ADULTS COMMITTEE

Cambridgeshire County Council

Date:Thursday, 03 November 2016

Democratic and Members' Services
Quentin Baker
LGSS Director: Lawand 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

2 Declarations of Interest

Guidance for Councillors on declaring interests is available at http://tinyurl.com/ccc-dec-of-interests

3 Minutes & Action Log - 13th October 2016 **5 - 20**

4 Petitions

DECISIONS

5	**Finance & Performance Report September 2016**	**21 - 74**
6	**'Commissioning for Better Outcomes' Peer Review Findings and Action Plan**	**75 - 112**
7	**Total Transport Changing Day Centre Session Times**	**113 - 126**
8	**Disabled Facilities Grant Review**	**127 - 164**
9	**Adults Committee Agenda Plan**	**165 - 168**
10	**NHS Continuing Health Care**	**169 - 172**
11	**Exclusion of Press and Public**	
	To resolve that the press and public be excluded from the meeting on the grounds that the agenda contains exempt information under Paragraphs 5 of Part 1 of Schedule 12A of the Local Government Act 1972, as amended, and that it would not be in the public interest for this information to disclose information in respect of which a claim to legal privilege could be maintained in legal proceedings.	
12	**Health & Care System Sustainability and Transformation Programme Memorandum of Understanding Local Authority Appendix**	**173 - 192**

The Adults Committee comprises the following members:

Councillor Adrian Dent (Chairman) Councillor Anna Bailey (Vice-Chairwoman)

Councillor Barbara Ashwood Councillor Chris Boden Councillor Sandra Crawford Councillor Lorna Dupre Councillor Derek Giles Councillor Lynda Harford Councillor Samantha Hoy Councillor Richard Mandley Councillor Michael Tew Councillor Graham Wilson and Councillor Fred Yeulett

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

Clerk Name: Daniel Snowdon

Clerk Telephone: 01223 699177

Clerk Email: daniel.snowdon@cambridgeshire.gov.uk

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Agenda Item No: 3

ADULTS COMMITTEE: MINUTES

Date: Thursday 13th October 2016

Time: 2.00 p.m. to 4.40 p.m.

Present: Councillors A Bailey (Vice-Chairwoman), C Boden, P Brown, S Crawford, L Dupre, D Giles, L Harford, R Mandley, Z Moghadas, M Smith and G Wilson.

Apologies: Councillors S Hoy (Councillor P Brown substituting) and G Kenney (Councillor M Smith substituting).

The Vice-Chairwoman welcomed the newly appointed Interim Executive Director: Children, Families and Adults.

196. DECLARATIONS OF INTEREST

There were no declarations of interest.

197. MINUTES – 15th SEPTEMBER 2016 AND ACTION LOG.

The minutes of the meeting held on 15th September 2016 were agreed as a correct record and signed by the Vice-Chairwoman.

The Action Log was noted. Members requested that the Action Log be reviewed as certain items had been in progress for some time and progress had been made. It was also that items that required action from a Councillor be recorded also. **ACTION**

198. PETITIONS

No petitions were received.

199. SERVICE COMMITTEE REVIEW OF DRAFT REVENUE BUSINESS PLANNING PROPOSALS FOR 2017/18 TO 2021/22

Members received the Service Committee review of draft revenue business planning proposals. Members noted that the business planning proposals were based around preventative measures and managing demand for services. Officers informed Members that there was currently a further financial gap to be resolved across the Council before a balanced budget could be delivered.

Services were expected to meet the first 1.4% of increasing demand through increased demographic pressure. Demographic pressures were explained as where it was recognised that there would be increased demand and need for services.

During the course of discussion Members:

- Questioned whether the re-evaluation of Business Rates would mean greater income for the Local Authority. Officers explained that it was not possible to quantify what impact Business Rates would have upon the revenue stream of the Council and Members' noted that there had been discussion regarding how Business Rates would be divided across the two-tiers of local government but agreement had yet to be reached.

- Questioned why the current total recommended demography allocation contained within paragraph 6.3 of the report had decreased from the previous year. It was explained that forecasting methodology was subject to constant review and refinement and the process had resulted in a decrease from the previous year.

- Welcomed the focus on preventative measures designed to help people remain in their own home for as long as possible and emphasised the need to grow services such as Reablement, Occupational Therapy and Assistive Technology as the long term preventative savings were far greater than the initial cost of the equipment.

- Sought clarification regarding the expansion of the Early Help team as there was no new money to support it. Officers explained that existing resources contained within the care teams would be re-distributed to the Early Help team to support their work.

- Noted that there was a risk that the savings would not be achieved due to savings having been delivered in other areas. For example, an individual that received assistance through the Early Help team may also receive support through the Reablement team and therefore it would be difficult to allocate savings to look at cumulative numbers of people where care packages were assumed to be avoided to ensure the total number was realistic.

- Requested that paragraph 7.6 of the report included and emphasised the word local within the final sentence. **ACTION**

- Sought reassurance regarding the savings that would be derived from the rationalisation of voluntary sector contracts and requested further information regarding how the savings would affect individual organisations and emphasised the important role the voluntary sector carried out in providing social care and urged caution in cutting funding to organisations that would provide services that the Council was no longer able to. **ACTION**

- Highlighted the additional pressures that would be placed upon individuals' immediate families and support networks as a result of the savings made and future savings. Officers highlighted that the vast majority of people did not require statutory services provided by the Council and drew attention to the Community Resilience and Think Family work that was ongoing. Members noted that the Transforming Lives model relied upon the wider support networks provided by not only families but wider communities in providing support and care to individuals.

- Expressed concern whether the Council was placing sufficient emphasis on the importance of youth training and preparing for employment. Ongoing work that engaged with schools and children's services to ensure the best work placements were made available.

- Noted that there appeared to be a large number of out of county placements. Officers explained that 70% of out of county placements were no more than 15 miles across the county border. The focus was to return those who were placed further afield to in-county placements, thereby reducing associated costs to the Council. Members noted that individuals placed in another county remained the responsibility of the Local Authority that placed them.

- Sought greater clarity regarding carers' assessments and how they would be taken into account within the care planning process when the budget was being reduced by £2.4m. Officers explained that part of the process was to negotiate with families and carers regarding the level of support they were able to provide and how much support they required also. All carers had the right to an assessment and if it was determined that a carer had needs then the Council had a statutory duty to meet them. Work had been undertaken with regard to social activities and to what level the Council should fund them together with supporting individuals with welfare benefits so that they were able to utilise them fully.

- Questioned whether the savings identified in paragraph 7.24 of the report associated with increasing independence and resilience when meeting the needs of people with learning disabilities were achievable. It was confirmed by officers that the savings targets had been revised to what was thought to be achievable based on experience so far. Members noted that the savings target was £1m less than was contained in the previous years' business plan.

- Noted the issues regarding Deprivation of Liberty cases highlighted within paragraph 7.27 of the report and questioned what action had been taken to address the issues. Officers informed Members that the number of permanent posts that would undertake best interest assessments had been increased and agency workers had been contracted to complete assessments. The collaborative approach with neighbouring Local Authorities whereby the rates paid to agency workers was limited was highlighted to the Committee. Feedback was being provided to the Government through the Local Government Association regarding the bureaucracy that surrounded Deprivation of Liberty cases.

- Noted that there was a focus on the cost effectiveness of placements rather than their location within or out of the county and that coincidentally, the least cost effective placements were located out of county.

- Emphasised the relationship between the Council and the Clinical Commissioning Group (CCG) and discussed the need to strengthen partnership work with the CCG which had been highlighted in a recent Peer Review. It was confirmed that discussions had taken place with the CCG regarding greater collaborative work and attention was drawn to the Better Care Fund that demonstrated collaboration could be achieved between the two organisations.

- Expressed frustration with the limited progress that had been made with regard to the negotiations taking place with the CCG relating the S117 and Continuing Healthcare funding. Members noted that a detailed report on the matter would be presented to the November meeting of the Adults Committee. A meeting was scheduled to take place with legal representatives regarding the next legal steps in the process.

- Noted that financial reassessments should be completed annually in line with the Contributions Policy and this at present was not being achieved. There were also large numbers of people that were eligible to claim Attendance Allowance but failed to do so and a claim would benefit individuals and the Council. It was requested that that welfare benefits advice was placed within the relevant Community Impact Assessment. **ACTION**

- Questioned how the Council could cooperate more effectively with other local authorities to offer services to them and vice-versa. The work undertaken by LGSS was highlighted by officers where the method by which financial assessments were undertaken by Northamptonshire County Council had benefited the Council in terms of an automated system and drew attention to discussions that had taken place with neighbouring local authorities regarding recruitment of staff.

- Highlighted the Association of Directors of Adult Social Services (ADASS) survey for 2016 and questioned whether officers agreed that position with regard to funding was pessimistic. Officers confirmed that the position remained the same but highlighted the more positive approach of the business planning process for the current year.

It was resolved to:

a) Note the overview and context provided for the 2017/18 to 2021/22 Business Plan revenue proposals for the service

b) Comment on the draft revenue savings proposals that are within the remit of the Adults Committee for 2017/18 to 2021/22

200. FINANCE AND PERFORMANCE REPORT – AUGUST 2016

The Committee received the August 2016 iteration of the Finance and Performance report. At the end of August Children, Families and Adults (CFA) forecast an overspend of £2,521k. This was a significant deterioration from the previous month when the forecast overspend was £693k. However, the budgets within the remit of the Adults Committee continued to forecast an underspend which was currently stable at £966k. The underspend within the Learning Disability Partnership (LDP) had worsened by £320k, reflecting care purchase costs, slow progress against savings targets and staffing costs in in-house provider services. Older People's Mental Health reported new underspends totalling £410k across centrally commissioned contracts for domiciliary care cars, respite block beds and 24 hour supported living.

