asked to contribute towards the cost of their care. If the decision was made to increase the amount of PIP taken into account in the financial assessment, the contribution from the 152 service users who contribute towards their care would be increased by £27.45 per week. The increase to Council income would therefore be as follows:

Weekly increase £27.45 x 152 = £4,172

Annual Increase £27.45 x 152 x 52 = £216,964

- 3.15 For the purpose of this calculation, we have only included the service users who are currently assessed to make a contribution however, by changing the policy, some nil charge service users may be asked to make a contribution and therefore further additional income may be obtained.
- 3.16 Some thought should be given to the affect that this will have on applicable service users as set out in option 2 above. This may also have an impact on debt as with any increase in contributions.
- 3.17 It should be noted that the DWP are currently still moving claimants from receiving DLA to PIP. Each claimant is reviewed upon request from the DWP and is required to undertake a new assessment. The number of service users receiving PIP will continue to increase as the DWP require people to be reassessed for PIP. The potential for increased client contributions would continue to increase as service users move across to PIP, if this approach is adopted.
- 3.18 Benefits
- Increased contributions means increased income generation for the Authority.
  - Less likelihood of legal challenge because there is no link between the enhanced rate of PIP and night time support.
- 3.19 Risks
- Although invoices for increased amounts will be issued, there is the risk that invoices may not be paid. Increased charges can mean that customers who previously paid their invoices on time may not pay their invoices at all; leading to increased debt figures.
  - The financial impact on the customer could be significant, especially to those customers who are accustomed to paying a lower amount. This could cause financial hardship, worry and anxiety for customers who are classed as very vulnerable.
  - Increased charges can lead to an increased amount of complaints and financial appeals which will also have an impact on staff resource.
  - Due to the nature of the change, there is an increased risk of legal challenge.

#### Potential Mitigation

- 3.20 To mitigate the financial impact on service users, consideration could be given to offering an enhanced rate of Disability Related Expenditure (DRE) allowance for those service users who are assessed against the high / enhanced rate of their disability benefits (this would be on top of the standard DRE allowance of £20 per week).
- 3.21 DRE allows the Local Authority to recognise the additional costs of having a disability for example higher heating or laundry costs, and to disregard this amount within the financial assessment. The Council uses a standard DRE allowance of £20 per week that can be applied without details evidence of expenditure. Alternatively, the service user can ask for an individual assessment and provide evidence of higher expenditure in support of a request for more than £20 per week for DRE.
- 3.22 An enhanced level of DRE allowance could be set at different rates, at the discretion of the Council, and would impact on the £27.45 per week increased contribution in the following

way:

£5 per week enhanced DRE - £22.45 per week increased contribution  
£10 per week enhanced DRE - £17.45 per week increased contribution  
£15 per week enhanced DRE - £12.45 per week increased contribution

3.23 If this approach was adopted the income generation for the authority would be as follows:

#### Option 2

£5 per week – between £583,700 and £933,920 additional income  
£10 per week – between £453,700 and £725,920 additional income  
£15 per week – between £323,700 and £517,920 additional income

#### Option 3

£5 per week -  $£22.45 \times 159 = £3,570$  per week (£185,617 per year)  
£10 per week -  $£17.45 \times 159 = £2,775$  per week (£144,277 per year)  
£15 per week -  $£12.45 \times 159 = £1,980$  per week (£102,937 per year)  
The income under Option 3 would continue to increase as more people move onto PIP.

3.24 Alternatively, if service users feel that the Council is not taking their night time needs into account in the financial assessment, they can ask for a personalised DRE assessment and provide evidence of the costs they have associated with their night time needs.

#### Potential Impact on Service Users

3.25 The Council does not hold information on how service users use their state benefits. The Council is only empowered to request information on the level of benefit for the financial assessments that we are required to undertake. However, it is understood that people will use the benefits differently, depending on their individual circumstances.

3.26 There will be many ways in which people will use their benefits, but a few examples of how people may use their benefits are set out below:

- To buy additional care or support including care and support that gives family carers a break,
- Spend the money on activities to enhance their quality of life.
- The money may be accrued to spend on one-off items e.g. replacing a washing machine or to have a break, with or without family carers.

3.27 The impact of the proposed changes will be different depending on how people are currently using their benefits.

## **4. Short Term Respite Accommodation Charge Review**

4.1 When a service user has a period of short term respite accommodation, traditionally the Council has charged for this under non-residential charging rules. Generally, non-residential care contributions are lower than residential contributions and so the Council

could achieve additional income by charging for short term respite accommodation under residential care rules.

4.2 The Care and Support Statutory Guidance section 8.34 states the following:

“A short-term resident is someone provided with accommodation in a care home for a period not exceeding 8 weeks, for example where a person is placed in a care home to provide respite care. Where a person is a short-term resident a local authority may choose to assess and charge them based on the rules for care or support arranged other than in a care home.”

4.3 This guidance allows the Council to charge under non-residential rules, but the Council does not have to and may charge under residential rules. It should be noted that long term (over 8 weeks) temporary accommodation is charged using residential care rules.

4.4 In 2016/17, there were 66 service users charged under non-residential rules for short term respite accommodation. The average contribution for these service users was £54.94 per week compared to an average contribution for short-term residential care of £179.74 per week when calculated under residential rules. This is a difference of £124.80 per week.

The average stay in short term respite accommodations is 22 days.

4.5 The options available are as follows:

- Do nothing and continue to assess individuals who receive short term respite accommodation under non-residential rules.
- Amend the CCC Contributions Policy to enable the Financial Assessment Team to assess individuals who receive short term respite accommodation under residential rules.

Option 1 – Do nothing

4.6 The CCC Contributions Policy can remain unchanged and any service users who receive short term respite accommodation continue to be assessed under non-residential rules.

Option 2 - Amend the CCC Contributions Policy to enable the Financial Assessment Team to assess individuals who receive short term respite accommodation under residential rules.

4.7 The Council has the option to amend the Fairer Contributions Policy so that all service users who receive short term respite accommodation are assessed under residential rules. This would mean that all income (except statutory disregarded income) would be included and allowances would be made for the personal expense allowance and any housing costs while in short term respite accommodation. The Council would retain the discretionary ability to increase the personal expense allowance should they wish to.

During 2016/17, 66 service users had a period of short term respite accommodation. If the same trend continues in 2017/18, the following income generation can be expected:

Weekly increase -  $£124.80 \times 66 = £8,236.80$

Annual increase -  $£124.80 \times 66 \times 3$  (average number of weeks in short term respite) = £24,710

#### 4.8 Benefits

- Increased contributions means increased income generation for the Authority.
- A more consistent approach to charging for short term accommodation.

#### 4.9 Risks

- Although invoices for increased amounts will be issued, there is the risk that invoices may not be paid. Increased charges can mean that service users who previously paid their invoices on time may not pay their invoices at all, leading to increased debt figures.
- Increased charges can lead to an increased amount of complaints and financial appeals which will also have an impact on staff resource.
- • For service users who receive both non-residential services and short term respite accommodation, the difference in charges can lead to confusion and anxiety.

#### 5.0 Appointee Charge

5.1 The Council offer an appointeeship service to our service users who are not able to manage their own finances. Appointeeship is offered to those whose assets are below the level that requires a deputyship arrangement to be in place. (*monetary level for deputyship needs adding*)

5.2 Acting as an appointee is not a statutory service. However, there are many benefits to providing this service. It means that we can ensure that our service users finances are properly managed including paying all invoices and contributions due for their care. As this is not a statutory service, the Council can apply an administration charge in accordance with the Local Government Act.

5.3 The cost of being an appointee for a non-residential service user is much higher as it requires more active involvement. As a result, we are proposing that an increased charge is applied to eligible service users in the community.

5.4 The Council currently operates as appointee for 47 residential care service users and 2 appointee cases for non-residential service users.

5.5 In Northamptonshire County Council and Milton Keynes Council, the appointeeship charge is only applied to those service users who have above £1,000 in capital. It was felt that £1,000 in capital was sufficient to safeguard service users against any unexpected expenditure that may arise. In Cambridgeshire, there are 35 service users who have capital above £1,000.

5.6 If the Council decides to apply a charge for appointeeships, it is proposed that the income generated from the current service users (see below) is reinvested into the Client Funds Service in LGSS to increase capacity. This increased capacity would allow the service to assist additional service users, both in residential care and the community; reducing the current waiting list. There are currently 3 appointeeship service users and 6 deputyship service users awaiting to be allocated to an officer.

5.7 It is estimate that on average the cost of providing the appointee service to residential service users is £10 per week. The cost for providing the appointee service to non-

residential service users is £12.50 per week.

5.8 The options available are as follows:

- Do nothing and continue to provide the appointeeship service free of charge.
- Agree to apply an appointee charge for all service users who Cambridgeshire County Council act as an appointee for.
- Agree to apply an appointee charge for all service users who have capital above £1,000.

Option 1 – Do nothing

5.9 The appointeeship service is currently free of charge and therefore, making no change represents a lost opportunity to increase income to Cambridgeshire County Council.

Option 2 – Agree to apply an appointee charge for all service users who Cambridgeshire County Council act as an appointee for without a capital “buffer”.

5.10 The Council could apply an appointee charge for all service users to help cover the cost of providing this non-statutory service. The recommended charge is £10 per week for residential care service users and £12.50 per week for non-residential service users. If this is agreed, the following income could be generated:

47 residential customers at £10 per week = £24,440 per annum  
2 non-residential service users at £12.50 per week = £1,300 per annum  
Total = £25,740 per annum

5.11 Benefits

- Increased charges means increased income generation for the Authority.
- If the additional income was reinvested into the Client Funds Service, the additional resource would mean that more service users are supported and more income is generated. This could also reduce the amount of debt as client contributions would be paid by the service.

5.12 Risks

- A charge for the Appointee function may result in unhappy customers / representatives.
- If no capital buffer is allowed, the service user may have unexpected expenditure which they cannot afford to pay as a result of the appointee charge.
- Risk of legal challenge as the Care and Support Statutory Guidance does not specifically state that an administration charge can be applied.
- Increased complaints.

Option 3 – Agree to apply a charge for the appointee function for all service users who have capital above £1,000.

5.13 The Council could apply an appointee charge for all service users who have capital above £1,000, to help cover the cost of providing this non-statutory service. The recommended charge is £10 per week for residential care service users and £12.50 per week for non-residential service users. If this is agreed, the following income could be generated:



35 residential customers at £10 per week = £18,200 per annum  
2 non-residential service users at £12.50 per week = £1,300 per annum  
Total = £19,500 per annum

#### 5.14 Benefits

- Increased charges means increased income generation for the Authority.
- If the additional income was reinvested into the Client Funds Service, the additional resource would mean that more service users are supported and more income is generated. This could also reduce the amount of debt as client contributions would be paid by the service.
- By allowing a £1,000 capital buffer, the service user is safeguarded for any unexpected expenditure.

#### 5.15 Risks

- A charge for the Appointee function may result in unhappy customers / representatives.
- Risk of legal challenge as the Care and Support Statutory Guidance does not specifically state that an administration charge can be applied.
- Increased complaints.

### 6. Direct Debits

- 6.1 A direct debit is an instruction from a service user to their bank or building society. It authorises the Council to collect varying amounts from their accounts but only if advanced notice of collection has been given to the service user. For those service users who have already chosen to pay by direct debit, the Council issues invoices for care 21 days before a direct debit transaction is processed.
- 6.2 Once a direct debit has been setup, the payments for care are collected automatically. If the Council wants to collect a different amount, we have to tell the service user first, which we do by issuing the invoice 21 days prior to collection.
- 6.3 Direct debits are the easiest and most convenient way for a service user to pay their regular care invoices. Direct debits come with a guarantee so service users are automatically protected by three important safeguards:
- An immediate money back guarantee from their bank if an error has been made in the payment of their direct debit.
  - Advanced notice if the date or the amount changes.
  - The right to cancel at any time.
- 6.4 Direct debits also give customers peace of mind, as it is one of the safest and most reassuring ways of paying their care invoices:
- Payments are made automatically, so bills and payments are never forgotten, lost in the post or delayed by postal problems.
  - The Council have had to pass a careful vetting process and are monitored by the banking industry.
  - The Direct Debit Guarantee protects the service user and their money and it's offered by almost all banks and building societies.

- 6.5 Direct debits also save the service user time by taking away the hassle associated with paying bills on time, and puts an end to queuing at banks and post offices. Service users will find it easier to stay on top of their care bills.
- 6.6 Over 60% of the Council's service users are assessed to make a financial contribution towards the cost of their care. This means that a large proportion of service users will receive an invoice every 4 weeks.
- 6.7 We currently rely on service users to choose the payment method which appears to be the most appropriate for them; whether this be writing a cheque, paying at a bank or post office, making a credit / debit card payment online or over the phone, or by setting up a direct debit.
- 6.8 A direct debit is much cheaper for the authority to process, and take's far less manual involvement.
- 6.9 We want to make the payment of invoices as easy and convenient as possible for our service users so that they don't forget to pay. By setting up a direct debit to pay their care invoices, service users only need to know that they have sufficient funds in their account so that payment can be collected. There is no need for our service users to worry about making manual payments.
- 6.10 It is also considerably more likely that invoices will be paid if a direct debit is set up. This means that the Adult Social Care debt will likely reduce and additional funds will be available for front line services.
- 6.11 Of the service users who are required to contribute to the cost of their care and support, only 41% have opted to pay by direct debit.
- 6.12 In November 2015, Northamptonshire County Council agreed that direct debit would be the default payment method for Adult Social Care services. As a result, and through continuous promotion, the level of service user's paying by direct debit increased from 50% to 60%. This also contributed to a reduction in the 0 – 360 day debt figures.

#### Option 1 – Do nothing

- 6.13 The Council can continue to offer a range of ways for payments to be made, as is the case now, with no specific promotion of direct debits. This would mean that the income process would continue to be less cost efficient and the benefits of increased direct debit uptake would not be received.

#### Option 2 – Agree to make direct debit the default payment method for Adult Social Care invoices.

- 6.14 The Council could decide to change the contributions policy so that direct debit is the default payment method for Adult Social Care invoices. This would mean that the service user would be required to setup a direct debit, ideally before care services begin. In exceptional circumstances, the Council could agree to an alternative payment method for individual service users.

#### 6.15 Benefits

- Increased likelihood that service users will settle their invoices, reducing the amount of invoices that become debt.
- Direct debits are cheaper to process than traditional payment methods.
- Service users will find their invoices easier to manage.
- Service users are protected by the direct debit guarantee.

#### 6.16 Risks

- Some service users may prefer the more manual payment methods and may resist setting up a direct debit.
- Some service users may have accounts that do not allow direct debit facilities.
- Service users may have had difficulties with invoice accuracy in the past and therefore they may be reluctant to setup a direct debit.

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

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

There are no significant implications for this priority.

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

The proposals above have been considered alongside the need to support people to live healthy and independent lives and continue to meet the requirements of government guidance on financial assessments for service user contributions to care and support packages.

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

The proposals above have been considered alongside the need to support and protect vulnerable people and continue to meet the requirements of government guidance on financial assessments for service user contributions to care and support packages.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

The proposed changes would increase the level of income collected as contributions to care and support, and reduce the level of debt accruing where contributions are not paid.

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

There are no significant implications within this category.

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

The options set out above detail where there may be vulnerability to legal challenge and alternative options are offered to mitigate this risk.

#### 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 to determine the contribution that each individual should make towards their care and support.

#### 4.5 Engagement and Communications Implications

The report proposes a 12 week consultation, in line with the COMPACT, with interim feedback to the Adults Committee in January.

#### 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.

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





**DELAYED TRANSFERS OF CARE**

*To:* **Adults Committee**

*Meeting Date:* **9<sup>th</sup> November 2017**

*From:* **Wendi Ogle-Welborne, Executive Director People and Communities.**

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

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

*Purpose:* **To update the Committee on the County Council's performance on Delayed Transfers of Care.**

*Recommendation:* **To Consider and comment on the report.**

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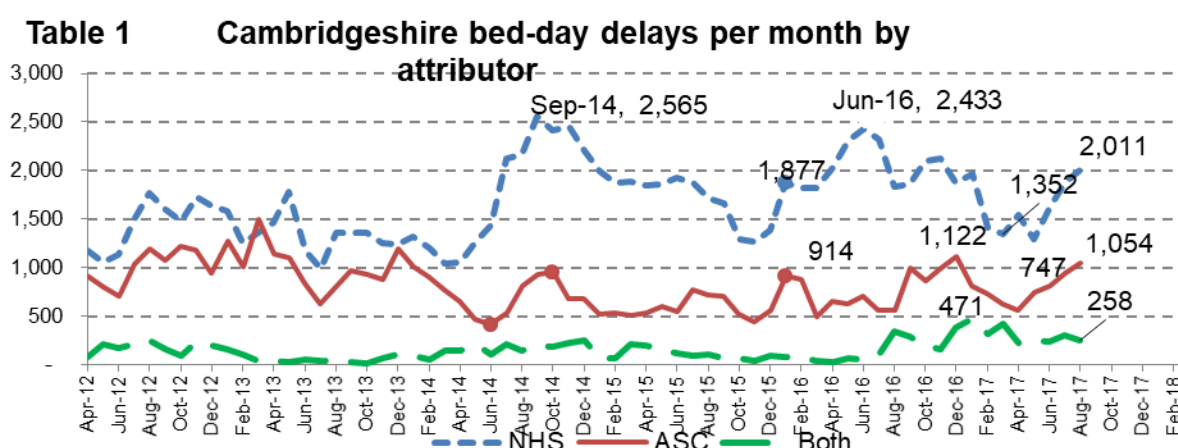
## **1. BACKGROUND**

- 1.1** In the Report to Adults Committee in August, concerning Delayed Discharges of Care, the Committee were advised that the local health and social care system was under considerable pressure, and that in spite of these challenges The County Council had maintained its relatively good performance in this area. However, since that time new data has been received which shows that there has been an increase in lost bed days, resulting from delayed transfers of care, since April 2017, attributable to both the NHs and adult Social Care. This deterioration correlates with a significant rise in the number of older Cambridgeshire residents being admitted to two acute hospitals, Addenbrookes and Queen Elizabeth. The consequence of the performance deterioration has been significant for the Council. In line with 31 other local authorities, a letter signed by the Secretaries of State for both Health and Communities and Local Government was sent to the leader of the Council on the 10<sup>th</sup> October. In addition to acknowledging the positive efforts being made by the Council to work with NHS partners, through the Better Care Fund, it also expressed concerns about the current number of lost bed days, within acute hospitals in Cambridgeshire, attributable to the local authority. Concern was also expressed about a decline in performance relating to lost bed days, in the three months prior to the July figures being published by the Department of Health. As a consequence, the Secretaries of State have indicated that additional measures will be put in place to monitor the Council's performance, and that a review will take place in November to consider whether the Improved Better Care Fund allocation in the current financial year of £8.5 million, should be re-directed. The letter has indicated that details of the additional monitoring arrangements will be sent in October; these have not yet been received. It has also been suggested that the Cambridgeshire Health and Social Care system may be subject to a formal review, by the Care Quality Commission in the New Year.

## **2. MAIN ISSUES**



2.1 In spite of the recent deterioration, Cambridgeshire County Council has been on an improvement journey in relation to delayed transfers of care since April 2013. During that time we saw the rate of delayed transfer of care (i.e. patients) attributable to social care, reduce from 10.7 per 100,000 of population to 3.3 by March 2017. Between July 15 and April 17 the Cambridgeshire performance was better than the England average (the England average in March 17 was 6.8). In April 2017 the Department of Health changed the measurement arrangements to focus on “lost bed days” per 100,000 population. While, this is not the cause of our current challenges, it is worth noting that we have seen a deterioration in our position since April 2017. This is illustrated in the graph below.