During discussion Members:

- Requested that officers focus was maintained with regard to managing the continued overspend within the LDP.

- Confirmed that if a situation arose where budgets needed to be revised and moved around the Council then it would be presented to the General Purposes Committee for consideration.

- Questioned whether the level of resource allocated forecasting trends and demands was sufficiently able to ensure that estimate were as reasonable as possible. Officers explained that whilst the forecasting process was reviewed and refined regularly there were occasions where statistical anomalies occurred for which there was no clear apparent reason.

- Noted that the number of Delayed Transfers of Care (DTOCs) attributed to delays within social care had increased and was an example of where greater cooperation between the Council and the Clinical Commissioning Group (CCG) could successfully address the issue. Officers explained that there was a level of variance in the figures each month and the latest figures supplied by the Department of Health showed that the number of DTOCs associated with adult social care had decreased and that there was a need to distinguish between lost beds days and actual number of delays. The overall position had remained stable and the position had improved by 40% over the course of the last 3 years.

- Requested a report on DTOCs and how they were measured in order to improve understanding of the figures and how they were recorded. **ACTION**

It was resolved to review and comment on the report.

201. OLDER PEOPLE'S ACCOMMODATION STRATEGY

The Older People's Accommodation Strategy was presented to Members. A number of contributions had been received from a broad range of stakeholders. The focus of the strategy was the housing requirements for older people; housing was a significant factor in maintaining health and wellbeing and thereby reducing dependency on statutory care services. Members were informed that the work-stream regarding the development of a care home would be presented to the Committee at a later date along with a report that covered Disabled Facilities Grants that had reached and advanced stage following collaborative work with the Clinical Commissioning Group (CCG) through investment from the Better Care Fund (BCF).

During discussion of the report Members:

- Noted that discussions regarding a local authority run care home had been long running and questioned what stage they were at. Officers explained that consultants had been commissioned to produce an options appraisal that covered several wide questions including; whether the Council could utilise assets such as land to encourage the expansion of the care home market and maintain affordable costs, an evaluation of planning and finance and a market evaluation. Consultation had taken place with stakeholders, including the CCG and providers. Five options would be presented to Members contained within the report at Committee. Members noted that challenge the report had presented.

- Expressed concern about whether the County Council officers and members had done enough to influence the Local Plans being developed by District Councils and ensure that Local Plans enable the implementation of the Accommodation Strategy. Members noted that only 3% of the elderly population required accommodation in residential care home setting and it was vital that new accommodation was built to meet the needs of the 97% that did not require permanent residential care. The development of care homes would not be sufficient to address the issues faced by the Council and Extra Care, single level accommodation and older person friendly accommodation was also required. Members were informed that discussions were taking place regarding the Northstowe development to ensure the Councils goals regarding accommodation were met.

- Confirmed that links existed between the County Council and District Councils at sub-regional housing boards where the strategy had been presented.

- Emphasised the importance of location when determining where to build new sites. Officers explained that some exception sites may be suitable for care home provision but not for general housing. Work was continuing with Planning Officers to look at a range of potential sites.

- Requested that District Councils were encouraged to include provision for key worker accommodation within their Local Plans. **(ACTION)**

- Requested that the graph on page 16 of the strategy have further comment added to it in order that it is clearer to the reader. **(ACTION)**

- Questioned how Disabled Facilities Grants (DFGs) would be prioritised. Officers explained that work was being undertaken to achieve consistency in the delivery of DFGs but also that there were wider issues that should be considered before DFGs were approved. It was confirmed that a report was to be presented at the November meeting of the Adults Committee.

- Expressed concern regarding the amount of work required to deliver the strategy and the resources required. Members were informed that further investment would be required to take forward work regarding the care home as expertise was required that the Council did not possess.

- Noted that the action plan on page 38 of the strategy required updating following the recent government announcement regarding Local Housing Allowance and requested that updates be provided to the Committee on work-streams that had been completed. **(ACTION)**

- Requested that Members were kept updated with information and developments outside of Committee meetings. **(ACTION)**

- Appointed Councillors Harford, Tew and Wilson to a Member Reference Group to support the action plan relating to care home development with Councillors Bailey, Brown and Smith as substitutes.

It was resolved to endorse the integrated approach set out in the Older People's Accommodation Strategy. In particular to:

a) Support the multi-agency approach to planning and developing accommodation for older people and

b) Agree the establishment of a Member Reference Group to support the action plan relating to care home development

c) Request that the strategy be shared with District Councils so that it informs local plans.

202. DRUG AND ALCOHOL SERVICE UPDATE

An update was provided to Members on the Drug & Alcohol Team for strategic oversight. The Drug and Alcohol Team worked on behalf of a partnership of Public Health, Police, and Council's. Officers highlighted the young people's services and prevention work carried out by the team.

During the course of discussion Members:

- Expressed concern regarding the 7% success rate of treatments for opiates and questioned how many people it equated to. Officers informed Members that the success rate was in line with the national average and there were approximately 1200 people undergoing treatment. The effects of not providing the service, such as homelessness, poor health outcomes and greater strain on other services was highlighted to the Committee. Members noted that the success rate for alcohol dependency was much higher at 40%. A new Joint Strategic Needs Assessment (JSNA) had been developed that was designed to increase coordination between agencies and manage long term drug users differently was welcomed by Members.

- Noted the challenges faced by Looked after Children (LAC) as they were at significant risk of substance misuse due to their personal circumstances and despite prevention work there was a reluctance from many young people to engage with services and there were significant barriers that had to be overcome.

- Questioned what could be done to increase the percentage of individuals successfully treated. Officers informed Members that the latest figures provided by Public Health England showed an increased success rate of 42% for alcohol dependency. Communities needed to be strengthened in order to support individuals in order to prevent them returning to specialist services.

- Noted that savings had been achieved through rationalising the management structure of the services and that the Saturday service had been stopped due to few people using it and therefore an evening session was to take its place.

- Welcomed the social enterprise café, “The Edge” that was due to open on 14th November, located on Mill Road in Cambridge that was designed as a place where people undergoing recovery could seek support, guidance and training and employment opportunities.

- Noted the work undertaken with regard to all public services to support in the work of the Drug and Alcohol Team. The Fire Service was provided as an example of when they were attending fires, support was also provided regarding alcohol misuse. The Police were also involved in such preventative work.

It was resolved to note the information provided in the update

203. ADULTS COMMITTEE AGENDA PLAN

It was resolved to note the agenda plan and the oral update provided at the meeting.

Care Home Development Plan – moved from December to January
Recruitment and Retention – removed.

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

There were no appointments to be made.

Chairman

Appendix A

Adults Committee

Minutes - Action Log

Cambridgeshire County Council

Introduction:

This log captures the actions arising from the Adults Committee and will form an outstanding action update from meetings of the Committee to update Members on the progress on compliance in delivering the necessary actions.

This is the updated action log as at 26 October 2016

Minute No.	Report Title	Action to be taken by	Action	Comments	Completed
Minutes of 1st September 2015					
115.	**FINANCE AND PERFORMANCE REPORT – JULY 2015**	T Kelly	Members requested to hear about progress in making the arrangements for funding of Continuing Health Care cases more transparent in relation to paragraph 1.4 of the report	This relates to 104b. Officers have confirmed that this work is underway. A formal Review is taking place with the Clinical Commissioning Group. We key managers and Practitioners have also been trained, and a Continuing Healthcare (CHC) lead has been employed for the Council. **UPDATE –** A joint approach with Peterborough City Council was being adopted	**Complete**

				and Spokes would be kept informed of progress. Report to be presented to the November Committee.	
Minutes of 17th May 2016					
168.	**Disability Related Expenditure**	C Bruin/A Leduc	Members noted that the implementation of the new standard rate would be from the date of the next financial assessment and requested that a letter be issued to service users affected		**In progress**

Minutes of 7 July 2016					
176.	**The Cambridgeshire and Peterborough NHS Foundation Trust 2014/15 Annual Report on the Delivery of the Council's Delegated Duties for People Over 18 Years With Mental Health Needs**	D Cohen	Officers would need to investigate further as to whether there were specific policies in place within the Council that encouraged the employment of people with mental health needs and the role the Council could play in encouraging employers to recruit people with mental health needs	We have a range of employment policies and supportive measures to enable individuals to gain and maintain employment with the Council. We also have the disability confident scheme (formally known as the two tick award) which guarantees an interview to anyone with a disability who meets the essential criteria for the role. We also deliver training for staff on Mental Health First Aid to increase awareness of mental health issues within the workplace.	**In progress**
180.	**Revised Adult Social Care Complaints Policy**	C Bruin / J Collinson	Members suggested that it would be beneficial for M.P.s to be supplied information regarding information sharing and for them to be provided with a pro-forma that could be completed with a constituent in order to allow information to be shared.	In most cases the constituent is representing someone who uses our services, therefore the constituent would be unable to give this consent to share. In order to avoid any unnecessary delays the initial response to the MP includes as much information as possible and where there is a significant amount of information withheld then a consent form is sent with the response. This gives the opportunity for the MP to come back to us for a more detailed response if the constituent requires it.	**Complete**