One immediate observation, from this data is that there is considerable variability by month, and that therefore, caution needs to be taken at looking at any three month period in isolation. It should also be noted that there is a very strong correlation between the number of hospital admissions by older age and complex hospital discharge. With this in mind the following admission data, for over 80 year olds has been provided by colleagues in the NHS.

**Table 2. Admissions of over 80 year olds from April 2017 to August 2017 compared to the same period in the previous year**

Hospital	Increase 2017/2018	% Change
Addenbrookes (CUHFT)	245	+7.9%
HINCHINGBROOKE	34	+2.2%
Peterborough City Hospital	-79	-3.4%
Queen Elizabeth Hospital (Kings Lynn)	119	+24%
TOTAL	335	+4.4%

These figures show a significant increase in the number of over 80 year olds admitted. The numbers are particularly high in Addenbrookes, and also in Queen Elizabeth Hospital in Kings Lynn, the catchment hospital for parts of the Fenland area. However, as Addenbrookes is a much larger hospital the number of additional patients here is particularly important, as it has a very big impact on demand on social care and

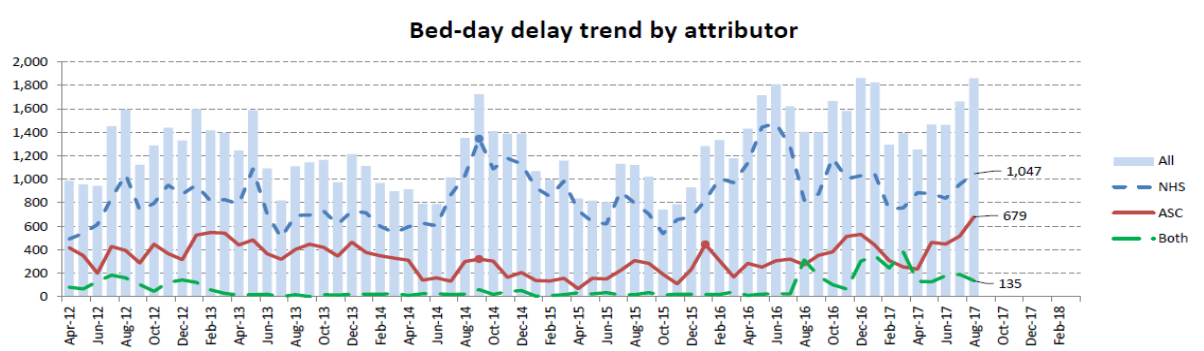
community services post discharge, as well as on the overall performance figures for Cambridgeshire. Recent analysis shows that social care teams were receiving on average 100 contacts a week from the acute hospitals. By the end of August 2017 we were receiving around 150 a week – a significant increase given the budget and staffing pressures we are facing.

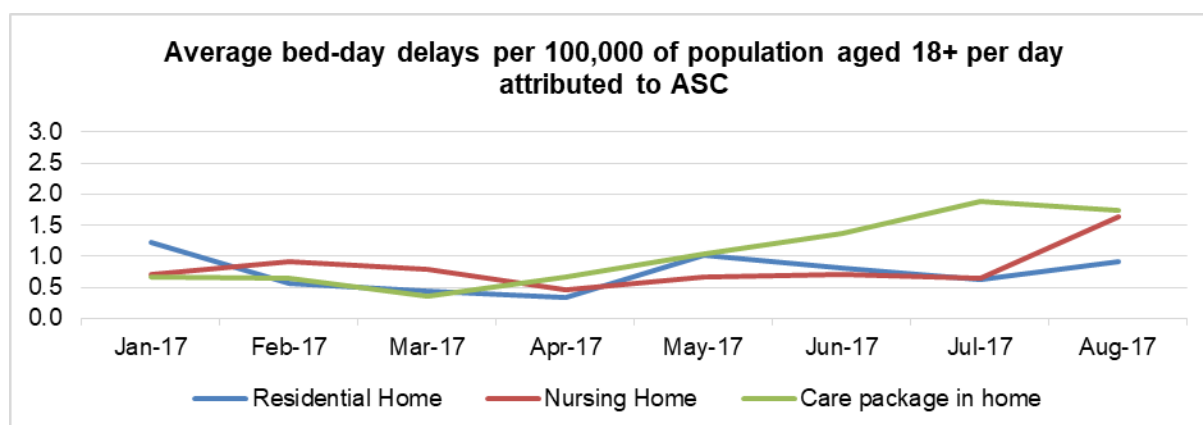
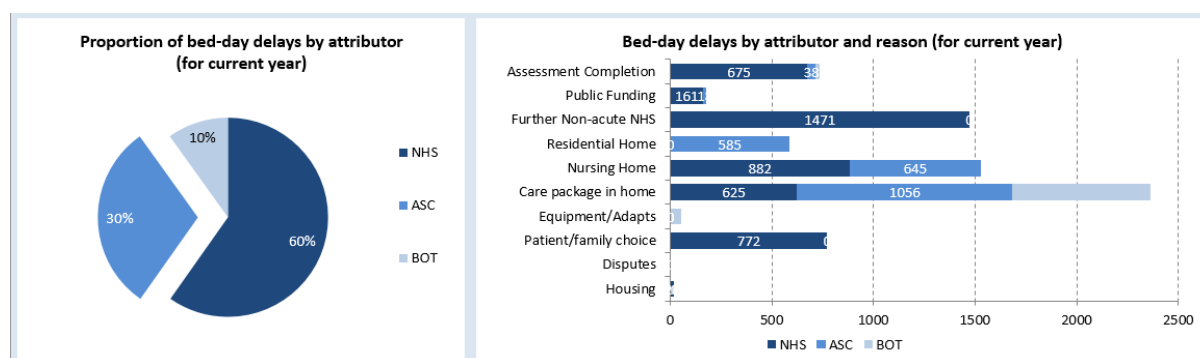
Interestingly, Table 3 below shows both NHS and Adult Social Care lost bed days (for delayed transfer of care) steeply rising during the first 5 months of the year, in line with the increase in hospital admissions for over 80year olds. In the Addenbrookes system it can be seen that the main causes of delay are:

- Non-acute NHS Care
- Nursing Home Care
- Home Care

This is set out graphically below and for comparative purposes there is similar data for the Hinchingbrooke/ N.W. Anglia Hospital where there was no such increase. It can also be seen that the delays attributable to “both” the NHS and Adult Social Care in the Addenbrookes system are higher than Hinchingbrooke/ N.W. Anglia. However, this is an anomaly in Addenbrookes, where delays in NHS intermediate care are counted as reablement and attributed to both the NHS and Adult Social Care. This is inconsistent with all other hospitals in the region. The consequence, of this approach to counting data, has been to adversely impact the Social Care performance, quoted in the Ministerial letter, although clearly there are also other causes.

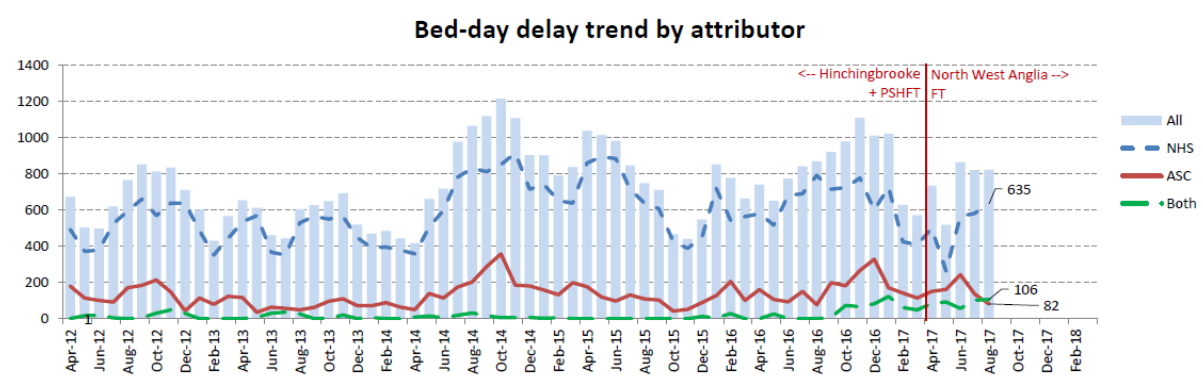
**Table 3 Addenbrookes lost bed days**

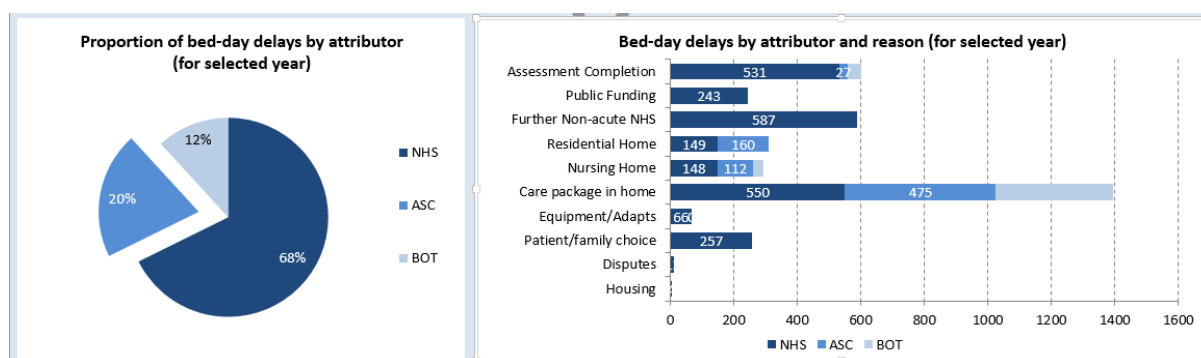




For comparative purposes below is a similar table for the Hinchingsbrooke / N. W. Anglia Hospital (Hinchingsbrooke and Peterborough) for the same period. In this system from April there was a slight reduction in the number of admissions. Correspondingly we do not see the same rise in DTOCS for adult Social Care, although interestingly there is a significant increase (but much smaller numbers than Addenbrookes) in the number NHS attributable lost bed days. The overall causes of delay are similar to the Addenbrookes system.

**Table 4. Hinchingsbrooke / N.W. Anglia Lost Bed Days**





## 2.1.2

The County Council recognises the challenges that the Health and Social Care system faces, with a significantly growing older population in Cambridgeshire, and the impact this has on acute hospitals. We have worked in close partnership with the NHS and other public services to address the strategic and operational challenges we face. Some examples of services developed are listed below:

- **Home Care.** The Council has put in place a development programme to significantly expand Home Care Capacity. This includes re-tendering the Home Care contracts, moving from a closed framework contract to an open Dynamic Purchasing System. This has involved an integrated approach with all service areas within the County Council, and the Clinical Commissioning Group, and has led to an increase in provision from 40 to 72 Care Providers. The Contract value is £30 million p.a. and is the largest contract involving the Council this year. The new contract will be live from 1.11.17.
- **Hospital Discharge / Transition Service.** Flexible Home Care provision to provide short-term support while a longer term-solution is being arranged.
- **Care Home Provision:** The Council doubled the number of care home places in its block contracts to 383 in 2016 to support flow from the acute hospital systems. It has also embarked on an ambitious programme to increase the overall care home provision in Cambridgeshire by 500 beds.
- **Brokerage:** A centralised brokerage has been established to match care home vacancies to individual service users (both local authority and NHS) at the earliest opportunity. From November the brokerage will be expanded to include Home Care
- **ADAM,** a new software system, will be in place from January to support the brokerage function by identifying home care capacity as soon as it becomes available. It will also provide valuable management information.
- **7 day working:** Council Discharge Planning Teams have been working on a 7 day a week basis in order to improve performance. This arrangement is currently under review due to concerns that it isn't improving performance

## 2.1.3 As indicated, in April 2017, the County Council was awarded £8.5 million, through

monies identified in the Spring Budget, to support social care. However, in July a number of caveats were added to this award including a requirement to support the NHS and in particular to reduce hospital delayed discharges to 3.5% of the total hospital bed base by November 2017. Although, this is an extremely challenging target, the County Council has agreed to meet the improvement trajectory required providing that services-such as intermediate care- planned by the NHS, through the Sustainability and Transformation Plan, are in place. The Council is currently working with NHS partners on the implementation of the STP funded Discharge to Assess business case and development of the intermediate tier. These plans are at an early stage and in common with BCF plans that require additional staff and new ways of working are at an early stage of implementation.

The new monies awarded to the Council became known as the Improved Better Care Fund with a requirement that plans would be signed off by both the Council and the Clinical Commissioning Group as part of the wider BCF process. The plan was developed with partners, reflecting key priorities that had been agreed as a system incorporating existing commitments made through the BCF and the new commitments made through the additional IBCF funding. It can be seen that this includes broad support to the NHS as well as a number of targeted measures to improve delayed transfers of care. The plan has now been signed off by both parties and we understand will be authorised by NHS England in the next week.

**Table 5. BCF and IBCF investments.**

Scheme Name	Scheme Type (see table below for descriptions)	Area of Spend	Commissioner	Source of Funding	2017/18 Expenditure (£)	2018/19 Expenditure (£)	New/ Existing Scheme
CCC - Promoting independence	13. Primary prevention / Early Intervention	Social Care	Local Authority	CCG Minimum Contribution	£1,525,000	£1,525,000	Existing
CCC - Intermediate Care and Reablement	11. Intermediate care services	Social Care	Local Authority	CCG Minimum Contribution	£8,600,000	£8,600,000	Existing
CCC - Carers Support	3. Carers services	Social Care	Local Authority	CCG Minimum Contribution	£1,500,000	£1,500,000	Existing
CCC - VCS Joint Commissioning	2. Care navigation / coordination	Social Care	Local Authority	CCG Minimum Contribution	£1,950,000	£1,950,000	Existing
CCC - Discharge Planning and DTOC	9. High Impact Change Model for Managing Transfer of Care	Social Care	Local Authority	CCG Minimum Contribution	£944,000	£944,000	Existing

CCC - Social Care Uplift (protection of Adult Social Care)	16. Other	Social Care	Local Authority	CCG Minimum Contribution	£272,048	£559,500	Existing
CCC - Social Care commissioning and protection	16. Other	Social Care	Local Authority	CCG Minimum Contribution	£338,000	£338,000	Existing
CCG - Intermediate Care and Reablement	11. Intermediate care services	Community Health	CCG	CCG Minimum Contribution	£1,994,916	£2,032,819	Existing
CCG - Carers' Support	3. Carers services	Other	CCG	CCG Minimum Contribution	£350,000	£356,650	Existing
CCG - Neighbourhood Teams	10. Integrated care planning	Community Health	CCG	CCG Minimum Contribution	£17,333,769	£17,663,833	Existing
CCG Commissioning and Transformation	16. Other	Community Health	CCG	CCG Minimum Contribution	£485,000	£494,215	Existing
RiskShare	16. Other	Other	CCG	CCG Minimum Contribution	£836,000	£852,112	Existing
Wellbeing	13. Primary prevention / Early Intervention	Primary Care	CCG	CCG Minimum Contribution	£50,000	£50,000	Existing
CCG Commissioning and Transformation	16. Other	Other	CCG	CCG Minimum Contribution	£115,000	£117,185	Existing
Social Care Capacity and Investment	11. Intermediate care services	Social Care	Local Authority	Improved Better Care Fund	£2,889,000		New
Investment into housing options for vulnerable people	16. Other	Other	Local Authority	Improved Better Care Fund	£3,000,000	£517,000	New
Prevention Initiatives: Falls Prevention & Atrial Fibrillation	13. Primary prevention / Early Intervention	Community Health	Local Authority	Improved Better Care Fund	£150,000	£150,000	New
DTOC Plan	16. Other	Other	Local Authority	Improved Better Care Fund	£2,300,000	£1,900,000	New
Adult Social Care Cost Pressures	16. Other	Social Care	Local Authority	Improved Better Care Fund		£4,000,000	New
Disabled Facilities Grant	4. DFG - Adaptations	Other	Local Authority	Local Authority Contribution	£3,809,721	£4,140,576	Existing

It can be seen that £2.3 million of new money has been specifically ear-marked to

support hospital discharge. This will be used to develop a range of services including:

- A £1 million expansion of reablement ( 20% increase in capacity)
- Additional Discharge Planning Social Workers
- Provision of a range of interim beds in extra care sheltered housing and care homes to support early hospital Discharge

2.1.4 The Council is confident that the measures it has taken will produce positive results this winter. However, in view of the recent decline in performance and the potential consequences outlined in the Ministerial letter to the leader of the Council, a number of additional measures will be taken. These will include:

- Redeploying the Head of Commissioning, for a period of six months, to provide leadership and co-ordination of the Hospital Discharge process and associated services.
- The role will also include leading the preparatory work to ensure the best possible outcome from a likely Care Quality Commission review.
- All local authority systems and services impacting on hospital discharge will be reviewed and remedial plans will be put in place to ensure that there are no delays in decision making or deployment of capacity.
- The Council will work with its NHS Partners- particularly in the Addenbrookes system- to ensure that best practice is in place to avoid unnecessary hospital admissions, and to ensure where admissions occur discharge planning begins at the earliest opportunity.

The Council will seek to learn from best practice in other local Health and social care systems by continuing to work with regional partners and high performing Health and social care systems. This work will also include developing a consistent approach to data collection to ensure service gaps are identified and that performance is accurately measured.

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

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

There are no significant implications for this priority.

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

The report above sets out the implications for this priority in paragraphs 2.1.2 and 2.1.3

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

The report above sets out the implications for this priority in paragraphs 2.1.2 and 2.1.3

## 4. **SIGNIFICANT IMPLICATIONS**

### 4.1 **Resource Implications**

The report above sets out details of significant implications in paragraphs 1.1,2.1.2 and 2.1.3

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

There are no significant implications.

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

The report above sets out details of significant implications in paragraph 1.1

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

There are no significant implications.

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

The Council's Communication Team are aware of the Challenges relating to hospital discharges, the recent deterioration in relation to the Addenbrookes Hospital system and the measures that the Council has put in place, with its NHS partners to address these challenges.

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

There are no significant implications

### 4.7 **Public Health Implications**

There are no significant implications

Source Documents	Location
<i>None</i>	



**Agenda Item No: 7**

**Reablement Service 'Deep Dive'**

**To:** Adults Committee

**Meeting Date:** 9 November 2017

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

**Electoral division(s):** All

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

**Purpose:** To note this 'deep dive' report on the Reablement Service which includes an update on the impact of key initiatives progressed to date as well as future plans to address challenges arising.

**Recommendation:** To consider the report and provide comments on progress so far and issues raised.

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## 1. BACKGROUND

### 1.1 What is Reablement?

1.1.1 The Reablement Service is managed by Cambridgeshire County Council's People and Communities Directorate and works with adults over the age of 18 who live in Cambridgeshire providing short term social care intervention. The main aim of the service is to promote independence through supporting individuals to learn/re-learn skills which may have been lost through deterioration in health and/or increased support needs. It is also a preventative service supporting individuals to manage and maintain their skills for daily living. Reablement is different from the traditional home care approach of providing personal care for people, and is aimed at helping people to manage for themselves.