180.	**Revised Adult Social Care Complaints Policy**	C Bruin / J Collinson	Members questioned why there was not an over-arching Cambridgeshire County Council Complaints Policy that contained sub-sections for each service. Officers explained that legislation regarding complaints policy varied across services but agreed to investigate further		**In progress**
Minutes of 15 September 2016					
188.	**Finance & Performance Report – July 2016**	C Black / C Malyon	Officers to discuss the possibility of developing land to provide accommodation for care workers with the Council's S151 officer for potential future presentation to the Assets and Investments Committee	Agenda item has been added to the November meeting of the Assets and Investments Committee.	**Complete**
190.	**Progress Report on the Adult Autism Strategy**	L McManus	Members requested an update regarding the Council's consideration of providing internships to young people on the autistic spectrum.	Email update issued to Members 21/10/16. Paper to Spokes requested by Members to be presented on 24th November.	**Complete**

Minutes of 13 October 2016					
197.	**Minutes & Action Log**	D Snowdon	Review of the action log requested to bring fully up to date with progress made included and that Member actions are recorded also	Due to the short turnaround between the October and November meeting of the Committee this has not been completed fully but is in progress.	**In progress**
199.	**Service Committee Review of Draft Revenue Business Planning Proposals for 2017/18 to 2021/22**	S Nix/ T Kelly	Requested further information regarding how savings derived from the rationalisation of voluntary sector contracts would affect individual organisations.		**In progress**
199.	**Service Committee Review of Draft Revenue Business Planning Proposals for 2017/18 to 2021/22**	S Nix/ T Kelly	Requested that paragraph 7.6 of the report included and emphasised the word local within the final sentence		**In progress**

199.	**Service Committee Review of Draft Revenue Business Planning Proposals for 2017/18 to 2021/22**	S Nix/ T Kelly	Requested that that welfare benefits advice was placed on the relevant Community Impact Assessment		**In progress**
200.	**Finance & Performance Report – August 2016**	T Kelly	Requested a report on DTOCs and how they were measured.	Currently identifying a suitable date in the forward plan.	**In progress**
201.	**Older People's Accommodation Strategy**	R O'Driscoll	Requested that District Councils were encouraged to include provision for key worker accommodation within their Local Plans.		**In progress**

201.	**Older People's Accommodation Strategy Older People's Accommodation Strategy**	R O'Driscoll	Requested that the graph on page 16 of the strategy have further comment added to it for clarity.		**In progress**
201.	**Older People's Accommodation Strategy Older People's Accommodation Strategy**	R O'Driscoll	The action plan required updating following changes to the Local Housing Allowance and requested an update on work-streams that had been completed.		**In progress**
201.	**Older People's Accommodation Strategy Older People's Accommodation Strategy**	R O'Driscoll	Members requested that they were kept updated with information and developments outside of the Committee.		**In progress**

Agenda Item No: 5

FINANCE AND PERFORMANCE REPORT – SEPTEMBER 2016

To:	**Adults Committee**
Meeting Date:	**3 November 2016**
From:	**Chief Finance Officer** **Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To provide the Committee with the September 2016 Finance and Performance report for 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 2016.**
Recommendation:	**The Committee is asked to review and comment on the report**

	Officer contact:
Name:	Tom Kelly
Post:	Strategic Finance Manager
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1.0 BACKGROUND

1.1 A Finance & Performance Report for the 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 CFA 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 for which this Committee is responsible, which are detailed in Appendix A.

2.0 MAIN ISSUES IN THE SEPTEMBER 2016 CFA FINANCE & PERFORMANCE REPORT

2.1 The September 2016 Finance and Performance report is attached at Appendix C. At the end of August, CFA forecast an overspend of £2,338k. This is an improvement from the previous month when the forecast overspend was £2,521k.

2.2 **Revenue**

The forecast financial position for the major areas of service for the Adults Committee is as follows:

Area	Forecast year-end variance £000	Forecast year-end variance %
Learning Disability Services (LD)	1,775	+3.0%
Disability Services (PD/Sensory/Autism)	-357	-2.4%
Older People's Services	-1,516	-3.0%
Mental Health	-1,314	-6.6%

2.3 The key changes since last month are:

- Older People's locality teams are reporting forecasts improving by £605k. Services were tasked with reviewing forecasts at the mid-year point particularly given pressures elsewhere. These areas are showing declining spend month-to-spend on care, with this particularly evident since August in Huntingdonshire & Fenland. We are expecting savings before the year end in the South of the county from increased block bed arrangements, replacing "spot" purchasing where cost effective. This enables an improvement in the forecast.
- Mental Health report forecasts improving by £448k. For working age adults, two high cost packages have had agreed continuing healthcare funding from the NHS. For elderly Mental Health, the decline in nursing home placements has exceeded expectations.

Other more minor changes this month include a new pressure on funded nursing care, and an increasing underspend on carers support. More detail is in Appendix C.

2.4 Previously reported pressures in the Learning Disability Partnership remain as does the focus by Officers on accurately identifying further financial mitigations to reduce the Council's overall overspend forecast at this point.

2.5 **Performance**
Of the twenty-one CFA service performance indicators, five are shown as green, nine as amber and seven are red.

2.6 The number of red indicators within the Adults domain has reduced to two this month, these are:

- average number of all bed-day delays, and
- the proportion of adults with learning disability in paid employment (although performance is improving).

2.9 **CFA Portfolio**
The major change programmes and projects underway across CFA are detailed in Appendix 8 of the report – none of these is currently assessed as red.

Seven of the eight projects and programmes in the portfolio are reported as Amber, a declining trend so far this year. For Adults, the Mosaic system implementation and Transforming Lives programme are currently Amber.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 There are no significant implications for this priority

3.3 Supporting and protecting vulnerable people

3.3.1 There are no significant implications for this priority

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 This report sets out details of the overall financial position of the CFA Service.

4.2 Statutory, Risk and Legal Implications

4.2.1 Significant financial risk owing to the nature of demand led budgets and savings targets.

4.3 Equality and Diversity Implications

4.3.1 There are no significant implications within this category.

4.4 Engagement and Consultation Implications

4.4.1 There are no significant implications within this category.

4.5 Localism and Local Member Involvement

4.5.1 There are no significant implications within this category.

4.6 Public Health Implications

4.6.1 The average number of all bed delays needs indicators are a concern as the health & social care system enters into the winter planning around Delayed Transfers of Care.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Cleared - 25/10/2016 T Kelly, *Strategic Finance Manager*
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Cleared - 26/10/2016 S Edge, *Head of Community Services, LGSS Law Ltd*
Are there any Equality and Diversity implications?	No significant implications – 20/10/2016 M Teasdale, *Service Director: S&C*
Have any engagement and communication implications been cleared by Communications?	Cleared - 20/10/2016 S Cobby, *Communications Team*
Are there any Localism and Local Member involvement issues?	No significant implications – 20/10/2016 M Teasdale, *Service Director: S&C*
Have any Public Health implications been cleared by Public Health	Cleared - 25/10/2016 L Robin, *Director of Public Health*

Source Documents	Location
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	http://www.cambridgeshire.gov.uk/info/20043/finance_and_budget/147/finance_and_performance_reports

Appendix A

Adults Committee Revenue Budgets within the Outturn Finance & Performance report

Adult's Social Care Directorate
Strategic Management - ASC
Procurement
ASC Strategy and Transformation
ASC Practice & Safeguarding

Learning Disability Services
LD Head of Services
LD Young Adults
City, South and East Localities
Hunts and Fenland Localities
In House Provider Services

Disability Services
PD Head of Services
Physical Disabilities
Autism and Adult Support
Sensory Services
Carers Services

Older People and Mental Health Directorate
Strategic Management – OP&MH
Central Commissioning
OP - City & South Locality
OP - East Cambs Locality
OP - Fenland Locality
OP - Hunts Locality
Discharge Planning Teams
Shorter Term Support and Maximising Independence
Integrated Community Equipment Service

Mental Health
Mental Health Central
Adult Mental Health Localities
Older People Mental Health
Voluntary Organisations

Enhanced and Preventative Directorate
Safer Communities Partnership

Strategy and Commissioning Directorate
Local Assistance Scheme

Appendix B

A Guide to the FPR Finance Tables

This column shows the previous month's Forecast Variance Outturn. If you compare this column with Column 8 (which is the latest month's forecast variance outturn) –you can see how the forecast position has changed during the last month.

Budgets are grouped together into "Policy Lines", which is the level of detail at which budgets are reported within each CFA Directorate.

The "Current Budget" is the budget as agreed within the Business Plan with any virements (changes to budget). Virements to / from CFA as a whole are detailed in Appendix 4.

When a budget is uploaded to the financial system a "profile" is allocated, and this profile reflects the assumptions on the likely timing of expenditure / income. If it is a salary budget it will assume that one-twelfth of the budget will be required each month. This column shows what level of expenditure or income one would expect to have occurred by this time in the financial year. It is a helpful prompt but in many cases actual expenditure and income does not occur as profiles would suggest.

APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Apr) £'000		Service	Current Budget for 2015/16 £'000	Expected to end of May £'000	Actual to end of May £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (May) £'000	Forecast Variance Outturn (May) %
		Adult Social Care Directorate							
0	1	Strategic Management – ASC	4,742	731	294	-437	-60%	-1,200	-25%
0		Procurement	577	103	298	195	189%	0	0%
0		ASC Strategy & Transformation	1,710	367	352	-15	-4%	0	0%
0		ASC Practice & Safeguarding	2,158	158	21	-138	-87%	0	0%
0		Local Assistance Scheme	386	67	79	13	19%	0	0%
		Learning Disability Services							
0	2	LD Head of Services	250	22	860	838	3849%	11	4%
0	2	LD Young Adults	660	231	40	-191	-83%	29	4%
0	2	City, South and East Localities	30,991	5,806	5,381	-425	-7%	1,378	4%
0	2	Hunts & Fenland Localities	21,640	4,001	5,037	1,036	26%	962	4%

This is the most important column of the table – it shows what the budget holder is forecasting as an over- or – underspend at year-end (the variance compared to budget). The budget holder may have detailed commitment records or local knowledge which suggests that the year-end position is similar or different to the current variance (Column 6). This column shows the Budget Holder's best estimate of what the overspend (+) or underspend (-) or balanced position (0) will be at year-end.