1.1.2 The primary objectives of the Reablement Service are to:

- Ensure the service provides personalised support which meets the outcomes of each individual and their carer(s). This should allow them to exercise choice and control as they live independently in the community and to manage both short term and longer term support needs.
- Ensure individuals are able to remain in their own home for as long as possible through preventing hospital admission and supporting hospital discharge.
- Work towards achieving good quality support services and positive CQC rating that reflects good practice.
- Work in partnership with key agencies in the NHS, independent and voluntary sector to ensure joint planning and decision making with and in the interests of the service user.
- Ensure a commitment to continuous improvement.

1.1.3 The Reablement Service operates on a 7 day basis and provides a wide range of short term support and interventions. Whilst the Reablement Service delivers reablement, enhanced response and homecare within prisons as part of its core service, the service also acts as a 'provider of last resort' and delivers mainstream homecare where required. Each of these areas is summarised in the table below:

<b>Core Service:</b>	<b>Provided where required:</b>
<p><b><u>Reablement:</u></b> The Reablement Service assesses need and puts in place an active programme of short term, targeted intervention to help service users to regain their independence</p> <p><b><u>Enhanced Response:</u></b> This service runs 24/7 and offers one-off support visits for those individuals who have requested an urgent response through their Telecare lifeline alarm. This avoids unnecessary ambulance call outs and hospital admissions.</p>	<p><b><u>Mainstream Homecare:</u></b> Whilst long term, ongoing homecare is being sourced, the Reablement Service may be required to provide this on an interim basis if home care capacity isn't available through any other source.</p> <p><b><u>Act as a Provider of Last Resort:</u></b> The Reablement Service also provides Mainstream Homecare where care cannot be sourced for a variety of reasons. This is provided on a short term basis where service users would be at risk in the absence of support.</p>

<b><u>Provide Homecare Support within Prisons:</u></b> The Service provides Homecare to Prisoners who meet the eligibility criteria for statutory services.	
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- 1.1.4 The Reablement Service is currently managed by two teams based within the North and the South of the County. The service receives referrals for reablement from a wide range of health and social care teams operating within the both the hospitals and the community. On receipt of a referral, the service will work with the service user and their family/carer(s) to complete a holistic assessment and plan future goals or 'goal plan'. The short term intervention is focused on supporting the service user to meet the outcomes contained within the goal plan, with a regular review of progress undertaken. During this time the service will also support the service user to access community based provision and services such as Telecare where this will benefit the service user. A case study has been included in Appendix 1 to demonstrate how the team work with service users in practice.

As outlined within the table below, the recently established management structure effectively aligns the teams to key acute hospitals whilst also achieving a relatively even spread in demand:

Team	Operating Areas	Key Acute Hospitals
North	Huntingdonshire Fenlands Cambourne	Hinchingbrooke Hospital Peterborough Acute Trusts
South	East Cambridgeshire City and South Cambridgeshire	Addenbrookes Hospital

## 2. LOCAL & STRATEGIC CONTEXT

### 2.1 Local Context

- 2.1.1 The Reablement Service was established and commissioned by the County Council in 2008, and was initially managed by Cambridgeshire Community Services (NHS Community Trust). In April 2015, the service returned to the direct management of the County Council. The introduction of Reablement in Cambridgeshire has been very successful. The service has a proven track record in providing short term interventions to support people to regain skills and confidence to enable them to live as independently as possible. The service has not only provided consistent and ongoing support to the management of delayed transfers of care from hospital, but has also been successful in managing demand on care budgets. This is evidenced in Figure 4 below which shows that the rate of admission to residential and nursing services for people aged 65+ has decreased in the last 6 years against a background increase in the 65+ population. While this reduction is not all attributable to the reablement service, the service has made a significant impact on this figure. However, the service also operates within a health and social care system experiencing increasing pressure resulting in a number of challenges.

2.1.2 **Reablement:** More than 3,000 adults per year receive a Reablement intervention and of these:

- Approximately 95% are Older People, with 5% being under 65.
- Approximately 59% achieve full independence at the end of their Reablement intervention and so do not require long term funded care.
- An additional 10% improve their level of independence so their ongoing needs for support with daily living tasks and personal care are reduced.
- Approximately 74% of those who have received Reablement following a hospital admission remain independent (i.e. not admitted to either hospital or care home) more than 91 days following discharge.
- The average length of service to achieve these outcomes is 3.5 weeks.
- The Huntingdonshire Team recently underwent CQC inspection and achieved an overall rating of 'Good'.

2.1.3 **Enhanced Response Service (ERS):** This service was recently implemented across Cambridgeshire, and operates 24/7 in responding to Telecare lifeline alerts. Evidence has demonstrated that families and carers are often unable to respond to lifeline alert. This service will respond to alarms to assist an uninjured faller, personal care, catheter care, silent alarm or to provide reassurance. Where the team respond to an uninjured faller this prevents an ambulance call out and possibly admission to hospital. The service can delay or prevent a service user going into a care home by being able to respond as necessary and give the service user and their families reassurance that an unplanned need can be met in the community. Figure 1 shows the reasons for a call to ERS in September 2017.

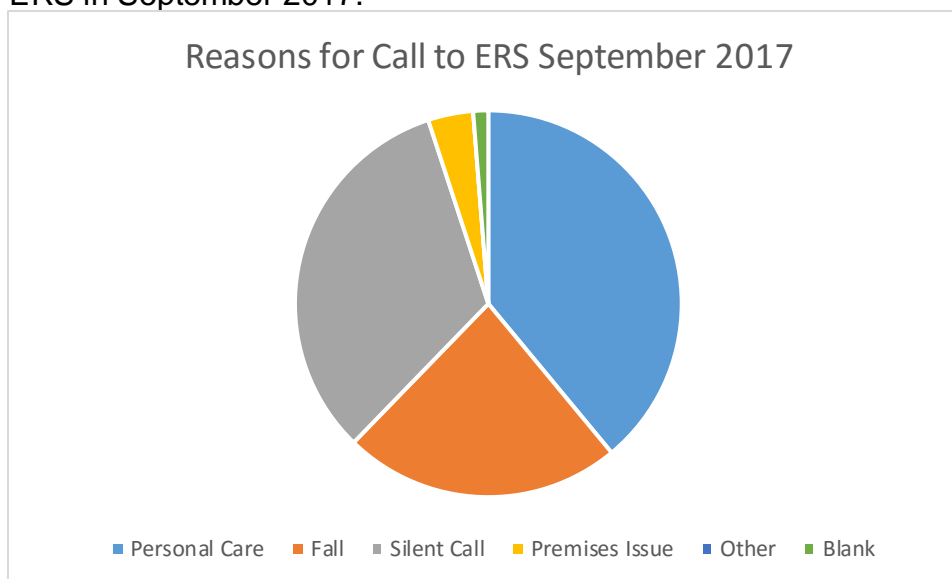


Figure 1: Reasons for Call to ERS in September 2017

2.1.4 Aligning the service to Reablement allows responders to prevent further falls and access Reablement where required, the service is also able to work closely with Assistive technology, Emergency Duty teams and Social Work teams to help keep people independent and at home longer. The responders address immediate needs of the individual, provide reassurance and practical help, for example getting up from the floor or personal care, and would escalate requests to other services if needed. The responder instigates any follow up actions or preventative measures that are

appropriate for the individual and would mitigate risks of reoccurrence. The service is expected to achieve the following benefits:

- Reduction of unnecessary ambulance call outs and their associated costs.
- Early identification of individual's circumstances deteriorating and instigation of preventative interventions. This would, in many cases, lead to postponement of need for a social care package.
- Increased support for informal carers knowing that there is a responding service to assist, especially overnight, enabling them to continue their role for longer, and enabling individuals to remain at home for longer.
- Facilitate a campaign for the increase of uptake of community alarms and telecare sensors and detectors, thus promoting the prevention offer to a wider range of individuals.

2.1.5 The Care Act 2014 is driving changes in Social Care and our partnership with the NHS. Our shared agenda requires adult social care to adopt a person centred approach that focuses on promoting independence, choice and control through earlier advice, information and interventions to prevent, delay and reduce the demand for ongoing care. This is reflected in the Council's strategy for social care – Transforming Lives (Please see Appendix 2). The Reablement service significantly contributes towards the Council's offer to people seeking and requiring early help and preventative support.

## 2.2 Demand

2.2.1 Reablement plays a critical role in supporting Health and Social Care to manage increasing demand. To provide some context, key areas of demand have been outlined below.

2.2.2 **Population Growth:** In the 6 years since the Reablement Service was launched in 2011, the 65+ population has grown from 99,500 to 118,600 – an increase of over 19%. Figure 3 below shows that this is anticipated to increase by a further 20,000 people over the next 5 years.

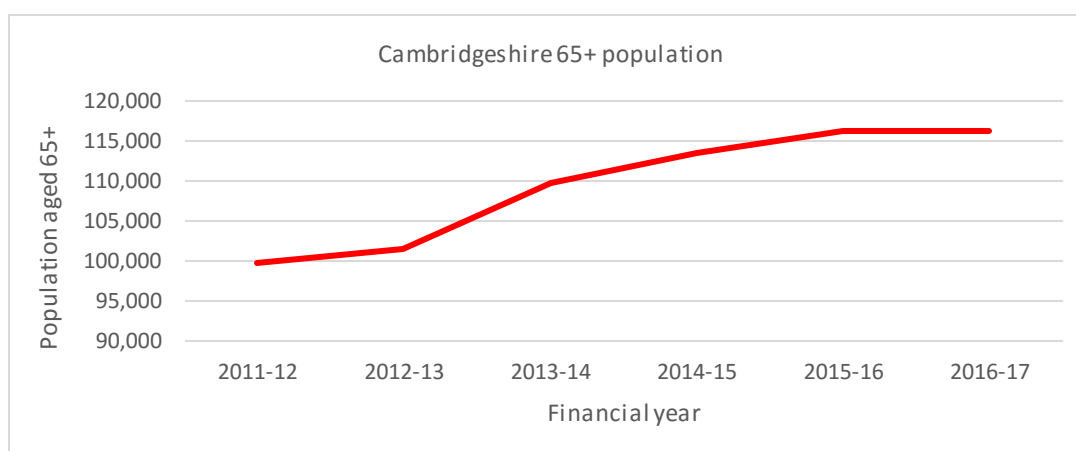


Figure 2: Cambridgeshire Population 65+ over the last 6 years

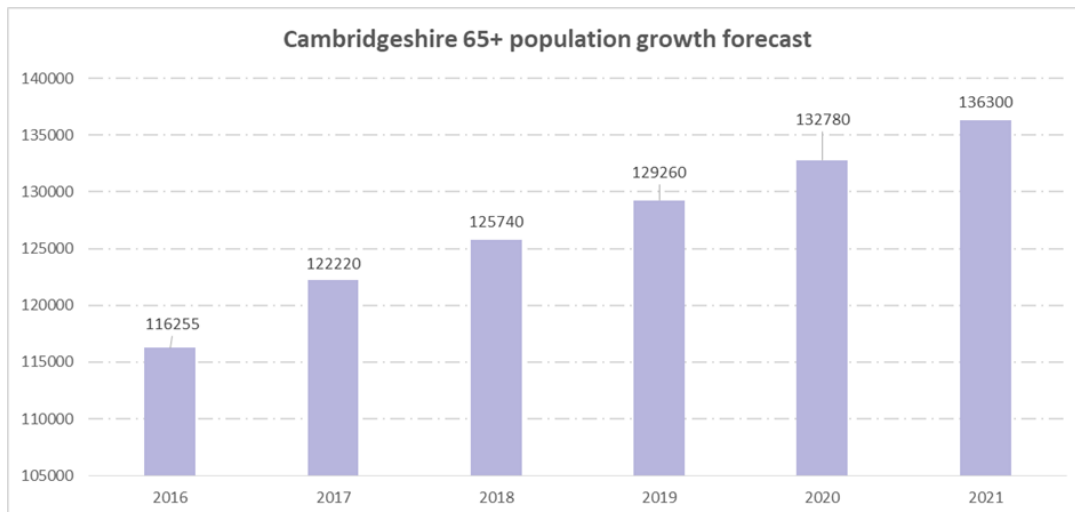


Figure 3: Cambridgeshire Population 65+ growth forecast to 2021

**2.2.3 Increases in Hospital Admissions:** An increase in admissions of older people, particularly those aged over 85 years, has had a direct impact on patient flow through the hospital and discharge arrangements. The Reablement Service leads on the management of this through supporting individuals who require targeted, social care intervention to return home, either before they are admitted to hospital, or as soon as they are ready to be discharged. However, as demand rises, this is becoming increasingly challenging. Figure 4 below shows the recent trend in relation to such admissions in Cambridgeshire hospitals. The top line of the graph shows a steep increase in demand from November 2016, following a period of relatively consistent admissions. The lines below show the impact on delayed transfers of care awaiting community services. Interestingly between February 2017 and May 2017 we see both a sharp increase in hospital admission and considerable fluctuation month to month. Both conditions are difficult to manage in terms of core community capacity, as these services are largely static.

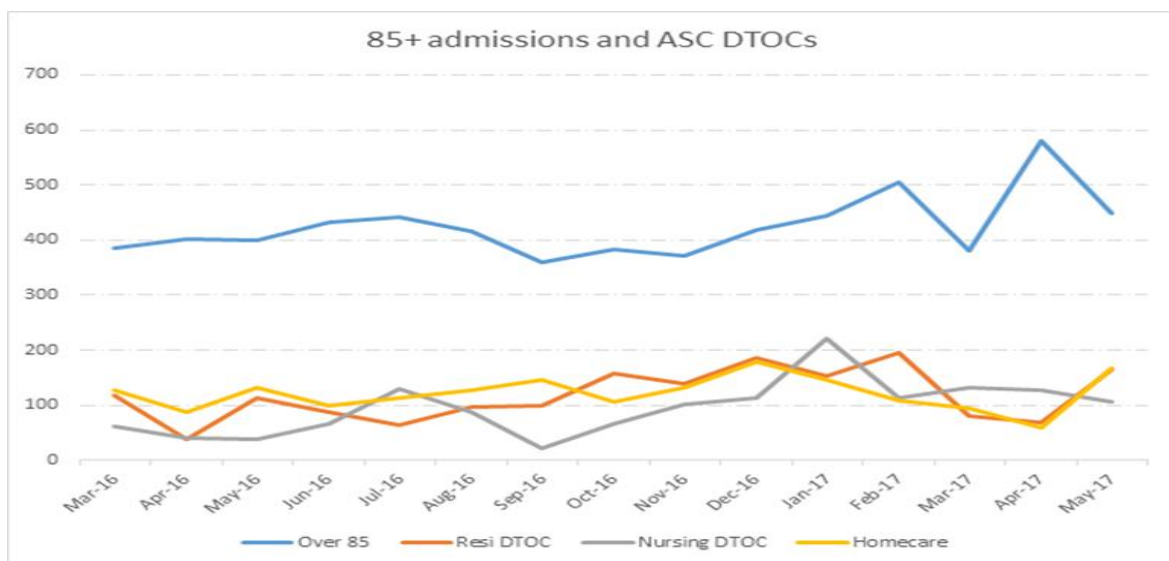


Figure 4: 85+ admissions in Cambridgeshire and numbers of DTOCs in Adult Social Care

## 2.3 Market Conditions

- 2.3.1 The market conditions within Cambridgeshire are currently extremely challenging especially in relation to access to home care in some parts of the county and specialist nursing dementia care. Through providing social care intervention which prevents the needs for ongoing support and maximising independence, the Reablement Service plays a key role in managing this within the context of increasing demand for support.
- 2.3.2 **Care Homes:** There are challenges relating to the local care home market. The main issues are the lack of affordable capacity in nursing and residential care and specialist dementia care which is resulting in an increase in the average cost of placements. This is coupled with a high proportion of self-funders in Cambridgeshire, at approximately 50% of the whole care home sector which is reducing the Council's bargaining power and inflating prices.
- 2.3.3 **Home Care:** The biggest single challenge and cause of delay to hospital discharge is the availability of Homecare. At any one time, approximately 3500 people are in receipt of Council commissioned Homecare. There are also approximately 260 people awaiting home care packages, of which 45 are not in receipt of care. The main Homecare challenges relate specifically to workforce recruitment and retention issues and increasing needs - such as double up care - for those requiring home based care. As a consequence capacity is not keeping up with demand. The Council recognises both the short and longer - term challenges. These are exacerbated by a particularly high cost of living in the South of the County, coupled with well-paid alternative employment. Whilst the Council is working with the market to reduce these pressures through a new contracting approach, the capacity challenges within the homecare market have had a significant impact on the capacity of the Council's Reablement Service. At present, 26% of the total available capacity within the service is being spent on delivering Homecare rather than Reablement due to challenges associated with sourcing care.

## 2.4 Strategic Planning

- 2.4.1 This section will provide an overview of strategic plans being implemented in collaboration with health partners which have an impact on the Reablement Service. These plans are informed by the 8 High Impact Change Model, developed by the Department of Health and this is intended to enhance the use of funding through the Sustainability and Transformation Plan as well as the Improved Better Care Fund.
- 2.4.2 The 8 High Impact Change Model, developed by the Department of Health, identifies the key system changes that are understood to have the greatest impact on reducing delayed discharge. Specifically:
- early discharge planning
  - systems to monitor patient flow
  - multi-disciplinary/multi-agency discharge teams, including the voluntary and community sector
  - home first/discharge to assess
  - seven-day services
  - trusted assessors

- focus on choice
- enhancing health in care homes

2.4.3 Through the key areas outlined below, the Reablement Service are working in partnership with local health organisations to deliver against early multi-disciplinary discharge teams, home first/discharge to assess, trusted assessment and focus on choice.

2.4.4 **Sustainability and Transformation Plan:** The Council has worked closely with NHS partners, Peterborough City Council and District Councils to address the twin challenges of increasing demand and diminishing resources that we face both within Reablement and across the system. There is a strong recognition by all partners that traditional approaches to demand management and efficiency will not deliver the required change. Therefore, a transformational approach is required that is prepared to radically change services and care pathways to improve outcomes and efficiency. In November 2016, the NHS leadership locally published the Cambridgeshire and Peterborough Sustainability and Transformation Plan setting out its objectives for the next five years. In so doing it recognised the dependency on Local Government and voluntary and community services to deliver its aims. The Reablement Service features heavily within the plan to work towards supporting more people to live at home, safe and effective hospital care, partnership working and developing a high quality and sustainable workforce. A key part of this is an investment of £5.6 million in the expansion of intermediate care. This will include employing 140 intermediate care workers supported by occupational and physio therapists. The new service will involve the establishment of jointly managed NHS and Social Care multi-agency co-ordination hubs with a focus on 'discharge to assess' and the development of an integrated care pathway including the Reablement Service and the Voluntary Sector

2.4.5 **Improved Better Care Fund:** In the 2017 Spring Budget, in recognition of severe pressure in the Adult Social Care System, the government agreed to provide additional funding to Local Authorities to support Adult Social Care. The main contributory factors were increasing delayed transfers of care in hospitals and growing financial pressures in the independent sector. The resulting grant for Cambridgeshire amounted to £8.65 million in 2017/2018. However, this grant is time-limited for 3 years, and diminishes in value in years 2 and 3. This clearly places considerable restrictions on potential use in terms of on-going revenue commitments. Subsequent to the announcement a number of additional caveats- directly relating to NHS flow and delayed transfers of care- have been added as grant requirements. These have been aligned to Better Care Fund requirements and been re-badged as the "Improved Better Care Fund." As such the plans for utilisation are subject to sign off by Cambridgeshire and Peterborough Clinical Commissioning Group. The four requirements are that they must:

- Meet Adult Social Care Needs
- Reduce Pressure on the NHS
- Stabilise the Care Provider Market
- Meet a national requirement to work with the Clinical Commissioning Group to reduce delayed transfers of care to 3.5% of hospital bed base.