It is expressed in both hundreds of thousands and as a percentage of total budget.

This refers to the commentary in Appendix 2.

This column shows actual expenditure and income to date.

This column is the difference between Column 4 and Column 5 (col 5 less col 4) – and highlights where expenditure is higher or lower than is planned / profiled.

It is expressed in hundreds of thousands and as a percentage difference.

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Date: 13th October 2016

Children, Families & Adults Service

Finance and Performance Report – September 2016

1. SUMMARY

1.1 Finance

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

1.2. Performance and Portfolio Indicators – August 2016 Data (see sections 4&5)

Monthly Indicators	Red	Amber	Green	Total
August Performance (No. of indicators)	7	9	5	21
August Portfolio (No. of indicators)	0	7	1	8

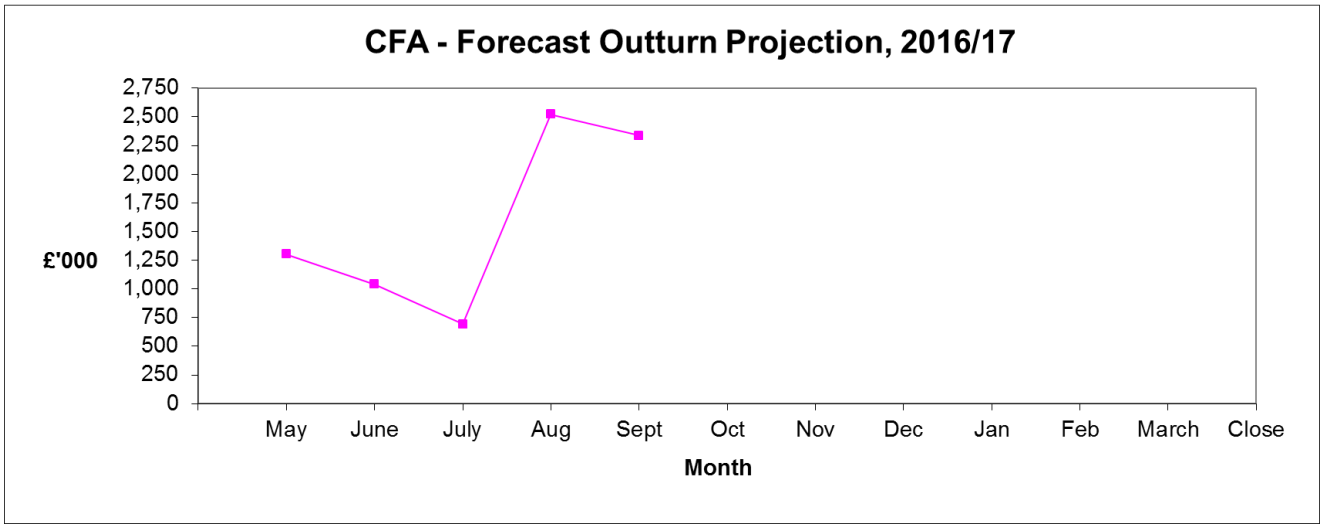
2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance Outturn (Aug) £000	Directorate	Original Budget 2016/17 £000	Current Budget 2016/17 £000	Current Variance £000	Forecast Variance Outturn (Sep) £000	Forecast Variance - Outturn (Sep) %
1,235	Adult Social Care	81,850	81,695	1,101	1,142	1.4%
-2,201	Older People & Mental Health	81,925	82,697	-1,499	-3,156	-3.8%
1,505	Children's Social Care	51,414	51,202	2,314	5,012	9.8%
1,837	Strategy & Commissioning	27,938	26,874	-1,720	-268	-1.0%
-40	Children's Enhanced and Preventative	30,439	30,592	-282	-92	-0.3%
184	Learning	19,837	20,209	32	-100	-0.5%
2,521	**Total Expenditure**	**293,403**	**293,269**	**-54**	**2,538**	**0.9%**
0	Grant Funding	-50,839	-50,953	-100	-200	0.4%
2,521	**Total**	**242,563**	**242,316**	**-154**	**2,338**	**1.0%**

The service level finance & performance report for September 2016 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 2016, CFA is forecasting a year end overspend of £2,338k. Significant issues are detailed below:

- In Adult Social Care, the Learning Disabilities overspend forecast has worsened by £194k (County Council share). The key reason for this pressure is non-delivery of planned savings from review, reassessment and renegotiation, and a downward revision in expectations for the rest of the year.

- In Adult Social Care, the forecast underspend on Carers has increased by £100k. This follows lower than planned spending in the first half of the year.

- In Older People and Mental Health, Central Commissioning reports a new pressure of £244k. This is mainly the result of an updated estimate of NHS funded nursing care, due to a reduction in the number of nursing placements.

- In Older People and Mental Health, in Older People's localities the expected underspend has increased by £605k. There have been significant decreases in care spending in Huntingdonshire and Fenland since last month, and all areas are expecting to continue the current trend of reducing commitments for longer term support. A new block contract for care home placements should mean savings compared to previous spot purchasing patterns, particularly in the South of the county.

- In Older People and Mental Health, Discharge Planning Teams report a new pressure of £100k whereas Shorter Term Support teams report underspends increasing by £120k. This reflects staffing pressures in hospital social work and vacancies in Reablement respectively, so far this year.

- In Older People and Mental Health, the Adult Mental Health underspend has increased by £172k since last month. Care spending has reduced since last month, with a key factor being the award of Continuing Healthcare funding in two cases.

- In Older People and Mental Health, Older People Mental Health report an underspend forecast increasing by £276k since last month. Care spending is decreasing, particularly on nursing placements, and we expect this trend to continue.

- In Children's Social Care (CSC) the forecast overspend has increased from £1,505k to £2,012k as a result of Legal costs projected to be higher than the budget (£200k) and in Adoption Allowances due to under achievement of savings planned to be made on Special Guardianship Orders. There continues to be increased staffing requirements in Safeguarding and Standards, and across the CSC Units.

- The Looked After Children (LAC) Placement budget is now reporting an increased forecast of £3,000k. Following changes in management arrangements from 1st September this is now reported within the Children's Social Care section of the report, rather than Strategy and Commissioning. The revised forecast position is due to a combination of the underlying pressures from 2015/16 and the number of children in care and in placements not reducing as originally budgeted. Additionally, the recent cohort becoming LAC has included children requiring high cost placements due to their complex needs.

- In Strategy and Commissioning the Special Educational Needs (SEN) Placements budget is now reporting a forecast overspend of £200k. This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant.

- In Learning the Schools Partnership Service is now forecasting an underspend of £196k due to the use of grant funding for Education Support for Looked After Children (ESLAC), which has reduced spend on core budget.

2.3 Additional Income and Grant Budgeted this Period

(De Minimis reporting limit = £160,000)

A full list of additional grant income anticipated and reflected in this report can be found in appendix 3.

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

A list of virements made in the year to date can be found in appendix 4.

2.5 Key Activity Data

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

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

	BUDGET				ACTUAL (Sep)				VARIANCE		
Service Type	*No of placements Budgeted*	*Annual Budget*	*No. of weeks funded*	*Average weekly cost per head*	*Snapshot of No. of placements Sep 16/17*	*Yearly Average*	*Actual Spend*	*Average weekly cost per head*	*Yearly Average budgeted no. of placements*	*Net Variance to Budget*	*Average weekly cost*
Residential - disability	3	£306k	52	1,960.18	2	2.99	£429k	2,743.20	-0.01	£123k	783.02
Residential - secure accommodation	0	£k	52	0.00	0	0.00	£k	0.00	0	£k	0.00
Residential schools	8	£675k	52	1,622.80	12	11.44	£911k	1,558.53	3.44	£236k	-64.27
Residential homes	23	£3,138k	52	2,623.52	25	24.38	£3,486k	2,738.40	1.38	£348k	114.88
Independent Fostering	180	£7,173k	52	766.31	238	231.16	£9,377k	783.09	51.16	£2,204k	16.78
Supported Accommodation	19	£1,135k	52	1,149.07	23	21.69	£1,408k	1,359.26	2.69	£272k	210.19
16+	6	£85k	52	272.60	27	19.15	£430k	471.95	13.15	£345k	199.35
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£529k	-	-	-£529k	-
TOTAL	239	£12,512k			327	310.81	£15,512k		71.81	£3,000K	
In-house fostering	187	£3,674k	55	357.74	172	157.58	£3,111k	351.09	-29.14	-£562k	-6.65
Kinship	35	£375k	55	193.23	43	43.46	£493k	185.76	8.17	£117k	-7.47
In-house residential	14	£1,586k	52	2,259.72	7	9.68	£1,586k	3,151.47	-3.82	£k	891.75
Concurrent Adoption	6	£100k	52	349.86	5	6.02	£101k	350.00	0.52	£1k	0.14
Growth/Replacement	0	£k	-	0.00	0	0.00	£k	0.00	-	£261k	-
TOTAL	241	£5,735k			227	216.74	£5,291k		-24.27	-£184k	
Adoption	325	£3,000k	52	177.52	374	365.66	£3,318k	174.51	40.66	£318k	-3.01
Savings Requirement	0	£k	0	0.00	0	0.00	£k	0.00	0	-£118k	0.00
TOTAL	325	£3,000k			374	365.66	£3,318k		40.66	£200k	
OVERALL TOTAL	805	£21,247k			928	893.21	£24,121k		88.2	£3,016k	

Note: Adoption includes Special Guardianship and Residency Orders. Any unutilised growth/replacement in-house will be used to support growth externally.

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

	BUDGET			ACTUAL (Sep 16)				VARIANCE			
Ofsted Code	*No. of Placements Budgeted*	*Total Cost to SEN Placements Budget*	*Average annual cost*	*No. of Placements Sep 16*	*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)	92	£5,831k	£63,377	97	99.80	£6,881k	£68,950	5	7.80	£1,051k	£5,573
Hearing Impairment (HI)	4	£110k	£27k	2	2.34	£61k	£26,251	-2	-1.66	-£48k	-£1,156
Moderate Learning Difficulty (MLD)	3	£112k	£37k	3	2.92	£106k	£36,391	0	-0.08	-£6k	-£1,052
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	-£75k	£0
Physical Disability (PD)	1	£17k	£17k	2	1.76	£33k	£18,782	1	0.76	£16k	£1,918
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	0	0.00	£k	-	-1	-1.00	-£41k	£0
Social Emotional and Mental Health (SEMH)	35	£1,432k	£41k	31	34.30	£1,381k	£40,274	-4	-0.70	-£50k	-£636
Speech, Language and Communication Needs (SLCN)	3	£170k	£57k	2	2.26	£123k	£54,485	-1	-0.74	-£47k	-£2,199
Severe Learning Difficulty (SLD)	2	£163k	£82k	1	1.00	£90k	£90,237	-1	-1.00	-£73k	£8,705
Specific Learning Difficulty (SPLD)	10	£179k	£18k	5	5.68	£112k	£19,743	-5	-4.32	-£66k	£1,880
Visual Impairment (VI)	2	£55k	£27k	1	1.34	£43k	£32,126	-1	-0.66	-£12k	£4,650
Recoupment	-	-	-	-	-	-£447k	-	-	-	-£447k	-
TOTAL	154	£8,185k	£53,148	144	151.40	£8,385k	£58,335	-10	-2.60	£200k	£5,187

In the following key activity data for Adults and Older People's Services, 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 the end of September for **Adult Social Care** Services is shown below:

		BUDGET			ACTUAL (Sept16)		Forecast	
Service Type		*Budgeted No. of Service Users 2016/17*	*Budgeted Average Unit Cost (per week) £*	*Annual Budget £000*	*No. of Service Users at End of Sep 16*	*Current Average Unit Cost (per week) £*	*Forecast Actual £000*	*Forecast Variance £000*
Adult Disability Services	Residential	42	1,000	2,185	37	1,037	1,956	-229
	Nursing	25	734	954	19	968	986	32
	Community	687	304	10,876	639	328	11,189	313
Total expenditure		**754**		**14,015**	**695**		**14,131**	**116**
Income				-1,941			-1,743	198
Further savings assumed within forecast								-616
Net Total				**12,074**			**12,388**	**-302**
Learning Disability Services	Residential	275	1,349	19,284	274	1,336	20,034	750
	Nursing	16	1,939	1,613	15	1,726	1,247	-366
	Community	1,297	611	41,219	1,279	653	43,595	2,376
Learning Disability Service Total		**1,588**		**62,116**	**1,568**		**64,876**	**2,760**
Income				-2,348			-2,412	-64
Further savings assumed within forecast as shown in Appendix 1								-512
Net Total								**2,184**

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

		BUDGET			ACTUAL (Sep 16)		FORECAST	
Service Type		*Budgeted No. of Clients 2016/17*	*Budgeted Average Unit Cost (per week)*	*Annual Budget*	*Snapshot of No. of Clients at End of Sep 16*	*Current Average Unit Cost (per week)*	*Forecast Actual*	*Forecast Variance*
Adult Mental Health	Community based support	24	£115	£143k	24	£87	£116k	-£27k
	Home & Community support	211	£93	£1,023k	201	£86	£932k	-£91k
	Nursing Placement	19	£507	£502k	15	£619	£396k	-£106k
	Residential Placement	66	£691	£2,379k	59	£813	£2,279k	-£100k
	Supported Accomodation	138	£93	£671k	137	£99	£686k	£15k
	Direct Payments	21	£198	£217k	21	£225	£207k	-£10k
	Anticipated Further Demand						£158k	£158k
	Income			-£383k			-£307k	£76k
Adult Mental Health Total		**479**		**£4,552k**	**457**		**£4,467k**	**-£85k**
Further savings assumed within forecast as shown in Appendix 1								**-£557k**

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

OP Total	BUDGET			ACTUAL (Sept 16)		Forecast	
Service Type	***Expected No. of Service Users 2016/17***	***Budgeted Average Cost (per week) £***	***Gross Annual Budget £000***	***Current Service Users***	***Current Average Cost (per week) £***	***Forecast Actual £000***	***Forecast Variance £000***
Residential	530	£456	£12,610k	462	£454	£12,175k	-£435k
Residential Dementia	368	£527	£10,111k	373	£529	£9,762k	-£349k
Nursing	306	£585	£9,845k	299	£649	£10,133k	£288k
Nursing Dementia	20	£639	£702k	31	£708	£723k	£20k
Respite			£932k			£805k	-£127k
Community based							
~ Direct payments	277	£210	£3,028k	246	£253	£3,083k	£55k
~ Day Care			£1,577k			£1,470k	-£107k
~ Other Care			£5,851k			£5,807k	-£44k
~ Homecare arranged	1,745	*per hour* £15.97	£15,267k	1,607	*per hour* £15.22	£14,528k	-£740k
~ Homecare Block			£3,161k			£3,161k	£k
Total Expenditure	3,246		£63,083k	3,018		£61,646k	-£1,437k
Residential Income			-£8,611k			-£8,614k	-£3k
Community Income			-£8,308k			-£7,680k	£628k
Total Income			-£16,918k			-£16,293k	£625k
Further Savings Assumed Within Forecast as shown within Appendix 1							-£885k

OP budget has increased for Nursing and Nursing DeE this month due to funding for the nationally agreed increase for Funded Nursing Care (FNC), there is an increase in the average cost of nursing directly related to this.

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 16)		Forecast	
Service Type	***Expected No. of Service Users 2016/17***	***Budgeted Average Cost (per week) £***	***Gross Annual Budget £000***	***Current Service Users***	***Current Average Cost (per week) £***	***Forecast Actual £000***	***Forecast Variance £000***
Residential	33	£585	£1,082k	34	£617	£1,227k	£145k
Residential Dementia	27	£467	£707k	31	£517	£802k	£95k
Nursing	32	£695	£1,225k	29	£787	£1,168k	-£58k
Nursing Dementia	140	£658	£5,077k	123	£719	£4,838k	-£239k
Respite			£34k			£7k	-£26k
Community based							
~ Direct payments	17	£200	£177k	15	£206	£172k	-£5k
~ Day Care			£5k			£2k	-£3k
~ Other Care			£80k			£82k	£2k
~ Homecare arranged	69	*per hour* £17.34	£549k	51	*per hour* £19.03	£568k	£20k
Total Expenditure	318		£8,937k	283		£8,867k	-£70k
Residential Income			-£1,140k			-£1,199k	-£59k
Community Income			-£352k			-£305k	£47k
Total Income			-£1,492k			-£1,504k	-£12k
Further Savings Assumed Within Forecast as shown in Appendix 1							-£318k

OPMH have re-aligned their budget to equalise the overspend in cost of care and underspend in client contributions. They have also had an increase to Nursing budgets due to funding the nationally agreed increase for FNC, however the change to average cost was shown in August Key Activity Data.

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

2016/17 and Future Years Scheme Costs

There has been a £18.0m increase in September 2016 in the overall capital scheme costs since the Business Plan was approved by full Council. These changes relate to future years and have been addressed through the 2017/18 Business Plan. The schemes affected include;

- Sawtry Infant; £880k increase due to more detailed costings.
- St Ives, Eastfield / Westfield / Wheatfields; £4.0m increased cost due to additional building work required as school are not planning to amalgamate to an all through primary.
- Histon - Additional Places; £10.0m increased cost as the scope of the project has significantly increased to include additional places at both Infant and Junior age ranges.
- Cambridge City 3FE Additional places; £2.5m increased cost to incorporated fire damage works, for which additional funding will be received from Insurance payments.

2016/17 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 adjustment made in May of £10,282k. A forecast outturn will only be reported once slippage exceeds this level. However in September movements on schemes has occurred totaling £55k. The significant changes in schemes are detailed below;

- Ramnoth Primary, Wisbech; -£1,200k slippage due to start on site being delayed from October to December 2016.
- Grove Primary School; £200k accelerated spend due to increased scheme costs associated with asbestos removal.
- Sawtry infants; £120k accelerated spend, design works progressed quicker than originally anticipated.
- Cambridge City 3FE Additional places; £300k accelerated spend on St Bede's program. Works to start on site October 16, rather than May 17 due to incorporated fire damage works, more detailed costing have been provided for the additional works.

- Trinity School; £175k accelerated spend previous unrequired contingencies needed for additional works in respect of CCTV, utilities and re-surfacing the existing car park.