- 2.4.6 **Early Intervention and Prevention:** Enabling more people to benefit from Reablement is crucial to Cambridgeshire County Council in providing preventative interventions to prevent and/or delay the need for ongoing support, and for the individual to remain in their own home. The Reablement Service needs to work towards realising capacity to support more preventative interventions, balancing demand between the community and hospital discharge. Currently, the South Team receive 93% of referrals from Addenbrookes, whilst North Team receive approximately 55-60% of their referrals from acute trusts.

### **3. CURRENT & FUTURE INVESTMENT IN REABLEMENT**

#### **3.1 Current Investment**

- 3.1.1 Cambridgeshire County Council currently invests £6.049m in the Reablement Service in 2017/18. This level of investment recognises the important role it plays in not only increasing the independence, quality of life and wellbeing of service users, but also ongoing management of increasing demand through reducing delayed transfers of care from hospital and admission avoidance.
- 3.1.2 Within 2017/18, the Reablement Service is also required to deliver a financial savings target of £219,000 through reducing the need for long term, ongoing care following a reablement intervention. The service are currently on track to deliver against this.

#### **3.2 Additional Investment**

- 3.2.1 **Investment from the Improved Better Care Fund:** Building on current work and plans to enable older people to stay living at home and in the community successfully through the provision of assistive technology, early help, community equipment and housing related support. Work will be undertaken to increase effectiveness of Reablement in collaboration with partners. As part of this, the service will receive additional funding in 2017/18 through the Improved Better Care Fund, with the specific aim of reducing Delayed Transfers of Care (DTC) from hospital to 3.5%. Funding relating specifically to the Reablement Service has been included within the table below:

Improved Better Care Fund	Additional 2017/18 Funding
<b>Reablement Expansion:</b> Funding to enable the service to significantly increase its current capacity by 20%.	£1 million
<b>Short Term Reablement Flats:</b> This will enable the Council to Commission short term bed based capacity within the community to support pressures in managing hospital discharge. This provision will be managed by the Reablement Service who will deliver outcome focused intervention to support each individual to return home.	£220K
<b>Adult Early Help Reablement Workers:</b> This will enable the service to recruit additional capacity which is able to target individuals discharged from hospital with less complex needs. The worker will then support the individual to access appropriate support provision within their local area, freeing reablement capacity to manage more complex cases.	£30K

3.2.2 **Transformation Funding:** £86,000 was agreed through transformation to complete the Care Act assessment at the end of the reablement intervention where long term needs have been identified. This will support better flow through the reablement service, thereby improving our capacity, and provide a smooth pathway for individuals into long term care teams.

3.2.3 **Sustainability and Transformation Funding:** This funding has been agreed to implement the Discharge To Assess approach to hospital discharge. This model involves a multi-disciplinary approach to discharging patient from hospital to ensure timely discharge and that going home is always the first consideration. This will aim to ensure the patient has the right support at home for the first few weeks following an acute episode in hospital, and the assessment to determine the longer term needs takes place (in the main) in the person's own home. Cambridgeshire County Council has a total of 3 additional social workers funded through the Sustainability and Transformation Plan.

#### 4. KEY TRENDS

4.1 **Long-term residential and nursing admissions:** Over the past 6 years, the number of new admissions to residential and nursing care commissioned by the Council has fallen. Whilst this can be attributed to a number of strategic and policy initiatives, the successful implementation of the reablement service will have made a positive contribution to the reduction. The 2016-17 population figure has not yet been verified nationally so the 2015-16 figure is used in the graph below.

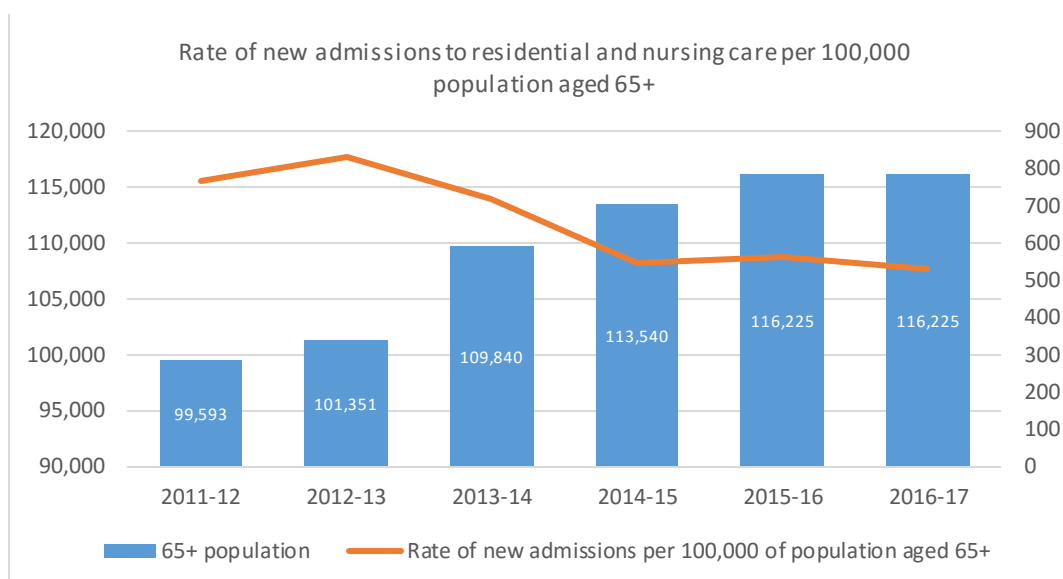


Figure 5: Rate of new admissions to residential and nursing care per 100,000 population aged 65+

Financial year	No. new residential and nursing admissions within the year	65+ population	Rate of new admissions per 100,000 of population aged 65+
2011-12	764	99,593	<b>767.1</b>
2012-13	843	101,351	<b>831.8</b>
2013-14	792	109,840	<b>721.0</b>
2014-15	621	113,540	<b>546.9</b>
2015-16	652	116,225	<b>561.0</b>
2016-17	618	116,225	<b>531.7</b>

- 4.2 **Contacts Received:** The majority of contacts received by the service originate from hospital workers – Addenbrookes in the south of the county and Peterborough and Hinchingsbrooke in the north. Analysis of the volume of contacts received each month shows a marked increase in the volume of hospital contacts received by the reablement teams in 2017. Across the whole of the reporting period, hospital contacts have increased by about 30%, a reflection of the increasing pressure hospital systems are under. Community contacts are primarily friends, family and self-referrals.

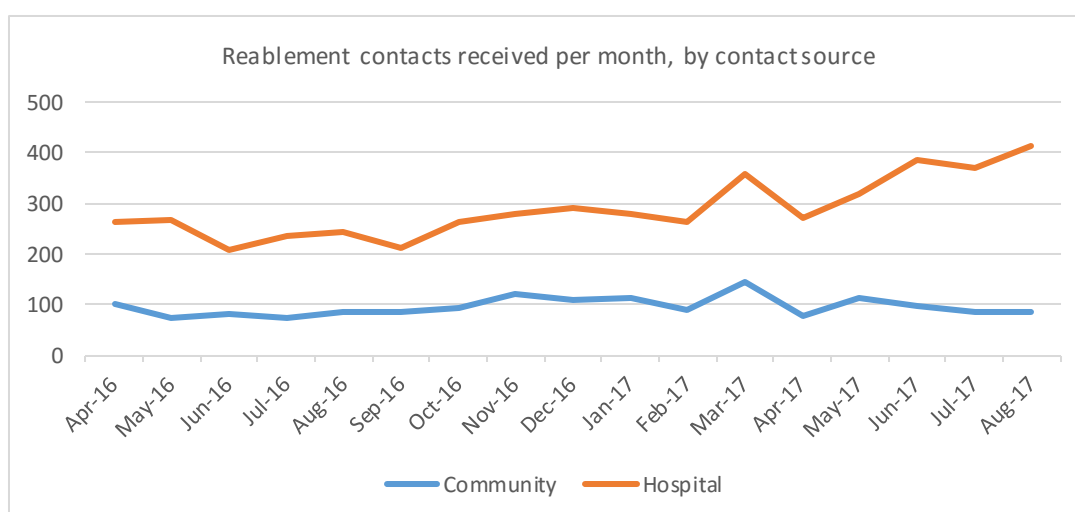


Figure 6: Reablement contacts received per month by contact source

4.3 **Delayed Transfers of Care (DTOC):** The Cambridgeshire health and social care system is under significant pressure, as reflected in the volume of ‘delayed transfers of care’ reported each month. As demonstrated by the increases in contacts received by the reablement service, the service is a key part of the Council’s strategy to minimise the number of delays.

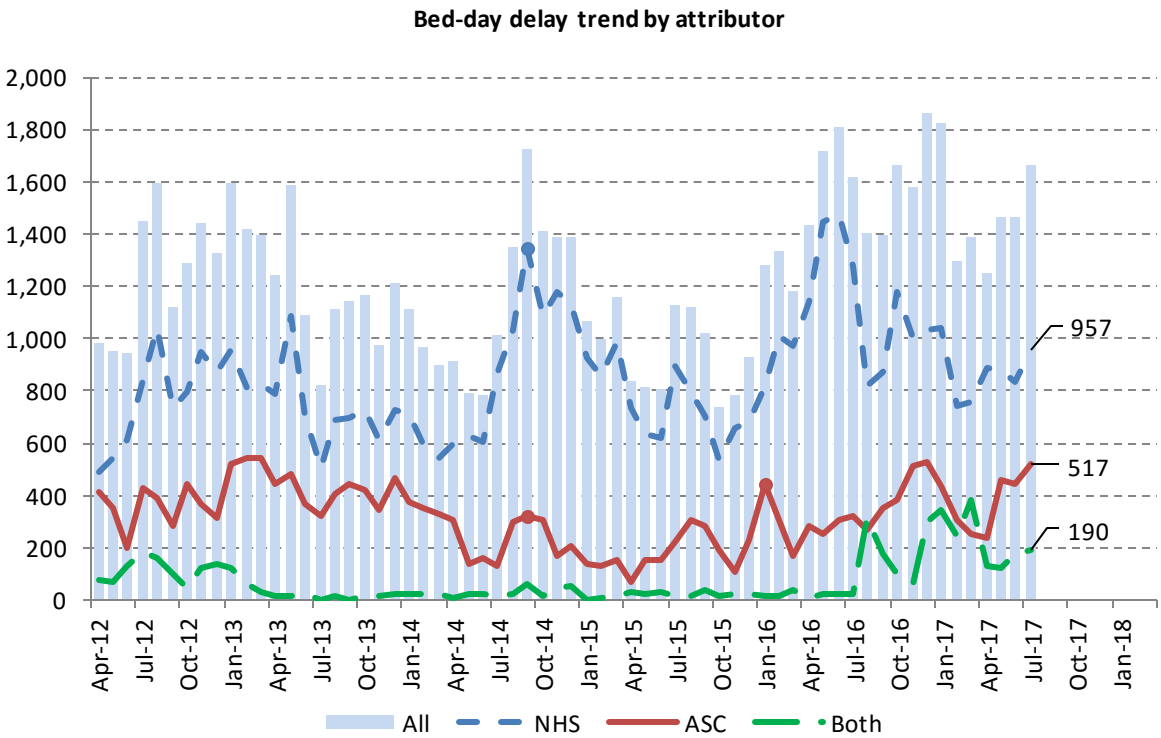


Figure 7: Bed day delay trends by attributor

4.4 **Completed Reablement Packages:** The number of completed packages per year remains around the 3,000 mark annually. The service’s ability to deliver more is hindered by recruitment challenges and workforce shortages in the homecare market.

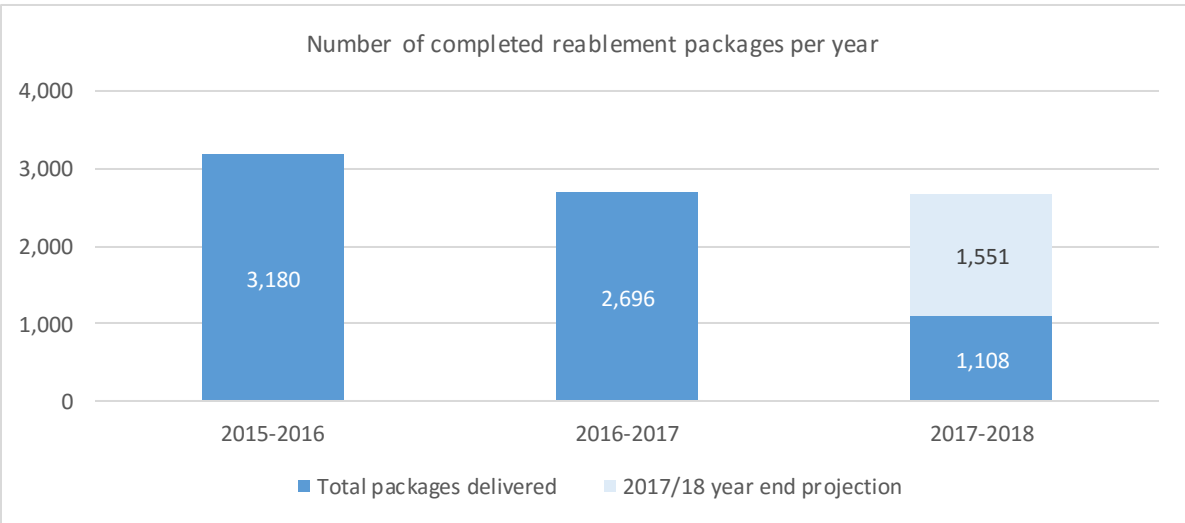


Figure 8: Number of completed reablement packages per year

4.5 **Mainstream Care:** The volume of Mainstream Care delivered by the reablement service remains significant and has a considerable impact on the service’s capacity to deliver its core functions.

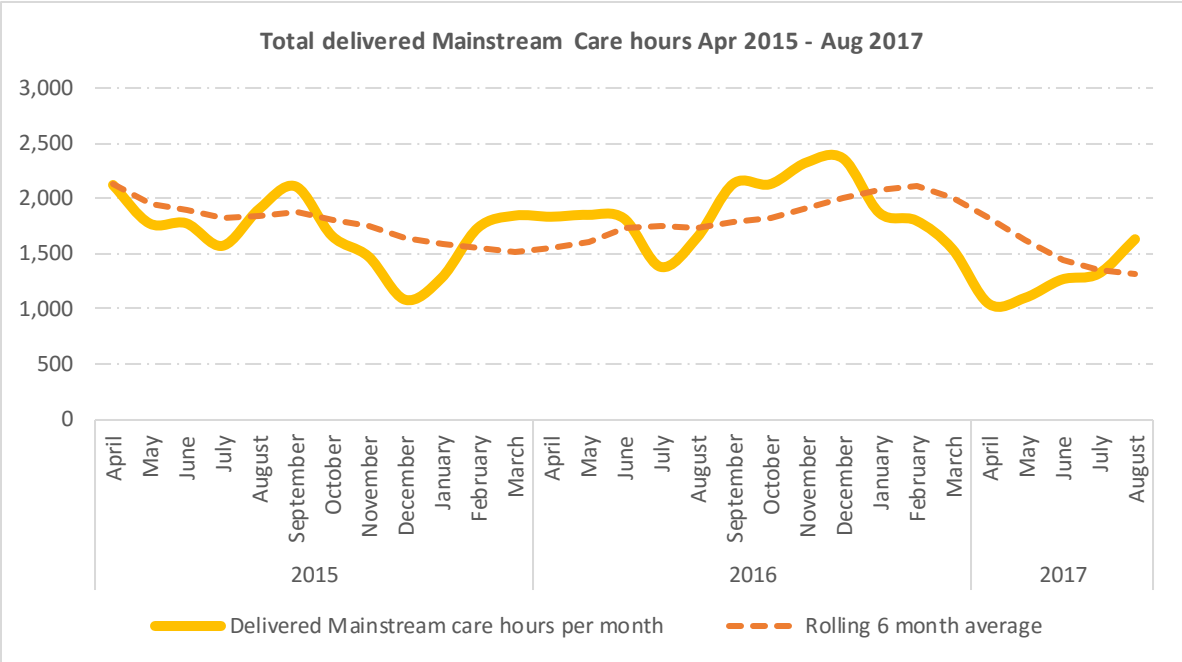


Figure 9: Total delivered mainstream care hours between April 2015 and August 2017

4.6 **Service User Age Profile:** The majority of reablement service users are aged between 75 and 94, with users aged between 85 and 94 being most common. Support is also given to a smaller cohort of users aged 18-64, with the majority of those users aged in their 50’s.

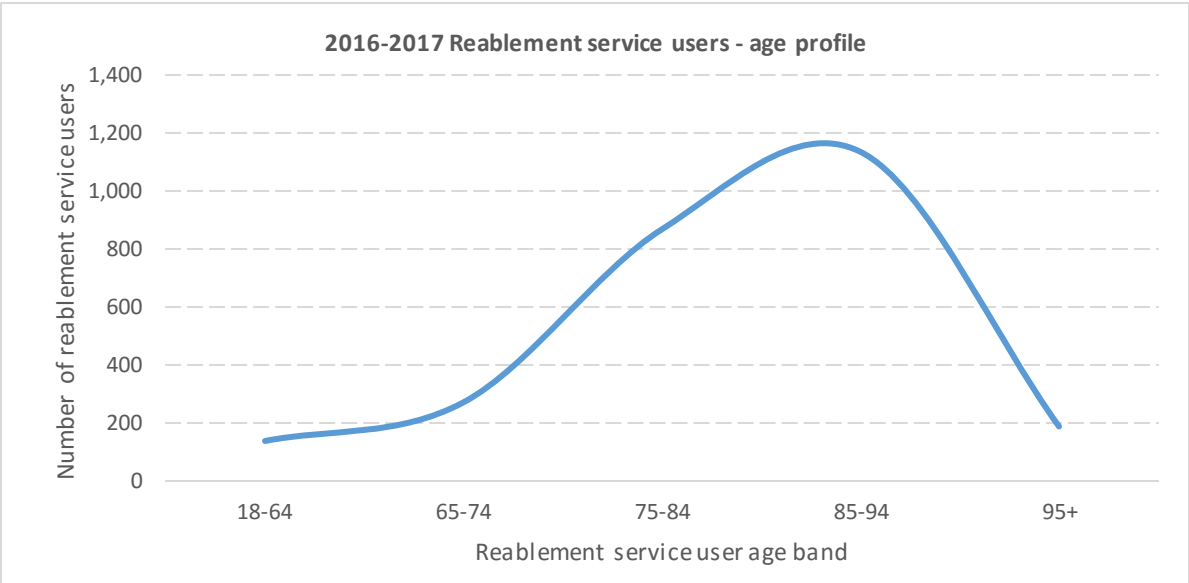


Figure 10: Age Profile of Reablement Service Users 2016-17

## 5. KEY CHALLENGES

5.1 As demonstrated above, the Reablement Service is currently achieving a significant impact in the context of increasing demand and recruitment and retention pressures. A number of key challenges experienced by the reablement service have been summarised below, alongside actions being taken to mitigate the impact to the service performance, activity and outcomes achieved to date.

5.2 **Homecare Capacity:** As outlined above in paragraph 2.3.3, lack of homecare capacity across the county is the largest challenge the Reablement Service have to manage. Challenges within the local market impact on the capacity on the Reablement Service which is currently delivering a significant number of homecare hours to support increasing pressures relating to hospital discharge, or on discharge from the reablement service where ongoing care is required but cannot be sourced. The Council is seeking to meet the challenge by increasing the range of providers it currently commissions, focussing its delivery model on outcomes.

The Council is also embarking on a development programme that includes new models of care including the establishment of community based solutions linked to the Dutch Buurtzorg model as captured in the Neighbourhood Cares Pilots. In addition the Council has plans in place to establish a single brokerage service for all Home Care services by November 2017 on behalf of the NHS and the Council. In addition the Council is engaged with NHS partners to establish a programme to meet the short and medium term recruitment and retention challenges we face. Examples of the work being looked at include the establishment of integrated care roles, apprenticeships and the use of new media to expand the potential candidate base.

5.3 **Workforce Pressures:** In line with pressures felt across the market, recruitment and retention remains a key challenge for the Reablement Service. This pressure is exacerbated by the increasing levels of demand for services, existing vacancy levels and the need to expand the service by 20% using additional funding through the Improved Better Care Fund. In addressing this challenge, the Service has collaborated with Human Resources and Transformation to review existing recruitment processes, approaches and advertising campaigns with the aim of increasing staffing levels. At the same time the Reablement Service is also consistently reviewing internal processes and ways of working to ensure the service is as efficient as it can be in maximising all available capacity. This has resulted in the implementation of 'InTouch' – an electronic scheduling system to support use of available capacity within the Reablement Service. Whilst this system is currently in the process of being rolled out across the entire service, it has already had a significant impact on service efficiency as staff need to travel less and receive real-time updates to their schedule.

5.4 **Balancing Admissions Avoidance and Delayed Transfer of Care Targets:** As evidenced above, the Reablement Service currently support the management of acute hospital pressures, particularly in managing Delayed Transfers of Care. Whilst the service is aiming to increase early intervention to avoid admissions within the community, a large proportion of the service is currently focused on managing referrals on discharge from hospital.

Recognising the benefits of early intervention to avoid admission to hospital and reducing the need for long term care, the Reablement Service is working to address the balance between hospital and community referrals through increasing referrals to the Enhanced Response Service. This service is able to provide low level support for individuals who have fallen and alerted the service through their Lifeline alarm. Wherever possible the service will avoid an ambulance call out or hospital admission and take a preventative approach to avoiding further falls wherever possible. The service will also aim to work with the new Homecare contract to reduce the number of mainstream homecare hours delivered following an episode of reablement. This will release capacity within the Reablement Service to manage referrals from the community.

- 5.5 **Quality and Care Quality Commission Standards:** The Reablement Service is regulated by the Care Quality Commission (CQC). CQC introduced new, tougher inspection and quality assurance standards in 2015. There is a requirement for the Council to demonstrate that the service is well led, delivers a high quality experience to people who use it, and achieves their agreed outcomes. To ensure ongoing compliance with CQC regulations, the Reablement service conducts regular self-assessments. This has resulted in significant improvements being made to:
- Workflow processes to ensure they are clear, robust and able to manage demand efficiently.
  - Promotion of timely and appropriate responses
  - Roles and responsibilities across management and workforce to ensure clarity relating to roles and responsibilities, with clear lines of accountability and responsibility put in place.
  - Promoting an ethos of continuous improvement to quality standards in consistently achieving high quality outcomes for service users
  - Increased capacity to strengthen daily operational oversight and strategic leadership.

## 6. **ALIGNMENT WITH CORPORATE PRIORITIES**

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

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

- 6.2.1 The following bullet points set out details of implications identified by officers:
- Adult Social Care and the NHS are major sources of local employment in Cambridgeshire. The planned expansion of community services will create additional employment opportunities.

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

- 6.3.1 The following bullet points set out details of implications identified by officers:
- There is a strong evidence base to suggest that an expansion of the reablement service to enable an increase in both targeted early intervention in

the community and support on hospital discharge will enhance health, wellbeing and independence.

#### **6.4 Supporting and protecting vulnerable people**

6.4.1 The report above sets out the implications for this priority in paragraph section 1.

### **7. SIGNIFICANT IMPLICATIONS**

Report authors should evaluate any further significant implications using the seven sub-headings below. These significant implications should also be evaluated using the questions detailed in the table below. Each specific implication must be signed off by the relevant Team within the Council before the report is submitted to Democratic Services.

Further guidance and a checklist containing prompt questions are included at Appendix 2

#### **7.1 Resource Implications**

The report above sets out details of significant implications in paragraph 2.4 and 3

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

There are no significant implications within this category

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

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

- There is both a financial and reputational risk if sufficient progress is not made against the new 3.5% delayed discharge target outlined within the Improved Better Care Funding

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

There are no significant implications within this category

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

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

- Delivery of the progress required by the Department Health will need very close engagement and co-ordination of activities with NHS partners, voluntary organisations and other public and independent bodies.

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

There are no significant implications within this category



## 7.7 Public Health Implications

The report above sets out details of significant implications in section 1

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

Source Documents	Location
Key Trends Graphs	Patrick Kilkenny. 2nd Floor, octagon, Shire Hall, Cambridge  <a href="\\ccc.cambridgeshire.gov.uk\data\CYPS Datastore\Adult Social Care\Older People &amp; Mental Health\DTOC">\\ccc.cambridgeshire.gov.uk\data\CYPS Datastore\Adult Social Care\Older People &amp; Mental Health\DTOC</a>

## **Appendix 1 - Case Study Reablement North Cambridgeshire**

Mrs A started with Reablement on 9th August 2017, following discharge from Hospital. She was admitted to hospital following a fall at home. She was identified by the Occupational Therapist in hospital that she would be suitable to go home with Reablement intervention requiring support with washing/dressing and meal preparation. Mrs A and her family were very anxious about her return home and would have preferred her to go to another setting as they felt she would not progress very well at home. Mrs A's recent medication change has made her drowsy and has impacted on her mobility and further heightened her anxiety. She was discharged home with 3 calls a day starting with her evening call on 9th August 2017. A Senior Support Worker visited Mrs A on the 10th August to complete the Reablement assessment. We identified that she would benefit from a walking frame with a caddy so that she can transfer drinks through to her lounge. We referred to the OT therapy team for a mobility assessment. Mrs A's main goal was to become independent with showering.

Mrs A's confidence was really low, she had a fall on 13th August so we rang the therapy team to ask to bring forward her mobility review, and she was issued with a frame and a caddy. Mrs A's confidence grew and we gradually reduced the care package from 3 visits to 1. She was managing to independently shower so we set a discharge date of 13th September. Mrs A had another fall on 13th September and went to A and E where she was later discharged. We decided to carry on visiting Mrs A until her confidence could grow again with her showering needs. She was discharged as independent from the service on 29th September. She was referred to our Assistive Technology Team to install a tele-healthcare alarm system to prevent further admissions where possible due to falls.

This is a really successful case and highlights that with time confidence can be rebuilt, Mrs A was really anxious about returning home following her falls and for her to be independent and living in her own home is a huge success.

## Appendix 2: Transforming Lives Approach





**ADULT AND OLDER PEOPLES SERVICES PERFORMANCE AND SELF-ASSESSMENT  
2016/17**

*To:* **Adults Committee**

*Meeting Date:* **9<sup>th</sup> November**

*From:* **Charlotte Black, Service Director of Adult and  
Safeguarding, Cambridgeshire and Peterborough**

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

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

*Purpose:* **Committee members are provided with information about  
the ways in which services for adults and older people are  
monitored.**

*Recommendation:*

**a) Note the agreement to provide information about our  
services to the Care Quality Commission (CQC) in the  
event CQC Local Area Review via the Integrated  
Commissioning Board**

**b) Note and comment on the progress made during  
2016/17 in delivering services to adults and older people  
in Cambridgeshire as described in the Appendix.**

**c) Note and comment on the arrangements under which  
the Council's adult services will continue to be monitored  
in the future**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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Tel:	01223 727991	Tel:	01223 706398

## 1. BACKGROUND

- 1.1 The Council monitors its performance in regard to the delivery of services for adults and older people in a number of ways including being subject to inspection and review by the Care Quality Commission (CQC), the involvement in Regional Sector Led Improvement work, and the collection and internal review of nationally required and corporately agreed performance information. The Adult Social Care Outcomes Framework (ASCOF) is used both locally and nationally to set priorities for care and support, measure progress and strengthen transparency and accountability.

The service director of Adults and safeguarding requested a self-assessment be carried out in order to provide a picture of what these activities have told us about performance during 2016/17. The attached Appendix is a summary of this self-assessment.

Alongside the results of the annual adult social care user survey, the executive summary will form the basis of our Local Account for 2016/17. The Local Account is the Council's annual report to residents about adults social care services. It is available on the website at: <https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-social-care/the-local-account/>

## 2.1 INSPECTION BY THE CARE QUALITY COMMISSION

### Routine Inspections of Registered Provision

Services registered with the Care Quality Commission (CQC) are subject to inspection by this regulator. For the Council the services registered are our Council run provider services – Reablement services, respite services, supported living, Shared Lives and health teams in the Learning Disability Partnership. Each discrete service has a registered manager who is responsible for ensuring the provision meets standards of care and practice.

CQC carries out two types of provider inspection:

- 1) A **comprehensive** inspection looks at all of the five key questions ('is the service safe, effective, caring, responsive and well-led?') and a rating is awarded for each question along with an overall rating.
- 2) A **focused** inspection is carried out to follow up breaches of legal requirements or to look into serious concerns that may have come to light since a comprehensive inspection.

Currently all the Council's services which have had an inspection by the CQC alone are rated as providing at least "good" care. Every "good" provider can expect a comprehensive inspection within 24 months of their last inspection report being published. Inspections are usually unannounced.<sup>1</sup> Our LD health teams have yet to be inspected.

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<sup>1</sup> <http://www.cqc.org.uk/guidance-providers> - Full guidance on CQC inspection framework

The CQC partners with other inspectorates to carry out combined inspections, for example inspections of services for Youth Offending and for SEND, both of which have taken place over the last year in Cambridgeshire. Any Joint Targeted Area Inspections lead by Ofsted will also involve the CQC.<sup>2</sup>

## **CQC Local Systems Reviews**

Following the budget announcement of additional funding for adult social care, CQC has been requested by the Secretary of State for Health to undertake a programme of targeted reviews in local authority areas. These reviews will be focused on the interface of health and social care.

The reviews look specifically at how people move between health and social care, including delayed transfers of care, with a particular focus on people over 65 years old.<sup>3</sup>

20 reviews of local authority areas will take place. These reviews will predominantly focus on areas that have been deemed to be underperforming by Government based upon published Local Authority Performance Metrics which are weighted in order to make Delayed Transfers of Care the main focus<sup>4</sup>.

The reviews will consider pressure points such as

- Maintenance of peoples health and well-being in their usual place of residence
- Multiple confusing points to navigate in the system
- Varied access to GP/Urgent Care centres/Community care/social care
- Varied access to alternative hospital admission
- Ambulance interface
- Discharge planning delays and varied access to ongoing health and social care
- Varied access to reablement
- Transfer from reablement

The first tranche of reviews (Oxfordshire, Birmingham, East Sussex, York, Coventry, Plymouth, Hartlepool, Bracknell Forest, Manchester, Halton, Trafford, Stoke-on-Trent), are expected to be completed by December 2017. The remaining 8 areas, which have yet to be announced, are scheduled to be completed by April 2018.

We do not yet know whether Cambridgeshire will be selected for a Local System Review but there is evidence that suggests scrutiny of the system in Cambridgeshire might be expected. For example Cambridgeshire was ranked 107<sup>th</sup> out of 152 authorities in the measure of Total Delayed Days per 100,000 18+ population in July 2017 in which both NHS attributable and Social Care attributable delays are considered.

A county wide lead officer group has been set up including staff from the Council, the CCG and NHS providers. It will meet on a monthly basis to ensure we are ready to

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<sup>2</sup> <https://www.gov.uk/government/publications/joint-inspections-of-arrangements-and-services-for-children-in-need-of-help-and-protection> - Full guidance on JTAI inspections

<sup>3</sup> [https://www.cqc.org.uk/sites/default/files/CM071706\\_Item6\\_localsystemsreview\\_appendix1.pdf](https://www.cqc.org.uk/sites/default/files/CM071706_Item6_localsystemsreview_appendix1.pdf) - full guidance on new local systems reviews

<sup>4</sup> <https://www.gov.uk/government/publications/local-area-performance-metrics-and-ambitions> - Local Authority Performance Metrics

respond should Cambridgeshire be selected for review. Preparation work itself provides a good opportunity to continue the dialogue with our partners about the effectiveness of our arrangements and to develop our joint understanding of current performance and the experience of service users.

## **CQC Inspection and Review Methodology**

The CQC adopts the same methodology for all inspections considering information from service users, staff and local voluntary and community groups, as well as national performance information and notification of serious incidents or concerns ahead of inspectors' visits to providers. Information is also requested from the inspected provider in a "Provider Information Return" (PIR). This is considered alongside the information which is gleaned from case tracking and "well-led" interviews with senior leaders during the inspectors' visits to local areas.

For the Local System Reviews the PIR would take the form of a "Local System Overview Information Request" (LSOIR). It is up to each area to decide who takes on responsibility for completing the Local System Overview Information Request, but it needs to be a person with strong contacts across health and social care, as the questions will need to be answered from a whole-system perspective.

In Cambridgeshire it has been agreed that this information would be brought together and signed off in by the Integrated Commissioning Board.

There is a 6 week run into on-site review activity. The LSOIR would be requested at notification and would be completed within 4 weeks. It asks questions about

- Background to the Local System, including how services are organised, history of relationships between health and social care, system pressures and recent changes in response to demand.
- People who use services including how service users influence service design, quality of care and how we know about the experience of service users
- Market Shaping, including how we are ensuring a sustainable care provider market and undertaking appropriate workforce development
- Integrated Service Delivery including how we offer alternatives to people to entering hospital, carry out discharge planning, and offer Reablement
- Monitoring Performance and progress including what our strategic aims for the next five years are for improving quality and outcomes for older people at the interface between health and social care, system capacity and resilience to do this, shared performance measures, strategic and operational plans to facilitate information sharing across the system

At the same time an on-line "relational audit" will be sent to staff working across services. Respondents will be asked to indicate their sector and job level, so any variance between types of responses by organisation or job roles can be identified. Overall this is designed to provide wider insight on relational climate.

Meetings with groups of service users and other local partners would take place between notification and a fortnight before the review week itself. The usual dip sampling case tracking and "well-led" interviews will take place during the review week



and a report would be published by 14 weeks after the notification date.<sup>5</sup>

## **2.2 KEY PERFORMANCE INDICATORS**

### **People and Communities Directorate Key Performance Indicators**

The People and Communities Directorate have agreed a set of Key Performance Indicators which will be monitored via the monthly Adults Performance Board. These are :

- 1) Adult Early Help
  - a) Number of Community Action Plans completed- this is an indication of uptake of adult early help and we would expect this to increase
  - b) Number of referrals passed on to long term teams- this is an indication of successful diversion and we would expect this to decrease and be sustained at a low level
- 2) Community Equipment and Assistive Technology
  - a) Number of contacts for community equipment and Assistive Technology (2 separate measures) – this would be expected to remain stable/ increase and is an indication of support being provided to enable someone to live independently in the community or at home.
- 3) Reablement
  - a) % of people finishing a reablement episode as independent – this is an indication of the success of our efforts to enable people to exit hospital in a timely way and the effectiveness of a reablement episode.
- 4) Delayed Transfers of Care
  - a) Average monthly number of bed day delays (social care attributable) per 100,000 18+ population'

This is a key measure that Councils are held to account for at local and national level. We would always aspire to have no delays- our performance is often an indicator of pressure/ demand on the acute hospital. There is strong evidence that for an older person there is a direct correlation between loss of mobility and independence and length of hospital stay.

- 5) Employment x 2
  - a) % of adults with a learning disability in paid employment and
  - b) % of adults in contact with secondary mental health services in paid employment
  - c) (Currently looking into whether people who have voluntary/ unpaid employment can be included)

This is a key measure- if someone who has Learning Disabilities (LD) is in paid employment it is a strong indicator of independence. If someone with mental health needs is in paid employment this indicates that they are successfully managing their mental health condition in the workplace and they have a supportive employer. The

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<sup>5</sup> <http://www.cqc.org.uk/about-us/board-meetings/care-quality-commission-board-meeting-19-july-2017>

numbers will be lower than might be expected due to the complex needs of these client groups. (benchmarking 7% for LD)

6) Housing x 2

- a) % of adults with a learning disability who live in their own home or with family and
- b) % of adults in contact with secondary mental health services who live independently, with or without support

If someone is living in the community this means they have developed and maintained their independence and are part of the community rather than living in an institutional setting. This is a key target for people with Learning Disabilities as part the national Transforming Care agenda.

7) Direct Payments

- a) % of adults receiving direct payments and % of carers receiving Direct Payments

This is an area where our performance needs to improve across all client groups and in particular mental health and older people where traditionally the uptake of direct payments has been low. The Council will be doing work to increase uptake. Increased uptake of direct payments is an indication of the development of a more personalised approach. For example someone may be more able to access support in the home through use of a direct payment to pay a local source of care than through the Council's contract with home care providers.

8) Safeguarding

- a) % of adult safeguarding enquiries where outcomes were at least partially achieved (this supports Making Safeguarding Personal and gives an indication that the right outcomes have been achieved).
- b) Maintain / decrease the number of residential care places
- c) Increase in % spend on early help/reablement and correlated decrease in long term care packages % spend

In addition to these indicators monitored monthly, Adult Social Care Outcomes Framework indicators (set nationally by Government) are also monitored annually as part of the Local Account.

## **2.3 SECTOR-LED IMPROVEMENT WORK**

Every year the Local Government Association (LGA) and ADASS provide local councils with an "Adult Social Care Self-Awareness Tool" (SAT) to help identify those that may be facing performance challenges in Adult Social Care.

The current tool was developed in 2016 by engagement work within the East Region through Directors, Assistant Directors, Performance Leads and the Regional Improvement Team. It is refreshed early each year to ensure it aligns to national priorities and it also reflects a regional perspective.

The tool focuses on the following areas:

- Section 1 - Overview of Leadership and Governance
- Section 2 – Self Awareness and risk areas
  - Commissioning and quality
  - National priorities and partnerships
  - Resources and Workforce Management
  - Culture and challenge
- Section 3 – Metrics and Risks
- Section 4 – Engagement, transparency and accountability
- Section 5 – Key Priorities and best practice
- Section 6 – Effectiveness of regional work

The tool was issued in the latter half of September and will be completed by the end of October 2017 by directors and senior managers via an on-line tool with “Buddy” conversations taking place in November. A final Regional Improvement Plan will be finalised after a Regional Challenge Event, by April 2018.

Cambridgeshire is “buddied” with Southend and Peterborough so completed SATs will be shared with them.

The authority also invites Peer Review as part of Sector Led Improvement activity and the last review on the theme of “Commissioning for Better Outcomes” was carried out in September 2016.

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

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

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

There are no significant implications for this priority.

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

Our progress in supporting adults and older people to live healthy and independent lives is outlined in the Appendix and will continue to be monitored through the approaches described in section 2.

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

Our progress in supporting vulnerable adults and older people is outlined in the Appendix and will continue to be monitored through the approaches described in section 2.

### **4. SIGNIFICANT IMPLICATIONS**

There are no 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

Section 2 highlights that the Council is being monitored within statutory frameworks.

#### 4.4 Equality and Diversity Implications

There are no significant implications within this category.