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 new set of Key Performance Indicators (KPIs) for 2016/17 agreed by Committees in January. A new development for last year was the inclusion of deprivation indicators. These continue to be included in the new set of KPIs for 2016/17 and are those shown in italics in appendix 7. Please note, following a request at the last CYP Committee that measures in appendix 7 are now ordered by Directorate. We also now include the latest benchmarking information in the performance table.

Seven indicators are currently showing as RED:

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

The number of children with a CP Plan was 480 during August. There were a higher number of conferences in August than previous years, and a steady stream of requests for conference coming to the unit. This has resulted in there being 480 CP plans at the end of August, only 6 shy of our highest number. Like June and July, we are currently running over 130 plans more than last year. Our prediction is that, whilst there are a number of review conferences scheduled in September that will downward-adjust the numbers, this will be counteracted by requests and that we will reach 500 CP plans by the end of September, and this will continue to rise.

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

The number of Looked After Children increased to 623 in August 2016. This includes 65 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements: 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 CFA, 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.

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.

- **The proportion of pupils attending Cambridgeshire Secondary Schools judged good or outstanding by OFSTED**

The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has increased again as a school moved from Requires Improvement to Good. 17 out 30 Secondary schools with Inspection results are now judged as good or outstanding, covering about 17,000 pupils.

- **Delayed transfers of Care: BCF Average number of bed-day delays, per 100,000 of population per month (aged 18+)**

The Cambridgeshire health and social care system is experiencing a monthly average of 2,974 bed-day delays, which is 35% above the current BCF target ceiling of 2,206. In June there were 3,204 bed-day delays, up 207 compared to the previous month. However, this should be considered in the context of an overall year on year improvement.

We recognise the need for further improvement and continue to work in collaboration with health colleagues to build on the progress made to date. However, we have seen a rise in the number of admissions to A & E across the county with several of the hospitals reporting Black Alert. There continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. This includes the establishment of residential and home based interim services while permanent solutions are being identified for individual service users.

Between July '15 and June '16 there were 29,731 bed-day delays across the whole of the Cambridgeshire system - representing a 14% decrease on the preceding 12 months, and in the last three years we have seen a 40% reduction in lost bed days attributable to adult social care in Cambridgeshire.

- **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.

- **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**

Data for 2015 shows that the gap has remained unchanged at KS2, but increased significantly at KS4. 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.

5. CFA PORTFOLIO

The CFA Portfolio performance data can be found in appendix 8 along with comments about current issues.

The programmes and projects highlighted in appendix 8 form part of a wider CFA portfolio which covers all the significant change and service development activity taking place within CFA services. This is monitored on a bi-monthly basis by the CFA Management Team at the CFA Performance Board. The programmes and projects highlighted in appendix 8 are areas that will be discussed by Members through the Democratic process and this update will provide further information on the portfolio.

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

APPENDIX 1 – CFA Service Level Budgetary Control Report

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2016/17 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000	%	Forecast Variance Outturn (Sep) £'000	%
		Adult Social Care Directorate							
178	1	Strategic Management – ASC	977	463	467	4	1%	188	19%
0		Procurement	569	303	308	6	2%	0	0%
0		ASC Strategy & Transformation	2,207	1,065	923	-142	-13%	0	0%
-115	2	ASC Practice & Safeguarding	1,569	701	540	-161	-23%	-165	-10%
		Learning Disability Services							
-1,031	3	LD Head of Services	1,587	-531	-879	-348	65%	-922	-58%
299	4	LD Young Adults	2,106	1,030	1,087	57	6%	298	14%
984	5	City, South and East Localities	30,195	15,200	16,109	909	6%	927	3%
956	6	Hunts & Fenland Localities	20,203	10,206	11,448	1,242	12%	1,226	6%
374	7	In House Provider Services	5,237	2,847	3,083	236	8%	247	5%
		Physical Disability Services							
-49		PD Head of Services	1,215	605	618	13	2%	-77	-6%
-143	8	Physical Disabilities	12,356	6,695	6,577	-118	-2%	-215	-2%
-1		Autism and Adult Support	857	466	251	-215	-46%	-14	-2%
-17		Sensory Services	515	282	230	-52	-18%	-51	-10%
-200	9	Carers Services	2,101	1,100	771	-330	-30%	-300	-14%
1,235		**Director of Adult Social Care Directorate Total**	**81,695**	**40,432**	**41,533**	**1,101**	**3%**	**1,142**	**1%**
		Older People & Mental Health Directorate							
-89	10	Strategic Management - OP&MH	1,265	4,644	4,551	-93	-2%	-167	-13%
-260	11	Central Commissioning	11,223	5,771	5,837	66	1%	-16	0%
0	12	OP - City & South Locality	13,115	7,032	7,081	50	1%	-90	-1%
-231	13	OP - East Cambs Locality	6,078	3,038	2,866	-172	-6%	-83	-1%
-303	14	OP - Fenland Locality	8,666	4,285	4,181	-104	-2%	-567	-7%
-361	15	OP - Hunts Locality	11,173	5,893	5,509	-384	-7%	-760	-7%
40	16	Discharge Planning Teams	2,064	966	975	9	1%	100	5%
-140	17	Shorter Term Support and Maximising Independence	8,545	4,145	3,781	-364	-9%	-260	-3%
0		Integrated Community Equipment Service	779	1,320	1,439	120	9%	0	0%
		Mental Health							
-32		Mental Health Central	693	331	291	-40	-12%	-40	-6%
-470	18	Adult Mental Health Localities	6,626	2,810	2,484	-327	-12%	-642	-10%
-206	19	Older People Mental Health	8,211	4,472	4,382	-90	-2%	-482	-6%
-150	20	Voluntary Organisations	4,258	2,195	2,026	-170	-8%	-150	-4%
-2,201		**Older People & Adult Mental Health Directorate Total**	**82,697**	**46,901**	**45,402**	**-1,499**	**-3%**	**-3,156**	**-4%**

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2016/17 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000	Current Variance %	Forecast Variance Outturn (Sep) £'000	Forecast Variance Outturn (Sep) %
		Children's Social Care Directorate							
429	21	Strategic Management - Children's Social Care	5,570	2,594	2,961	367	14%	509	9%
0	22	Adoption Allowances	3,076	1,538	1,676	138	9%	200	7%
0	23	Legal Proceedings	1,540	642	629	-13	-2%	200	13%
251	24	Safeguarding & Standards	1,787	690	813	123	18%	251	14%
392	25	CSC Units Hunts and Fenland	3,923	1,932	2,205	274	14%	473	12%
0		Children Looked After	12,472	7,074	7,131	57	1%	0	0%
433	26	CSC Units East & South Cambs and Cambridge	3,654	1,805	2,010	204	11%	379	10%
0		Disabled Services	6,559	3,459	3,548	88	3%	0	0%
2,200	27	Looked After Children Placements	12,622	5,323	6,399	1,076	20%	3,000	24%
3,705		**Children's Social Care Directorate Total**	**51,202**	**25,057**	**27,372**	**2,314**	**9%**	**5,012**	**10%**
		Strategy & Commissioning Directorate							
0		Strategic Management – Strategy & Commissioning	443	351	306	-45	-13%	-84	-19%
0		Information Management & Information Technology	1,776	1,044	998	-46	-4%	0	0%
-0		Strategy, Performance & Partnerships	3,004	864	883	19	2%	-21	-1%
-163	28	Local Assistance Scheme	484	291	207	-85	-29%	-163	-34%
		<u>Commissioning Enhanced Services</u>							
0	29	Special Educational Needs Placements	8,563	5,296	5,338	42	1%	200	2%
0		Commissioning Services	5,274	2,989	2,762	-227	-8%	0	0%
0		Early Years Specialist Support	1,323	661	339	-322	-49%	0	0%
0		Home to School Transport – Special	7,973	3,873	2,773	-1,100	-28%	0	0%
0		LAC Transport	1,107	462	467	5	1%	0	0%
		<u>Executive Director</u>							
0		Executive Director	454	352	368	16	5%	0	0%
-200	30	Central Financing	-3,526	-3,077	-3,054	24	-1%	-200	-6%
-363		**Strategy & Commissioning Directorate Total**	**26,874**	**13,106**	**11,386**	**-1,720**	**-13%**	**-268**	**-1%**
		Children's Enhanced & Preventative Directorate							
-40		Strategic Management – Enhanced & Preventative	893	759	742	-17	-2%	-40	-4%
0		Children's Centre Strategy	520	306	304	-1	0%	0	0%
0		Support to Parents	3,514	1,776	1,714	-61	-3%	0	0%
0		SEND Specialist Services	5,400	2,773	2,743	-30	-1%	-16	0%
0		Safer Communities Partnership	7,057	3,389	3,368	-20	-1%	0	0%
		<u>Youth Support Services</u>							
0		Youth Offending Service	3,099	899	863	-36	-4%	0	0%
0		Central Integrated Youth Support Services	561	226	222	-5	-2%	0	0%
		<u>Locality Teams</u>							
0		East Cambs & Fenland Localities	3,382	1,500	1,457	-43	-3%	-12	0%
0		South Cambs & City Localities	3,707	1,600	1,550	-50	-3%	-12	0%
0		Huntingdonshire Localities	2,459	1,102	1,082	-20	-2%	-12	0%
-40		**Children's Enhanced & Preventative Directorate Total**	**30,592**	**14,329**	**14,046**	**-282**	**-2%**	**-92**	**0%**