#### 4.5 Engagement and Communications Implications

The Appendix will form the basis of our Local Account for 2016/17.

#### 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.

Source Documents	Location
Information about CQC Area Reviews is available as part of CQC Board Papers 19 <sup>th</sup> July 2017, item 6.	<a href="http://www.cqc.org.uk/about-us/board-meetings/care-quality-commission-board-meeting-19-july-2017">http://www.cqc.org.uk/about-us/board-meetings/care-quality-commission-board-meeting-19-july-2017</a>
Nationally published ASCOF measures and statistics on delayed transfers of care	<a href="http://content.digital.nhs.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF">http://content.digital.nhs.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF</a> <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>
Local Account 2016/17	<a href="https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-social-care/the-local-account/">https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-social-care/the-local-account/</a>

Full Adults Self-assessment	<p>Available from:  Charlotte Black  SH1210, Shire Hall  Cambridge  CB3 0AP  <a href="mailto:Charlotte.black@cambridgeshire.gov.uk">Charlotte.black@cambridgeshire.gov.uk</a></p>
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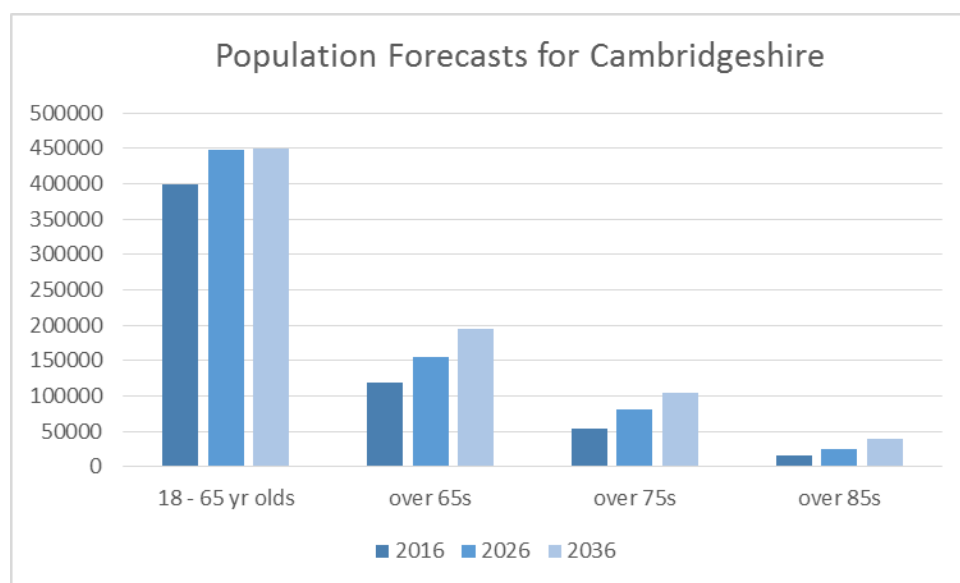
## Cambridgeshire Adult and Older People Self-Assessment 2016/2017

### Executive Summary

#### Introduction

The purpose of the self-assessment is to provide a summary of where we are doing things well, where we think we can improve and how we see ourselves as a Council dealing with the opportunities and challenges ahead. We think there are significant opportunities for us to develop and improve the way we support people who need adult social care, working closely with all our partners.

Cambridgeshire is a fast growing county and the population aged over 65 is expected to increase by around 60% between 2016 and 2036. The number of people over 75 is expected to nearly double over the same period and the number of people over 85 to more than double.



*Source: 2015-Based Population Forecasts*

This growth will impact on our services. In the next 10 years we expect to see an increase of 30% in the number of people over 65 living with dementia and an increase of over 80% living with the condition by 2035. The number of people aged 65 and over with a limiting long term illness whose day-to-day activities are significantly limited is forecast to rise by nearly 30% over the next 10 years and by nearly 70% over the next 20. There will be around 20% more people over 65 living with depression by 2025 and around 50% more by 2035.

There is already significant pressure on accommodation for older people throughout the county, particularly in the areas of dementia and nursing care provision and we know that some people have to wait to go into the accommodation that best meets

their needs. Increases in the population will increase this challenge over the coming years.

We know that in years to come demand for adult social care services will continue at a level that would exceed our available budget without a significant step change in the way we do things and that is what we plan to do. The Council has secured significant efficiencies in the adult social care budgets in the last few years and we are confident that our services are now efficient. A number of strategies have been deployed to date to increase financial control, manage demand and deliver services within budget. However, we know the Council will not be able to continue to make savings in the same kind of way in the longer term. So alongside the projects underway at the moment we are developing a plan for larger scale transformation over the longer term.

We are looking at the way all aspects of adult social care are organised and delivered, focussing on reducing demand and containing cost as well as designing systems that make sense to those delivering and receiving services. The Council has committed to invest in this transformation and has commissioned some external support. This will include the following activities: analysis of management and financial information, best practice and business processes. It will also include engagement with service users, carers and staff. We hope this will help us to identify what is driving cost leading to the development of a demand management strategy. This will shape how we do things in the longer term. Alongside this work we have also committed transformation funding to shorter term developments – for example to develop our assistive technology service, to create 2 pilot Neighbourhood Cares Teams applying Buurtzorg Principles, to increase Adult Early Help capacity, and to develop additional capacity within the older people's service to manage risk and demand.

We want to make sure that adults are able to live in their own homes and communities for as long as possible and we are piloting a number of approaches that see family networks and communities working with professionals to wrap themselves around people who need care and support. We have adopted this approach in recognition that most people prefer to live without professionals being involved in their daily lives and are therefore working to ensure professionals work alongside people, their families and communities to help them build strong systems of self-help.

The Local Account provides some information about where Cambridgeshire currently does well in the measures used by the government to assess our performance and it highlights some of the projects and work we are doing to innovate and work in new ways so that we can support all those that have eligible care needs within the budget available to us.

## The Way we Work – some examples



During 2016/17 we saw a reduction in the number of people in receipt of long term services and we think this is due at least in part to the success of our transformation work and the establishment of better short term and early intervention services which prevent, divert and delay people's need for council's services where this is possible and appropriate. These services include Adult Early Help, Reablement, Assistive Technology and Telecare. This year our recently formed Adult Early Help team has received an increasing number of referrals. 80% of these referrals have resulted in people being helped to regain independence so that they do not then need a further referrals to long term teams or formal statutory assessments.

More of the people who use services in Cambridgeshire are using short term Reablement services than in other parts of the country and more interventions end with people not needing on-going longer term support than the national average – in Cambridgeshire during 2016/17, almost 60%. We know that in Cambridgeshire the age at which people first come into contact with our Reablement services is relatively old, at over 80, so it may not be surprising that when we look at the proportion of older people who are still at home 91 days after discharge from hospital into Reablement or rehabilitation services Cambridgeshire does less well than some other authorities.

Our Assistive Technology teams have introduced new technology to help understand care needs better. For example the "Just Checking" project places monitoring technology in people's homes. This technology helps identify when there is a change in a person's usual routines, which might indicate a need for different care or for a change in care, so that that person can get the help they need quickly.

The Community Navigator project also contributes to the prevention agenda by helping people find support in their communities and to retain independence as long as possible. In 2016/17 nearly 9000 navigations were completed with clients compared to just over 2400 in 2013. Over 90% of clients fed back that Navigators had made a positive difference to them.

## Where we do well

The Learning Disability Partnership has been effective in meeting the NHS England target of having fewer than 15 people in hospital placements per million population. We will continue to work to ensure that people are placed as near to home as possible.

The Multi-Agency Safeguarding Hub (MASH) is now well-established and received almost 6500 referrals during 2016/17 which is an increase of 35% on the number received in 2015/16. We believe this is due to a better understanding of the need to refer safeguarding concerns across services working with adults. Around 30% of contacts result in the identification of safeguarding concerns.

Our Adult Early Help (AEH) Team went live on 11 April 2016 to directly implement the principles of the Transforming Lives model, improve the customer experience by meeting support needs at first contact, and to reduce the number of referrals to longer term and more expensive services.

Around 330 referrals were made onto the Adult Early Help (AEH) team from MASH. These were for people for whom a contact had been made to report a safeguarding concern but which resulted in the identification of some further support needs not requiring safeguarding action. Alongside this we have seen a steady increase in referrals direct to the AEH team during 2016/17 due in part to our growing presence as a preventative service amongst the public and professionals. Overall the Adult Early Help team provided support to approximately 4000 people during 2016/17 and completed just over 900 Community Action Plans. The team carried out just over 400 home visits with this approach developing through the year and supported 80% of our customers to maintain their independence through tier 1 and 2 support. Preliminary analysis of repeat contacts with the team indicate that around 8% of people who have support from AEH are supported again. Only 2% of clients return to AEH and need to be referred onto longer term services.

The AEH team uses a strengths based approach when speaking to customers, and works with individuals to explore their natural and local community based support and to develop a joint assessment and action plan. Onward referrals can be made to other services particularly partner Voluntary Organisations who are well placed to provide proportional support to maintain the independence of the customer and the team works in close partnership with other services such as Assistive Technology and Telehealth, Sensory Services, Welfare Benefits and Reablement as well as external providers such as Community Navigators, the Carers Trust, Age UK and others.

Although Adult Early Help has been transforming intake for Older People's and Physical Disability services, we can see there are opportunities to build on this approach in Learning Disability services. We know that we need a better approach to identifying young people not known to a children's disability service – those young people with an Education Health and Care Plan (EHCP) EHC plan who have a learning disability (with or without diagnosis) or autism (with or without diagnosis) who are likely to need services as an adult. The Council is currently working with the Cambridgeshire Clinical Commissioning Group to develop a multi-disciplinary service for people on the Autistic Spectrum, linked to the Cambridge Lifespan Asperger Syndrome Service (CLASS) clinic which offers a specialist diagnostic assessment for adults who may have Asperger Syndrome (AS) or High-Functioning Autism.

## Where we need to improve

### *Delays in Transfers of Care:*

A delayed transfer of care from acute or non-acute hospitals (including community and mental health services) occurs when a patient is occupying a hospital bed after they have been identified as fit, and determined by a multi-disciplinary team to be safe to be discharged. Delays to an appropriate discharge attributed to social care can be caused by a lack of available services in the community which can take over the care of people ready to leave hospital, such as home care, suitable residential or nursing placements especially if someone has complex needs. In Cambridgeshire there is a weekly validation process in which hospital and social care managers agree what the cause of any delay is and whether it is attributable to the NHS or the local authority. We look together at the information this generates so that we can identify problems and work to find ways of reducing the number of people who experience these kind of delays. We are also working with NHS colleagues to develop a 'discharge to assess' approach which would be coordinated by a single point of contact working with hospital based multi-disciplinary hubs. The purpose is to ensure that decision making is efficient and there is flexible use of resources available in the community to meet needs.

In Cambridgeshire, around a quarter of the delays from April 2014 to date were attributed to adult social care only (24%), and nearly a third (31%) were attributable to both adult social care and NHS. In 2016/17 there were between 480-600 bed day delays per 100,000 people per month but the overall picture was one of broadly stable numbers of delays - in health and social care systems nationally, performance steadily worsened during the year. At the end of 2016/17, the rate of people delayed where delays were attributable to adult social care in Cambridgeshire was below the England average whilst the rate of people delayed overall was higher than the England average.

One of the approaches used by central government to promote integrated working, and improve system flow, has been to establish the Better Care Fund. Although, this did not involve the provision of any new money, it required the NHS and Social Care to work together, pooling resources where appropriate, to provide joined up solutions. The Better Care Fund recognised the importance of housing and other community activities to the delivery of integrated care, and as a consequence District Councils now play a significant role in the planning and delivery of the Better Care Fund in Cambridgeshire. The Better Care Fund has led to our development of

- Home improvement options for disabled adults and children
- Social Prescribing and more joined up and co-ordinated voluntary and community services
- Intermediate care to support people coming out of hospital
- A new Older Peoples Accommodation Strategy

In Spring 2017, in recognition of severe pressure in the Adult Social Care System, the government agreed to provide additional funding to Local Authorities to support Adult Social Care via an Improved Better Care Fund. Because delays in transferring care impacts so significantly on both the experience of individuals and on the overall pressure on hospital beds, the Care Quality Commission have been tasked by the government to undertake whole system reviews of this type of patient flow in 20 local

authority areas during the winter of 2017/18 and to hold us to account for the use of this money to reduce delays in transfers of care and to stabilise the home care market. National targets have been set by government to reduce delayed transfers of care to 3.5% of the hospital bed base.

We are aware that a lack of home care options prevent people getting the most appropriate type of care for them as soon as this is needed and this can cause delay in people being transferred from hospital. This also places demands on preventative and short term services such as Reablement, as people are supported by these services in the interim. This means that those services are unable to focus fully on carrying out the prevention and promotion of independence work they are best placed to do. During 2016/17 we recorded that around a third of the support hours offered by our Reablement services were meeting long term care needs. The retendering of our homecare contract should address the shortfall in home care by doubling the number of long-term Care Home placements available to the Council. This will have a positive impact on delays in discharge as well as freeing up preventative and short term services. We have also introduced the use of short-term interim beds to help people get out of hospital as soon as this is appropriate.

While generally, placement decisions, for patients awaiting discharge, are not delayed for financial reasons, there is some evidence that following particularly high increases in the cost of care in Cambridgeshire, delays can take place while affordable provision is being sought. The Council has established a brokerage service that identifies placements, and negotiates the cost on behalf of both the NHS and the Council.

In some instances patient choice is given as a reason for delays, where people do not want to take up the provision which can be offered to them. Our new arrangements to assess on-going support needs with people in their homes, rather than in the hospital setting. This speeds up discharge and enables a better quality assessment which can better include personal choice of care provider.

### *Assessments and Reviews:*

Our teams are busy and we know that we do not always manage to meet with people to review their care or to complete assessments of need within the timescales we should. Our performance is low as a consequence of three main factors outlined below.

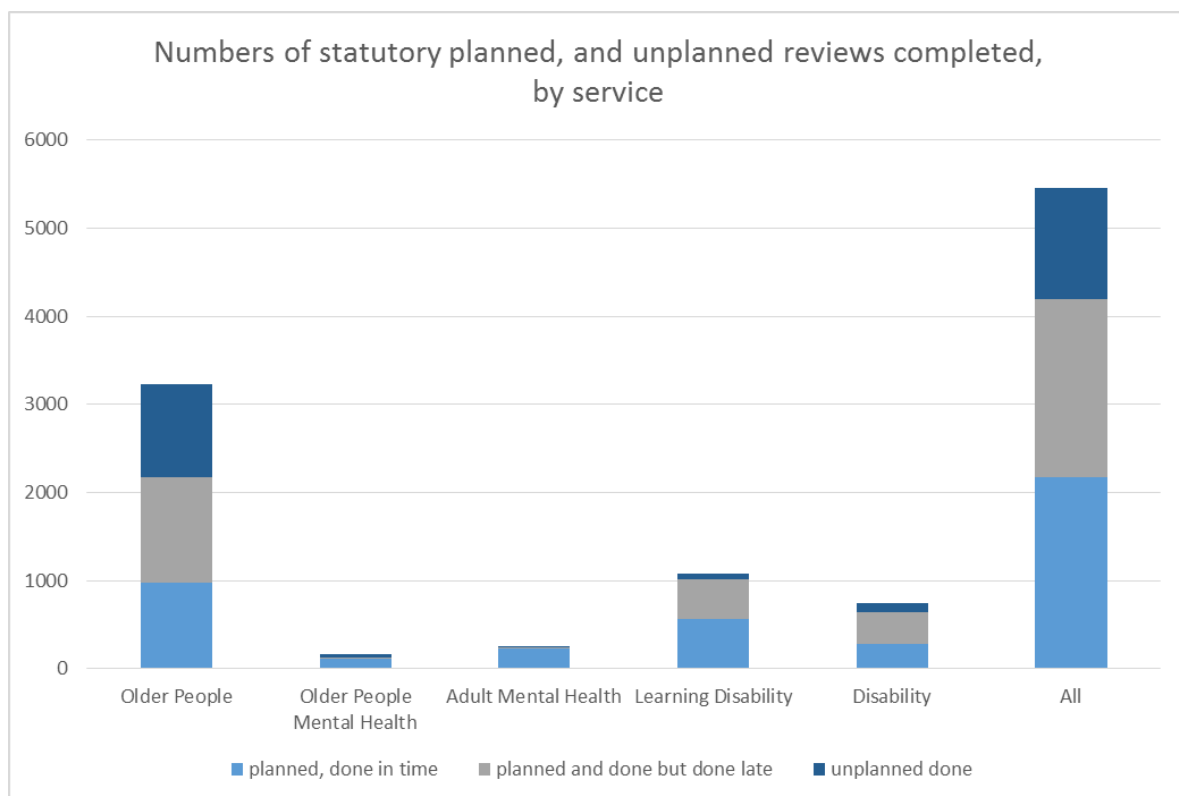
The overall number of urgent and unplanned reviews to be carried out has increased and this has resulted in our review activity being prioritised on the basis of risk and changing needs. For example enabling people to live safely at home for longer can sometimes need us to review their care and support needs more frequently.

The impact of Transforming Lives has led to the development of more person centred care and support plans and requires a review process that places more

emphasis on making plans to meet a person's care and support needs creatively and in a way that they value, rather than just reviewing the services they receive. This can involve spending more time with individuals to get the plans for their support and care right and for many people this process also involves carrying out a re-assessment that is compliant with the Care Act.

In all client groups the usual review cycle has not been maintained. We have interrupted the annual cycle for many people so that we can review support plans and start taking new approaches to meeting needs. New approaches have helped us realise the savings needed to achieve the business plan.

Overall and across all our services for adults and older people, almost 4200 planned statutory reviews were completed of which 52% were completed by their due date. In addition over 1200 unplanned reviews were carried out. Around 85% of these unplanned reviews were for users of our older people's services.



Source: ASCOPMH Performance Dashboard 2016/17 end of year

On average we know that during 2016/17 there were just under 3000 reviews overdue at the end of each month across all our teams. However, during the course of the year these numbers reduced in most services. This is clearly seen in older people's services where there were 1800 overdue reviews at the end of April 2016 and around 1150 at the end of March 2017.

New social care assessments should be completed within 28 days of the referral for support. Almost 1900 new statutory assessments were carried out during 2016/17 and of these 63% were done within timescale. 90% of all new assessments are carried out by our older people's services.

### *Use of Direct Payments:*

The Council is monitored on the proportion of people who use our services and who choose to take up direct payments. Compared to other authorities a lower proportion in Cambridgeshire do than nationally or in other similar authorities and we have not increased the proportion since last year. In 2015/16 23.6% of Cambridgeshire service users used direct payments, and in 2016/17 23.3%. National comparison figures are not yet available for 2016/17 but in England as a whole in 2015/16 this proportion was 28.1% and the average for other similar authorities was 30.5%.

### *Employment and Accommodation for vulnerable groups:*

We are also monitored on the proportion of adults with learning difficulties or mental health difficulties who are living in their own homes and who are in employment.

A small percentage point gap has persisted for the last couple of years between the rates of people with learning difficulties who are in employment in Cambridgeshire and people with learning difficulties who are in employment nationally although Cambridgeshire percentages have increased by 0.5% in each of the last 3 years. A 5 percentage point gap persists between proportions of people with learning difficulties who are living at home or with family in Cambridgeshire compared to in England as a whole.

For adults in touch with secondary mental health services rates of being in employment are very slightly below national rates. Rates of living independently for these service users is also lower in Cambridgeshire than nationally but this gap has closed since 2014/15 with a gap of around 25 percentage points in 2014/15 reducing to a current gap of only 6 percentage points so the direction of travel is positive.

### *Our Staff*

We take recruitment and retention of our staff very seriously. Recruitment and retention of care staff and managers and social workers is affected by being in area of high employment and high living costs and continues to be a challenge particularly in the south of the County so the Council has had a concentrated focus on recruitment and retention of staff at all levels. We have reviewed pay scales for staff to make sure we are in line with the average and typical rates across the Eastern Region. We have invested in dedicated recruitment team and a new website and we have reviewed terms and conditions of employment to make sure our workforce

development meets requirements and is attractive to those considering work in the care sector.

We carry out a staff “health check” every year which helps managers give their staff the right kind of support to help them do their jobs well. This year 60% of our social work staff took part in this survey. Although almost all of the staff said they had good support from their manager nearly a third of them said they felt their caseload was too big and they were having insufficient direct contact with service users.

We have developed a robust quality assurance system which has been embedding during 2016/17 and it is evident that is driving improvement in the way our staff work. Over 400 cases were audited this year. These case audits support our understanding of how well workers are adopting the working principles of Transforming Lives and in levels of compliance with the requirements of the Care Act. We have seen an increase in the proportions being graded good or better from 43% in April 2016 to 81% in March 2017. Case audits have also found evidence of some strong practice in regard to safeguarding and we will continue to scrutinise practice in this area with a themed audit in 2017/18.

Registered Local Authority provisions are all currently graded “good” by the Care Quality Commission.

## Service User Feedback

We want to hear about people’s experience of their care because this helps us improve and shape our services. Although we have seen a very small rise in numbers of complaints over the last 3 years fewer than 2% of people we support make formal complaints about the care they receive. The number of recorded compliments made by people who use our services in 2016/17 was double that in the year before and is more than 3 times the number of complaints.

Where people do complain it has most often been about service provision or about financial issues.

Reflecting on the feedback we have had from service users helped us to identify that the automatic issuing and tone of debt recovery letters has been an area of concern so we have made changes in this process as a result. We have also reduced complaints about confusing and hard to understand invoices following revision of our contributions policy.

We want to know whether changes in our services adversely affect the experience of service users and so we have started to record complaints which are specifically about the lack of provision of a social care package of care. We will be able to report on this at the end of next year.

We carry out a service user experience survey each year and this year we repeated a carer survey last done in 2014/15. Overall the responses to our user experience



service indicate steady levels of satisfaction with services amongst those who receive support – people in Cambridgeshire are about as satisfied with their support as services users nationally. For carers the picture is rather different with carers being less satisfied than they were 2 years ago and also less satisfied than carers nationally.

In early 2017 we carried out the annual service user experience survey. 600 service users responded and of these

- 65% of said they were satisfied or very satisfied with services
- More than 9 out of 10 people said support had helped them have a better quality of life
- 70% said they had enough choice over their care services
- 80% said they had enough control over their daily life
- 54% said they found it very or fairly easy to find information and advice which is a drop from the previous year
- 70% said they were able to do things they enjoyed with their time

## Peer Review

Last year we reported on the findings of a Peer Review which had been carried out by the Local Government Association as part of the East of England Regional Peer Review Programme. The focus of the review was “commissioning for better outcomes” and it made a number of suggestions as to how the Council might improve in this area as well as identifying some strong practice. Reviewers thought that the Council should continue to review the Transforming Lives approach and simplify communications about this so that it better and more widely understood. The development of our Practice Governance and Transforming Lives Board will support this. We also have a number of projects running which are helping to test and embed new ways of working. For example our trial new “neighbourhood cares” teams have been established and we will be evaluating the impact of working in new way during 2017/18.

We were also challenged to review Commissioning roles and functions at both micro and macro levels to make these clearer and more coherent. The Council has undergone significant transformation during the last year and a new Commissioning directorate has been established which brings together previously separated functions.

The review team also thought that we could work even more closely with the NHS to develop a sustainable Home Care market and Our Older Peoples' Accommodation Strategy is now being implemented through a partnership board to do this.



**NOTE:**

*This summary text to be accompanied by a Forward, contact and further information about other documents available and case studies.*



**PEOPLE & COMMUNITIES STAFFING STRUCTURE**

*To:* **Adults Committee**

*Meeting Date:* **9<sup>th</sup> November**

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

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

*Forward Plan ref:*

*Key decision:*

**No**

*Purpose:* **To outline the current staffing structure and the line management levels across People and Communities directorate**

*Recommendation:* **To update Committee on the current People and Communities staffing structure and the levels of line management**

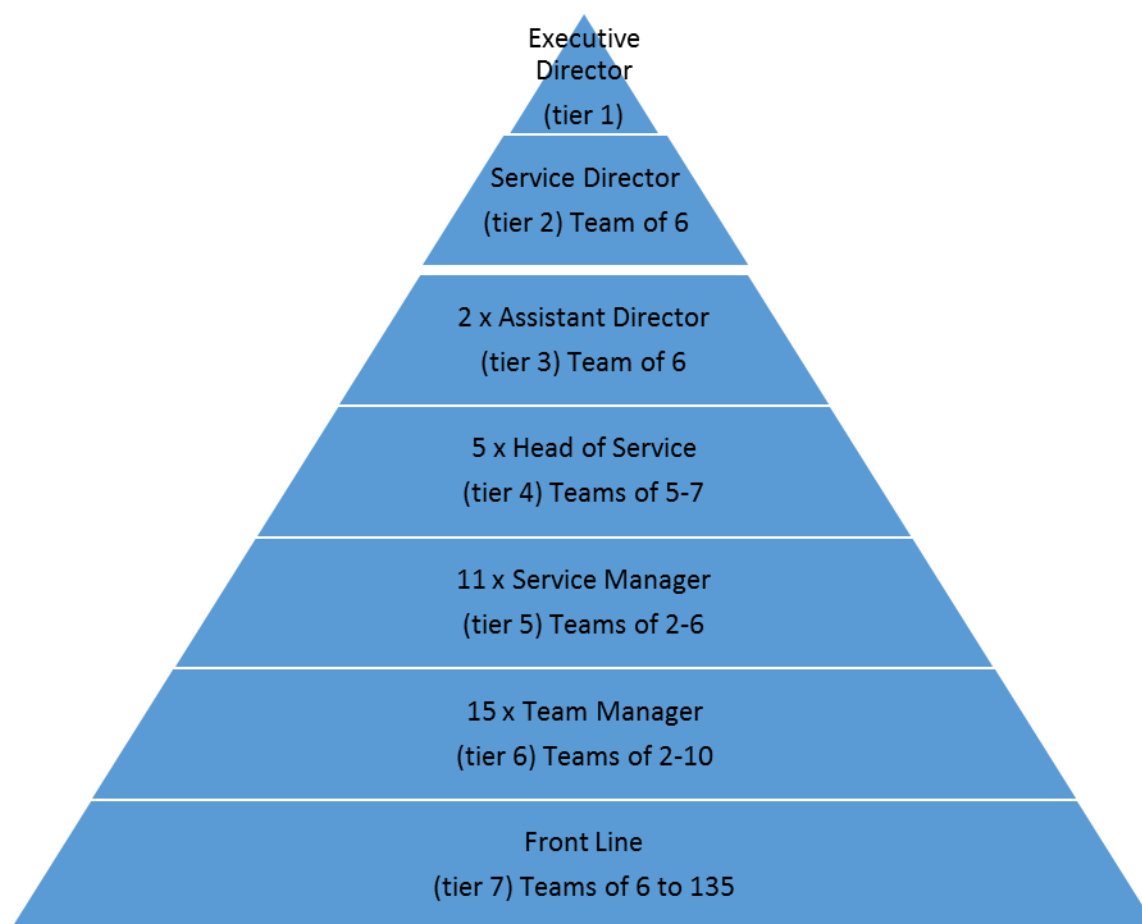
<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Wendi Ogle-Welbourn</b>	Names:	Cllr Anna Bailey
Post:	Executive Director: People & Communities	Post:	Chair Adults
Email:	<a href="mailto:Wendi.ogle-welbourn@cambridgeshire.gov.uk">Wendi.ogle-welbourn@cambridgeshire.gov.uk</a>	Email:	<a href="mailto:Anna.bailey@cambridgeashire.gov.uk">Anna.bailey@cambridgeashire.gov.uk</a>
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## **1. BACKGROUND**

- 1.1 Following the previous Committee report in September 2017, this report defines the layers of management within each of the People and Communities service areas (previously Children, Families and Adults). The People and Communities Directorate covers both Cambridgeshire and Peterborough and the management structure reflects the need to ensure appropriate management capacity in both authorities, whilst taking advantage of the efficiencies this joint arrangement enables e.g. one Service Director for each service area, with the cost being shared by Cambridgeshire and Peterborough.
- 1.2 There is a corporate and directorate desire to ensure that management is as lean as possible to enable more resources to be available to deliver front line services. We have identified that for the operational service areas our aim is to have at least five direct reports (DR) per manager unless this is not appropriate given other responsibilities being held by the individual concerned. Where there are less than 5 direct reports, we have provided the rationale. This report details the management spans in each of the service areas and we continue to consider further opportunities to join up strategic management posts across Cambridgeshire and Peterborough e.g Quality Assurance.
- 1.3 The following sections have been divided into the five key service areas outlining the current staffing structure and the levels of line management.

## **2. Adult Services**

- 2.1 The Adults service area was previously made up of two separate service areas- Adult Social Care and Older People and Mental Health. This is now one service area, which is headed up by one Service Director, who also manages Peterborough Adult Services. The cost of the Service Director is shared. It has been identified that there are seven levels within the structure pyramid from the Executive Director: People and Communities to front line staff within Adult Services. The pyramid is shown below with the number of Direct Report to each level noted:



2.2 Across Adults and Safeguarding there are a total of 8 Service Areas and there are variations in the structures as a result of a diverse range of functions and two Directorates recently being brought together. In some cases managers have in excess of 5 direct reports (DR), for example in Reablement some managers have up to 25 DR. The table below sets out those posts that do not have 5 or more direct reports and the rationale. It also indicates where work is underway which is likely to result in changes. The role and responsibilities of Service Manager, Team Manager and Senior Social Worker are currently being reviewed to reflect the need to balance complex case work and line management responsibilities.

Service Area	Service Manager (Tier 5)	Team Manager (Tier 6)	Frontline (Tier 7)
<b>Learning Disability Partnership (LDP)</b>  <b>This report only covers CCC employed staff and does not include Health staff that may also be</b>	2 x Service Managers covering operational delivery of integrated health and social care teams across 5 locality areas, one has 2 DR and one has 3DR. These Service Manager's have a broader role in making the integrated Learning Disability Partnership work effectively.	6 x Team Managers, one has 4DR the remainder have 5-6 DR which are a mix of CCC and Health DR.  Team Managers are CQC registered and have day to day responsibility for the delivery of the integrated health and social care services and associated	10 x Senior Social Workers, 6 of these have less than 5 DR, 3 of which are part-time.  The Senior Social Worker post was created to take on complex case management and therefore not

<b>managed as part of the LDP.</b>	1 x Lead Service Manager integration and practice with 3 DR, additional responsibilities for the health aspects of the service and strategic responsibility for adult area of SEND 0-25, as well as being the operational lead for young carers services and autism and adults team.	management responsibilities across both health and social care commissioners and two employing organisations.	appropriate to have a large no. of direct reports.
<b>Learning Disability Provider Services</b>	<p>The service comprises of 11 residential accommodation and 10 day centre schemes</p> <p>8 X CQC Registered Managers. The registered Manager at Larksfield Transition Unit has 1DR; this service generates income to meet costs. The remaining Registered Managers have 3 to 5 DR.</p> <p>It is a CQC requirement to have a Registered Manager for each residential accommodation. This role carries significant responsibilities to meet the needs of the regulator.</p>	<p>40 x Senior Support Workers, 5 of these have less than 5DR, the remainder have 5-11 DR</p> <p>In Day Centre's Senior Support Workers are frontline staff and deliver hands on support to service users in addition to carrying out their line management duties. Seniors also provide the lead during sessions and will plan activities/schedules for the day.</p> <p>In accommodation schemes Seniors are required to provide evening &amp; weekend cover for Registered Managers and this is balanced with fewer DR.</p>	
<b>Physical Disability</b>		<p>1 x Team Manager with 2 DR</p> <p>Through the recent</p>	

		adults consultation alternative management arrangements are being considered for PD which will enable changes to meet the guideline of 5 DR	
<b>Safeguarding and Social Work Practice</b>	<p>Options are currently being explored regarding a shared Principal Social Worker role across CCC and PCC which will have an impact on this structure.</p> <p>5 x Managers focusing on different areas of safeguarding and social work practice. This is not an operational delivery service- it provides expert practice advice to operational teams, with the exception of the Counting Every Adults team where there are 4DR.</p> <p>Mental Capacity Act Manager with 1 DR. Counting Every Adult Project &amp; Development Manager with 4 DR – this could increase once long term funding is agreed for this team. Adult Safeguarding Manager with 1 DR - this will be reviewed and may change dependent on scope of Multi Agency Safeguarding Hub (MASH) Quality Governance &amp; Practice Development Manager with 4 DR -</p>		

	Team expected to expand in the future		
<b>Older People Locality Teams</b>	<p>A total of 4 locality Teams</p> <p>4 x Service Managers (one of which is vacant) with 2-6 DR</p> <p>The 2 largest teams (Hunts and City and South) have a Team Manager in place, the principle responsibility of the Team Manager is to support the work flow and support on day to day decisions.</p> <p>In the smaller teams (East and Fens) the Service Manager does not have a Team Manager and so has more direct reports.</p>	<p>2 Team Managers, one with 3 DR and one with 6 DR.</p> <p>The Hunts Team Manager has 3 DR as the workforce is more stable than in City and South where there are vacancies in the Senior Social Work roles.</p>	<p>15 Senior Social Workers, two have 4 DR, the remainder have 5-8 DR and the number of supervisee's reflect the number of hours worked.</p>
<b>Sensory</b>		<p>1 x Senior Social Worker with 2 DR</p> <p>Structure under review to join Sensory with Assistive Technology &amp; Adult Early Help</p>	<p>1 x Rehab Worker with 3 DR</p> <p>Structure under review to join Sensory with Assistive Technology &amp; Adult Early Help</p>
<b>Discharge Planning</b>	<p>Discharge Planning consists of 2 teams</p> <p>1 X Service Manager with 2DR, currently being filled on an interim basis.</p> <p>2 x Team Managers with 5-6 DR</p> <p>There is a Service Manager in place with two direct reports, however this role takes a strategic</p>	<p>6 x Senior Social, three have 4 DR and, two have 5DR and one has 6DR.</p>	



	management view of the whole Discharge Planning Service and allows for the management of a service with the rapid throughput and the high profile function of DTOC's to be effectively managed. The Service Manager takes direct responsibility for the DTOC validation process and acts as a service lead in relation to DTOC's and participates in a large number of meetings and daily escalation calls with NHS colleagues.		
<b>Reablement</b>	Reablement has in place 2 CQC registered Team Managers for quality assurance and complex case holding. Therefore the role does not have any direct reports		12 Care Co-ordinators with up to 25 DR each  Reablement manages high volumes of Care staff through the role of Care Co-ordinator that line manage up to 25 DR each. This reflects a 7 day, 24 hour shift based service.
<b>Mental Health</b>	This service is delivered by CPFT on behalf of CCC and the structures are set by CPFT within the parameters of the Section 75 agreement. The MH management structure is subject to change in the next 6-9 months		

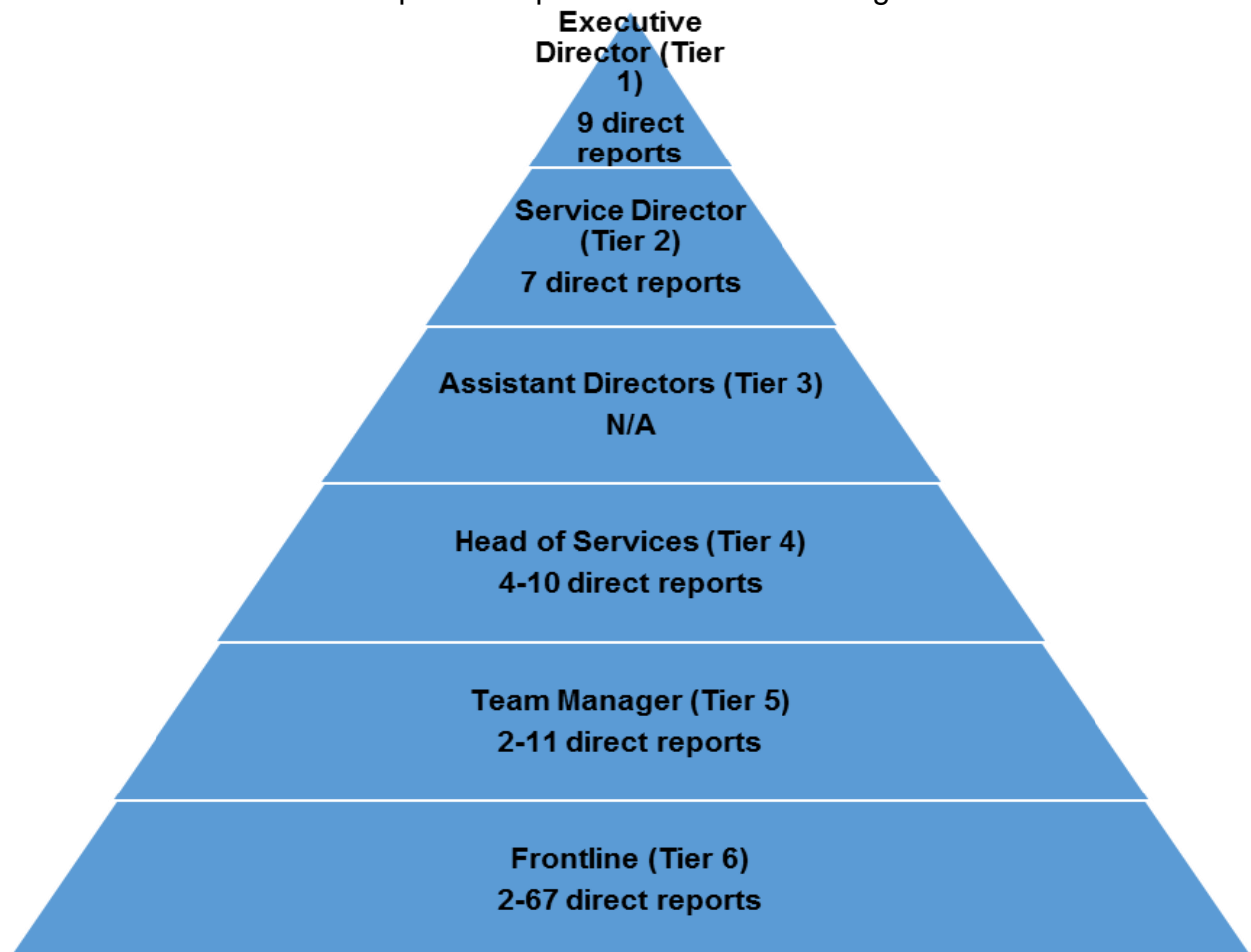
### 3. Learning

3.1 Spans of control in the Learning Directorate are set out in the table below. These figures

include the Catering and Cleaning Service (CCS), which has recently moved to the Resources Directorate but is still recorded as part of People and Communities on the HR System.