Forecast Variance Outturn (Aug) £'000		Service	Current Budget for 2016/17 £'000	Expected to end of Sep £'000	Actual to end of Sep £'000	Current Variance £'000	%	Forecast Variance Outturn (Sep) £'000	%
		Learning Directorate							
0		Strategic Management - Learning	785	488	576	87	18%	0	0%
0		Early Years Service	1,351	419	367	-52	-12%	0	0%
0		Schools Intervention Service	1,248	679	685	6	1%	0	0%
0	31	Schools Partnership Service	983	221	31	-191	-86%	-196	-20%
10		Children's' Innovation & Development Service	87	-468	-181	286	-61%	96	111%
0		Integrated Workforce Development Service	1,376	564	604	40	7%	0	0%
174	32	Catering & Cleaning Services	-400	705	612	-93	-13%	0	0%
0		Teachers' Pensions & Redundancy	2,936	1,705	1,597	-109	-6%	0	0%
		Infrastructure							
0		0-19 Organisation & Planning	1,800	731	606	-125	-17%	0	0%
0		Early Years Policy, Funding & Operations	86	-0	-48	-48	47081 %	0	0%
0		Education Capital	172	181	310	129	72%	0	0%
0		Home to School/College Transport – Mainstream	9,786	3,182	3,281	100	3%	0	0%
184		**Learning Directorate Total**	**20,209**	**8,407**	**8,439**	**32**	**0%**	**-100**	**0%**
2,521		**Total**	**293,269**	**148,233**	**148,179**	**-54**	**0%**	**2,538**	**1%**
		Grant Funding							
0	33	Financing DSG	-23,326	-11,563	-11,663	-100	1%	-200	-1%
0		Non Baselined Grants	-27,627	-7,705	-7,705	0	0%	0	0%
0		**Grant Funding Total**	**-50,953**	**-19,268**	**-19,368**	**-100**	**1%**	**-200**	**0%**
2,521		**Net Total**	**242,316**	**128,965**	**128,811**	**-154**	**0%**	**2,338**	**1%**

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 for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
1) Strategic Management – ASC	**977**	**4**	**1%**	**188**	**19%**
The expected overspend is predominantly caused by the directorate forecasting to underachieve on its £353k vacant posts target by £130k as a result of a relatively low number of vacancies and the need to fill certain key vacant posts with agency staff. The ability to achieve this saving is constrained by the need to retain any savings from vacancies in the Learning Disability Service within the pooled budget with the NHS.					
2) ASC Practice & Safeguarding	**1,569**	**-161**	**-23%**	**-165**	**-10%**
The MCA/DoLS budget is forecast to underspend by -£165k principally due to a shortage of available Best Interest Assessors, and the resulting lower level of activity to date. This is an increase of -£50k compared to August. There continue to be delays in being able to secure appropriate staff to manage the increased demand for processing MCA/DOLS cases, as all local authorities seek to respond to changes in case law and recruit from a limited pool of best interest assessors and other suitable practitioners, and the six month training period for new BIAs. A number of additional BIAs have been recruited recently, and so it is still expected the underspend will be lower than that in 2015/16. In addition, the service is forecast to receive additional external grant funding for the provision of MCA training.					
3) LD Head of Services	**1,587**	**-348**	**65%**	**-922**	**-58%**
<u>Overall LDP position</u> At the end of September the Learning Disability Partnership as a whole is forecast to overspend by £2,253k in 2016/17. This is £246k higher than reported in August. The County Council's risk share of 78.8% is reported as £1,775k. As part of its savings plan for 2016/17, the LDP is currently engaged in reassessing every service user and in negotiating the costs of placements with providers. Average cost-reduction per client is much lower than planned, reflecting the constraints of meeting needs for this client group in line with the legislative framework. Non-delivery to date of this saving is a key reason for the overspend. Additionally, as previously reported, significant pressures also continue from: • out-of-county in-patient placements due to restricted local availability • cost increases following a take-over of a large scale care provider. The service has taken measures to mitigate the overspend. As previously reported this is principally: • exceeding targeted restrictions on price uplifts • underspending on staff costs where vacancies cannot be filled					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
LD Head of Services, continued: Actions being taken • Work on service-user reassessments and provider negotiations will be continuing as part of the LDP savings plan. • Expectations have been significantly remodelled and updated based on experience to date over the past six months and fed into the Business Plan • Further support and challenge is being utilised by the LDP to enhance practice, appropriately address risk and improve savings delivery • There are ongoing negotiations with the NHS regarding contract arrangements for in-patient provision to ensure that some of these costs can be offset against the block contract. Changes since last month The adverse change in forecast of £246k for the pool as a whole is explained by: • Care spending commitments have decreased since last month:-£177k • Invoices relating to 2015/16 have been presented having not been accrued for: +£140k • Improvements in In-House Provider Services (see below): -£127k • Downwards revision in expected savings from reviews for remainder of financial year: +£250k • A £162k increase on the Head of Services policy line as a result of a revision in the expected underspend on staffing. **LD Head of Services -** In addition to the movement detailed above, this line has moved by a further £-53k to reflect the Clinical Commissioning Group's contribution to the LDP overspend.					
4) LD Young Adults	**2,106**	**57**	**6%**	**298**	**14%**
The forecasted pressure for the Young Adults team remains unchanged since last month.					
5) Learning Disability – City, South and East Localities	**30,195**	**909**	**6%**	**927**	**3%**
There has been an overall decrease from the previous month's forecast of -£57k: • Increased expectation of direct payments clawed-back as unused, following progress to date: -£100k • Care commitments have increased slightly: +£57k • **City –** Forecast costs have increased by around £33k as a result of changes in need and placement breakdown. • **South –** Costs have increased by around £20k due to contract changes and changes in need. • **East –** Care costs have increased by £4k due to changes in service-user needs. The remainder of the change relates to the South share of the accruals and savings expectations factors quantified in note 3 above					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
6) Learning Disability – Hunts & Fenland Localities	**20,203**	**1,242**	**12%**	**1,226**	**6%**
There has been an overall increase from previous month's forecast of £270k: • This is the result of the reasons for change set out in note 3 above Care commitments are stable in both Hunts and Fenland localities, with an increase in forecast of £12k due to changing service-user needs.					
7) In House Provider Services	**5,237**	**236**	**8%**	**247**	**5%**
In House Provider Services is expected to be £247k overspent at year-end, a change of -£127k from last month. The reduction in overspend is primarily due to revised projections of staff costs.					
8) Physical Disabilities	**12,356**	**-118**	**-2%**	**-215**	**-2%**
The underspend in the Physical Disability Service is predicted to be -£215k which is an increase in the underspend of £71k compared to August. The change is primarily due to a revised expectation of Continuing Healthcare funding for service-users with health needs, which has offset pressures from new high-cost packages that were reported in August. This funding is based on assessments made by social care teams, and there is an element of risk in that identified health needs have to be agreed by the NHS Clinical Commissioning Group, who are managing a waiting list for applications to be considered. The remainder of the underspend is due to lower than expected care costs. It is expected that the service will continue to deliver its savings by managing demand through the use of short term intervention, increasing people's independence, and the use of community resources, in line with the Transforming Lives Approach, as well as through identifying further packages that should be partly- or jointly-funded through the Continuing Healthcare process. Savings have also been found through bringing reassessments forward, in some cases as early as January 2016, enabling a larger full year effect, and there has been a high level of Direct Payment clawed back as unspent early in the financial year.					
9) Carers Services	**2,101**	**-330**	**-30%**	**-300**	**-14%**
The number of carer assessments carried out and personal budgets awarded to date continues to be much lower than anticipated, and so an underspend of -£300k is being forecast on the basis that the current trend continue throughout the remainder of the year. This is an increase of -£100k compared to August. This figure will be closely monitored on a monthly basis based on movement and spend in the personal budget allocation. There is a small pressure within the budget for young carers due to the service being under resourced when it commenced, but resources are being transferred within the Carers service, providing for a holistic approach to all age carer support across Cambridgeshire in line with the All Age Carers Strategy 2016-2020.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
10) Strategic Management – OP&MH	**1,265**	**-93**	**-2%**	**-167**	**-13%**
An underspend of £167k is now being reported for Strategic Management – OP&MH; this is an increase of £78k from last month's figure. The underspend is mainly due to the following factors: • Reserves funding of £452k was allocated to Older Peoples Services in respect of care plan reviews, but it is now expected that the full funding will not be required and an underspend of £100k has been incorporated into the forecast. • Services to respond to responsibilities for social care needs for prisoners are still being established and so an underspend of £87k is expected in the current year. • £27k overspend from other minor one-off pressures.					
11) Central Commissioning	**11,223**	**66**	**1%**	**-16**	**0%**
Central Commissioning is forecasting an underspend of £16k, which is an adverse change of £244k from the figure reported last month. We now expect income collected for NHS funded nursing care to be £250k lower than expected at the start of the year due to reductions in client numbers receiving nursing packages. The following previously reported underspends still apply: • An underspend of £200k is predicted through the rationalisation of domiciliary care as part of the creation of the transition service. • An underspend of £60k is expected due to the reduction of respite block beds purchased based on analysis suggesting this was feasible given current utilisation. This is being reflected into the business planning process for next year.					
12) OP - City & South Locality	**13,115**	**50**	**1%**	**-90**	**-1%**
This month City and South are reporting a year-end underspend of £90k; this is an improvement of £90k since last month. The underlying cost of care forecast is showing a current position of £160k overspend based on existing commitments. This is a reduction of £115k from last month, and the savings have been the result of: • Utilising the new block bed contract; City and South have placed 6 clients into residential blocks this month. This, in addition to the usual ended placements, has saved £180k; • A £96k increase in risk of clients approaching the asset threshold for County Council funding • An increase in client contribution commitment of £31k. Further savings are expected from utilising nursing block placements in order to reduce spot costs. Based on 4-5 people each month going into block placements, rather than spot with an average weekly cost of £620 per placement, the saving for the year across residential and nursing should be approximately £250k.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
13) OP - East Cambs Locality	**6,078**	**-172**	**-6%**	**-83**	**-1%**

This month East Cambs is forecasting a year end underspend of £83k, this is an adverse change of £148k this month.