We have not recruited to the joint Service Director across Cambridgeshire and Peterborough yet and therefore there is no Assistant Director in post yet and the Service Director is managing all the Head of Service post.

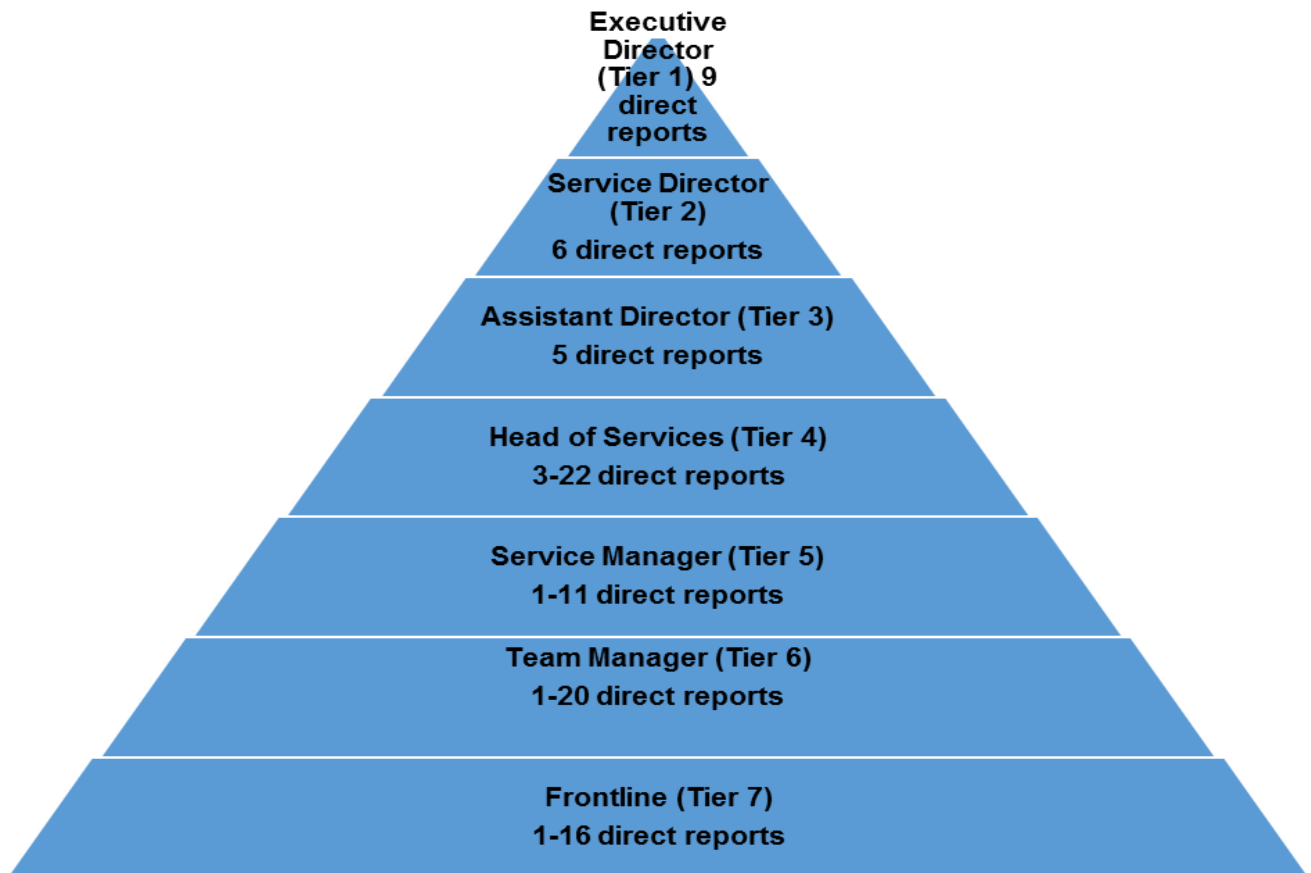
When the new director is in post the spans of control will change.



- 3.2
- **The Service Director: Learning.** This post covers Cambridgeshire only, so the Assistant Director role is not yet applicable.
  - **Heads of Service.** The average number of direct reports is six. The variation principally reflects the nature of the Service (some teams are larger than others and vary in their specialist roles, see below).
  - **Team Manager.** The variation reflects principally the specialist nature of many of the roles in the Learning Directorate. For example, the Council employs two specialist advisers to support schools with safeguarding issues, critical incidents and complaints, with the senior adviser line managing his colleague. Both are former headteachers and to give the senior adviser additional direct reports would take him away from the specialist (and statutory) work that he is employed to do.
  - **Front Line.** The variation appears exceptional but is distorted by the employment of seasonal labour in the outdoor education centres which does have a line management structure but is not reflected in the analysis

#### 4. Children and Safeguarding

4.1



4.2 **Early Help:** Following the Corporate Capacity Review, Children's Change Programme and Commissioning Review, the majority of county lead roles that existed within Early Help were removed from the structure with key functions remaining with two Head of Services; (north and south) including responsibility for operational practice of early help workers and partnership work with the wider children's work force in the community and voluntary sector. They also lead on the operational work within Children Centres.

**Safeguarding:** Consultant Social Workers have only 4/5 direct reports each and they all carry case work as well as additional responsibilities such as the operational development of practice as service leads in various areas and holding practice workshops. This is also in line with the Unit Model and how the Unit functions.

**Integrated Front Door:** There is a need for Team Managers in the Multi-Agency Safeguarding Hub to have capacity to manage the MASH tray alongside supervision of staff. We have recognised the need for 3 Team Managers in this part of the service to ensure throughput.

The Emergency Duty Team Team Managers have 5 direct reports alongside being available on the rota to complete tasks.

The current Head of Service has 4 direct reports at this time but works in a service area that covers a high volume of work and multi- agency interfacing.

### **Countywide / LAC:**

This service is delivering services to 500+ young people, many with complex needs and therefore some management roles are line managing less than 6. There are also developmental aspects to these roles including sole lead responsibility for development of care leaving services and contribution to corporate parenting; project delivery responsibility in setting up and delivering the Hub (No Wrong Door) way of working; setting up new contact service with service and practice standards and oversees delivery of a countywide service from (currently) 22 locations.

**Partnership & Quality Assurance:** The Quality Assurance service has additional roles and responsibilities that are different to Social Work practice. The Principal Social Worker (statutory role) is a crucial practice role, therefore not suitable to supervise staff and ensures they can remain independent. The current Head of Service has 5 direct reports but has responsibility for Missing and Sexually Exploited (MASE), Simplify to Succeed, Local Safeguarding Children's Board (LSCB) and sub groups, Multi-agency Safeguarding Hub (MASH) governance, agency decision maker (viability and concurrency) and deputies for the Assistant Director Threshold and Resources Panel (TARP) and Permanency Quality Assurance Meetings (PQAM).

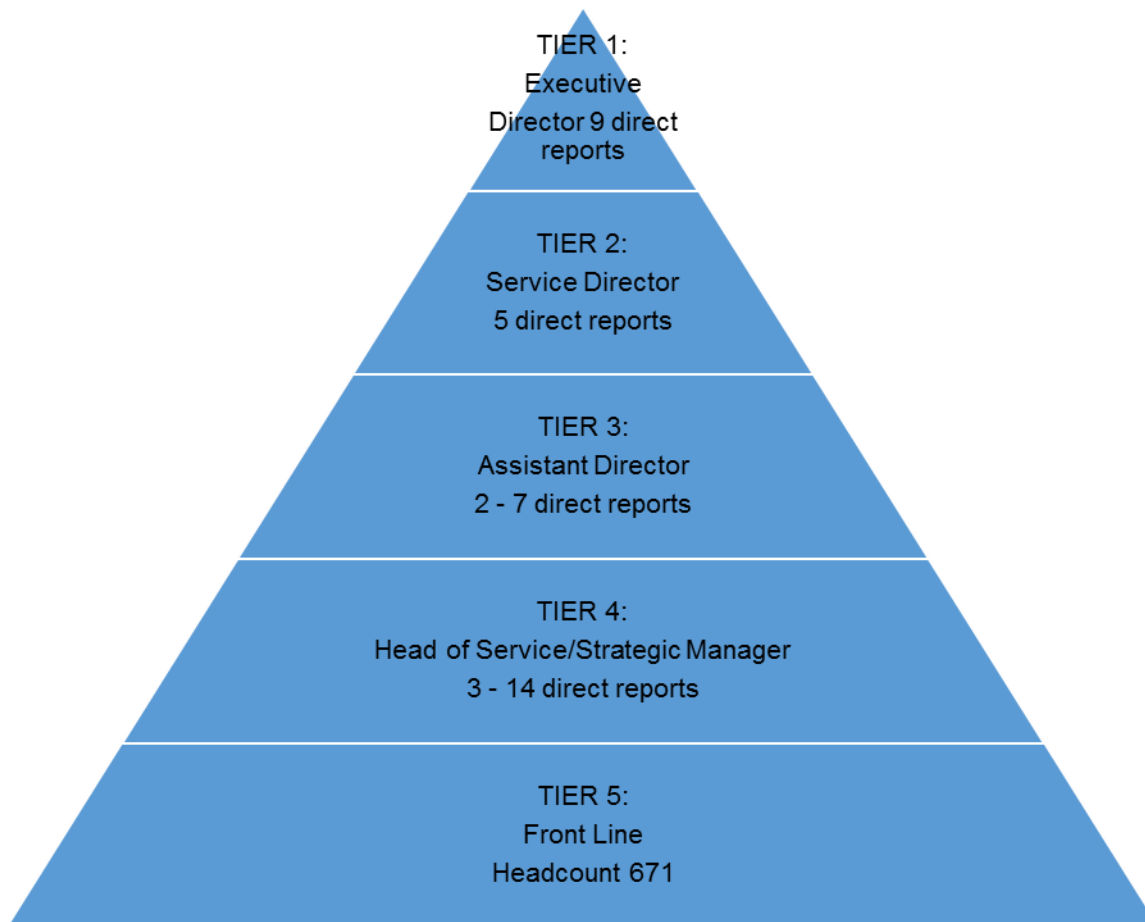
**Business Support:** We are currently looking at supervision arrangements and moving staff around. Sometimes some staff only have a few direct reports, because they haven't got a large team to support, but you need a certain level of cover at a senior level and to be able to perform the tasks at this level. However, we are currently working on a proposal for how the Business Support Structure will look (by November) and we will be looking at all supervision arrangements.

## **5. Commissioning**

- 5.1 Commissioning comprises of three key areas; Access to Resources, contracts and quality improvement; Adult and Children Commissioning; Transformation and Programmes (driving delivery of savings) – Increasingly this area of service is shared across Cambridgeshire and Peterborough which is driving further efficiencies in staff costs as well as enabling greater opportunities to jointly commission driving down costs of services and creating more capacity in the market.
- 5.3 The structure operates from only 5 tiers and as line management is bedding down, there is further potential to scope sharing management and commissioning officers with Peterborough.

## **6. Community and Safety**

- 6.1 The information gathered has been used to create a structure pyramid for the Communities and Safety Directorate; the numbers shown beneath each tier are the minimum and maximum direct reports to that level.



6.2 The Communities and Safety directorate operates a shared management structure across Cambridgeshire and Peterborough at tiers 2 and 3 (with the exception currently of the Head of Performance and Informatics). So the cost of these posts are shared. The information gathered has highlighted a number of exceptions to the desired number of direct reports:

### 6.3 TIER 3

- The Assistant Director for Community Safety, Prevention and Enforcement, the Assistant Director for Housing, Communities and Youth, and the Assistant Director for Skills and Employment have between 6 and 7 direct reports. The Assistant Director for Skills and Employment is also the Principal of City College Peterborough.
- The more specialist posts of Head of Performance and Informatics and Head of Community Cohesion have between 2 and 5 direct reports respectively.
- The Head of Community Cohesion is a direct report to the Service Director given the highly specialist and sensitive nature of his work. His work is focussed on intensive direct engagement with community and faith leaders, and on brokering relationships between faith leaders and senior public sector leaders.
- The Head of Performance and Informatics is a corporate role in Peterborough (i.e. it

supports the whole council). Work is underway to review this service, with a view to seeking stronger alignment with other specialist functions and/or between Cambridgeshire and Peterborough. It is anticipated that this will increase the number of direct reports for that post.

#### **6.4 TIER 4**

- The number of direct reports to tier 4 managers in both the Housing, Communities and Youth department and the Community Safety, Prevention and Enforcement department is between 6 and 14 (with the exception of a co-located fire service manager who has 4 direct reports – their primary focus is on arson reduction and fire prevention).
- As described above the number of direct reports to the Head of Community Cohesion is 2. For similar reasons to those described above the number of direct reports to the Assistant Cohesion Manager is 3.
- The number of direct reports to tier 4 managers in the Skills and Employment department is currently between 3 and 5. A full review of this service is underway following the transfer of the Head of Learning and Skills for Cambridgeshire to this department.
- The number of direct reports to tier 4 managers in the Performance and Informatics department is between 2 and 5. As described above however this service is also subject to a major review.

## **2. ALIGNMENT WITH CORPORATE PRIORITIES**

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

There are no significant implications for this priority.

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

Our desire to provide lean management ensures maximum resources are targeted at front line delivery to support people to live healthy and independent lives.

### **2.3 Supporting and protecting vulnerable people**

Our desire to provide lean management ensures maximum resources are targeted at front line delivery to support vulnerable people.

## **3. SIGNIFICANT IMPLICATIONS**

### **3.1 Resource Implications**

Significant savings have been made on Heads of Service roles across P & C as part of the recent changes in People and Communities (CFA). As the shared arrangements with Cambridgeshire and Peterborough develop further there will be more opportunities for some

further shared arrangements leading to reductions in management and other back office costs.

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

There are no significant implications.

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

There are no significant implications.

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

There are no significant implications.

### **3.5 Engagement and Communications Implications**

There are no significant implications.

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

There are no significant implications.

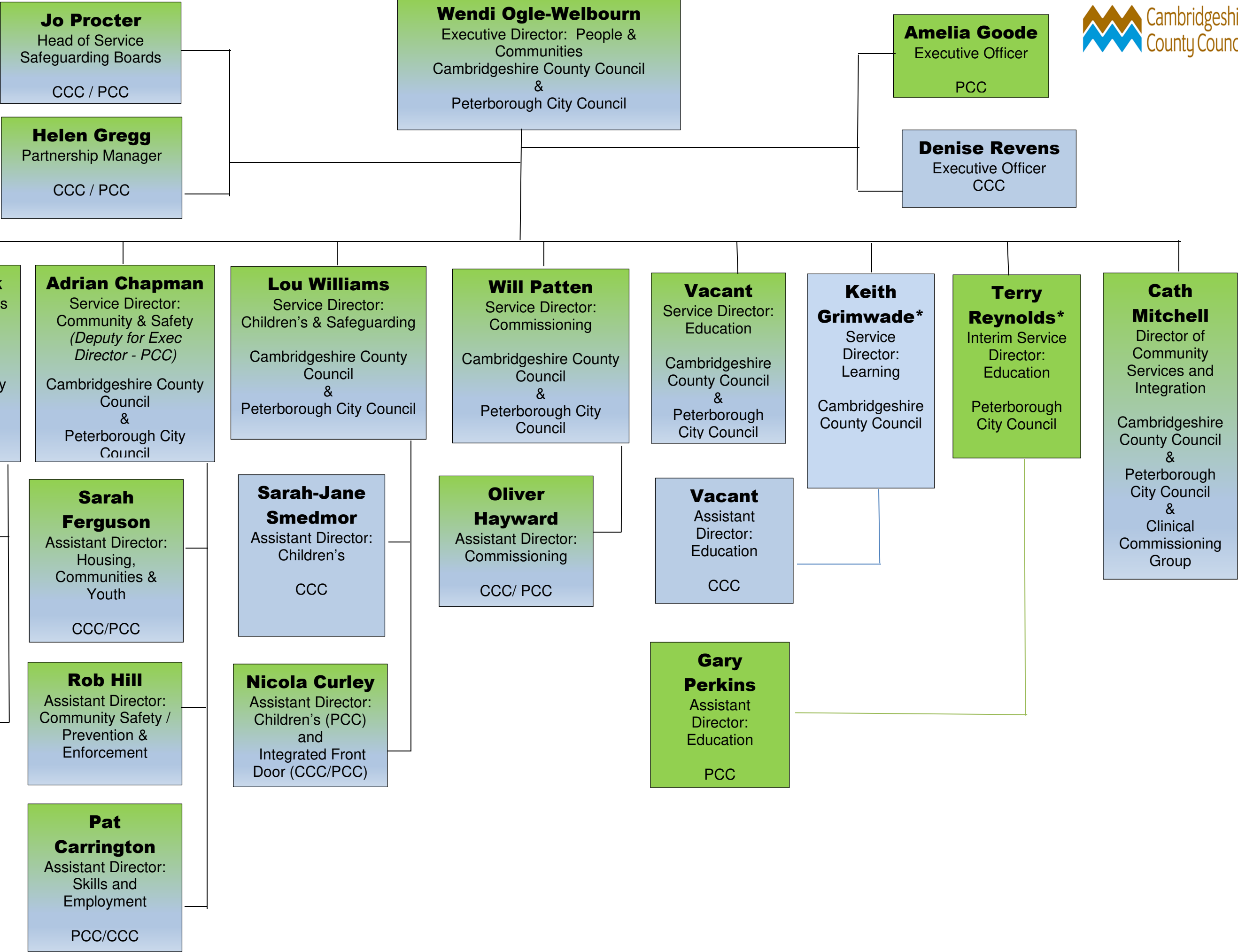
### **3.7 Public Health Implications**

There are no significant implications.

<b>Source Documents</b>	<b>Location</b>
Appendix 1 – People & Communities Structure Chart	Attached







\*Keith is retiring in December & Terry is an interim - we are out to advert for new Perm SD Education across Cambs & Pboro.



# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 2nd October 2017  
Updated on 27th October



Cambridgeshire  
County Council

Agenda Item No: 10

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

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

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

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

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<b>7/12/17</b>	Finance & Performance Report	M Wade	Not applicable	27/11/17	29/11/17
	Business Planning	W Ogle-Welbourn	Not applicable		
	Transformation Programme – Adults Reviews	W Ogle Welbourn/ C Black / C Bruin	Not applicable		
	Older People Care Home development – update	R O'Driscoll	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
<b>11/01/18</b>	Finance & Performance Report	M Wade	Not applicable		03/01/18
	Transforming Lives	C Bruin	Not applicable		
	Transformation Programme – Adult Early Help (or December)	W Ogle Welbourn/ W Patten	Not applicable		

<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
	Housing Allowance – Update on national policy	W Ogle Welbourn	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
<i>[1/02/18] Provisional Meeting.</i>					24/1/18
<b>8/03/18</b>	Finance & Performance Report	M Wade	Not applicable	26/02/18	28/02/18
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) six-monthly report	D Cohen	Not applicable		
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/ W Patten	Not applicable		
	Dementia Strategic Plan	Fiona Davies	Not applicable		
	Home Improvement Agency (HIA) Update	T Reed/ R O'Driscoll / W Patten	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		
<i>[12/04/18] Provisional Meeting</i>					04/04/18
<b>24/05/18</b>	Finance & Performance Report	M Wade	Not applicable	14/05/18	16/05/18
	Transformation Programme/Deep dive to be agreed with Committee	W Ogle Welbourn/ W Patten	Not applicable		
	Adults Committee Agenda Plan	R Yule	Not applicable		

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

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

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

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

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

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

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