The underlying cost of care forecast is showing a current position of £2k overspend based on current commitments; this month there was an increase in commitment of £10k. The main points are:

- East Cambs have increased committed income by £48k.
- Residential care commitment has increased as a result of high demand on the team's budget, but it is still anticipated there will be a £90k underspend at the end of the year;
- 'Risk' includes some new asset threshold cases which equated to an increase of £105k since last month;
- Unusually, there were no deaths this month, which had an impact on the current position;
- Direct payment take up is lower than the rest of the county, however some direct payment clawbacks of unspent amounts are being progressed;
- Health income was secured in relation to a joint funded package;
- There was one spot purchased nursing respite in the month.

It is expected that further savings of £85k could be achieved from a combination of reviews (£40k) and use of block beds located in the rest of the County (£45k).

14) OP - Fenland Locality	**8,666**	**-104**	**-2%**	**-567**	**-7%**

This month Fenland is forecasting a year end underspend of £567k, this is a favourable change of £265k this month.

The underlying cost of care forecast is showing a current position of £198k underspend based on existing commitments. This includes asset threshold risk of £199k. The total change in commitment this month is a decrease of £107k; this follows a reduction in the previous month. Significant changes are:

Pressures:

- 10 new dom care packages (£27.5k), 1 new direct payment (£7.5k), 4 new respite packages (£5k) and 1 new care home placement resulting in new pressure of £57k for September;
- 1 transfer with pressure of £21k;
- 53 permanent increases with pressure of £117k,

Savings:

- 16 ended packages with a net saving of £169k, including the end of a high cost package;
- Increased income commitment of £30k;
- 9 people have gone into hospital with net saving of £16k, which is a reduction on last month's figures, as predicted.

The current savings target for Fenland is £369k, which is split across utilising newly contracted block beds (£170k) and mitigating the asset threshold risk mentioned above (£199k). If these are realised Fenland will be on track to achieve a financial year end position of £567k underspend.

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
15) OP - Hunts Locality	**11,173**	**-384**	**-7%**	**-760**	**-7%**

The forecast underspend for Hunts OP Locality team is £760k, a favourable change of £399k from the figure reported last month.

The underlying cost of care forecast is showing a current position of £578k underspend based on existing commitments, which is an improvement of £401k from last month. The savings have been the result of:

- naturally ended residential and nursing care placements;
- ended domiciliary and residential care;
- a reduction in risk of asset threshold cases of £26k; and
- an increase in client contribution commitment of £130k.

It is projected that the team could save an additional £181k on the average cost of block and spot placements based on current trend.

Actions being taken:
Hunts continue to look for other areas of potential savings including revisiting double-up packages reported as not being able to change, and requests which continue to be higher than expected. The team continue to work on reviews to identify more effective use of allocated block hours and personal budgets, and the introduction of co-produced Care and Support planning with providers is expected to reduce the number of requests for increase in hours.

16) Discharge Planning Teams	**2,064**	**9**	**1%**	**100**	**5%**

There has been significant long term sickness within the Management Team necessitating the employment of two locum Senior Social Workers to maintain the performance of the Discharge Planning Team. It is anticipated that these costs will be incurred until January.

Referrals into social care from Peterborough Hospital have increased by 40% over the past three months and in order to avoid delays and potential reimbursement changes employment of an additional locum Social Worker has been necessary to meet the increasing demand. This is monitored weekly in terms of numbers of assessments completed and Delayed Transfer of Care within both Peterborough and Hinchingbrooke Hospital. Locum use will be reduced as soon as demand allows.

17) Shorter term Support and Maximising Independence	**8,545**	**-364**	**-9%**	**-260**	**-3%**

An underspend of £260k is forecast against Shorter Term Support and Maximising Independence, an increase of £120k from the figure reported last month. Vacancy hours within the Reablement Service have remained high throughout the year to date; recent successful recruitment drives will increase staffing levels in the second half of the year, but it is still expected there will be a significant underspend by year-end. The majority of the underspend will contribute to the directorate vacancy savings target, but £100k has been retained within service to offset the pressure in the Discharge Planning Teams. In addition, a small underspend of £20k has been identified on support costs within the Early Help Team.

The following previous reported underspends still apply:

- The Early Help Team was established in April & an underspend of £50k is expected from efficiencies achieved by staffing the team from existing resources during the pilot phase.
- Reduced support costs for the Reablement Service will lead to an underspend of £50k;
- The Council expects to retain £40k additional income in Assistive Technology due to a recent one-off sale of stock.

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
18) Adult Mental Health Localities	**6,626**	**-327**	**-12%**	**-642**	**-10%**
Adult Mental Health Localities is forecasting an underspend of £642k, an increase of £172k from the figure reported last month. The underlying cost of care commitment reduced by £120k, primarily due to successful application of Continuing Healthcare funding for two high cost nursing packages and the transfer of a high cost residential placement into supported accommodation. With significant progress being made to reduce cost of care, it is expected that savings will exceed Business Planning targets and an underspend of £300k has been included in the forecast to reflect this. The following previously reported underspends still apply: • Scrutiny of care and funding arrangements for service users has identified that the County Council is funding health responsibilities for some placements made through Section 41 of the Mental Health Act – where a restriction order is in place to manage a risk of harm to the person or others. Discussions are ongoing with the CCG to address the provision of appropriate health funding, and this could yield additional savings of £300k for the Council; • £42k due to price negotiations					
19) Older People Mental Health	**8,211**	**-90**	**-2%**	**-482**	**-6%**
Older People Mental health is forecasting an underspend of £482k, an increase of £276k from the figure reported last month. The underlying cost of care commitment reduced by £116k this month following continued reduction in high cost nursing care package numbers. Cost of care has reduced significantly since the start of the year and it is expected that further savings will be achieved before year-end. Therefore, an underspend of £341k has been included in the forecast to reflect this. The following previously reported underspends still apply: • Scrutiny of care and funding arrangements for service users has identified that the County Council is funding health responsibilities for some placements made through Section 41 of the Mental Health Act – where a restriction order is in place to manage a risk of harm to the person or others. Discussions are ongoing with the CCG to address the provision of appropriate health funding, and this could yield additional savings of £50k for the Council; • £70k due to price negotiations.					
20) Voluntary Organisations	**4,258**	**-170**	**-8%**	**-150**	**-4%**
An underspend of £150k is forecast in Mental Health Voluntary Organisations. Funding has been earmarked for a new 24 hour supported living project but staff retirement and unsuccessful attempt to recruit has led to a delay in the start of the project and full year costs will not be forthcoming as a consequence.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
21) Strategic Management - Children's Social Care	**5,570**	**367**	**14%**	**509**	**9%**
The Children's Social Care (CSC) Director budget is forecasting an over spend of £509k. The First Response Emergency Duty Team is forecasting a £135k overspend due to use of agency staffing. This is because, due to service need, posts are required to be filled as quickly as possible, with essential posts covered by agency staff in a planned way until new staff has taken up post. Without the use of agency staff to back fill our vacant posts we would not be able to complete our statutory function and the delay to children and families would be significant, jeopardising our ability to offer children/young people a proportionate response to significant risk of harm they may be suffering. Agency cover is only used where circumstances dictate and no other options are available. A further £296k of planned agency budget savings is not able to be met due to the continued need for use of agency staff across Children's Social Care due to increasing caseloads with an additional £78k associated with managing the Children's Change Programme. <u>Actions being taken:</u> We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff is designed to decrease the reliance on agency staffing. However, it does remain a challenge to attract appropriately experienced social workers to this front line practice.					
22) Adoption Allowances	**3,076**	**138**	**9%**	**200**	**7%**
The Adoption Allowances budget is currently forecasting an over spend of £200k. The forecast review of Special Guardianship Orders (SGO) is taking longer to implement than planned and as a result we are unable to account for full year savings. It is anticipated that this work will now complete in November 2016 with an estimated £150k of the £350k savings target being met this year. <u>Actions being taken:</u> A strategic review of adoption allowances is planned which, with the full year effect of the SGO reviews, should return the budget to balance in 2017/18.					
23) Legal Proceedings	**1,540**	**-13**	**-2%**	**200**	**13%**
The Legal Proceedings budget is forecasting an overspend of £200k. The number of care proceedings increased from 108 in 2014/15 to 139 in 2015/16 and demonstrates a gradual but significant increase in activity which is in line with national trends, based on figures provided by CAFCASS. This is recognised by the Family Division as a national issue. There has been no additional investment to meet the increasing need to take action to safeguard children, demand on the legal budget is therefore expected to exceed 2015/16 figures. <u>Actions being taken:</u> Implementation of the Children's Change Programme (CCP) will seek to improve performance and by targeting the right families at the right time is expected to reduce our exposure to legal costs.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
24) Safeguarding & Standards	**1,787**	**123**	**18%**	**251**	**14%**
The Safeguarding and Standards (SAS) budget is forecasting an over spend of £251k. This is due to the use of agency staff to cover the increased number of initial and review child protection (CP) conferences and initial and review Looked After Children (LAC) Reviews. The SAS team currently operates with a staff group that was predicated for CP numbers of 192-230 (in 2013) and LAC numbers of 480 (in 2013). These numbers have risen steadily and then recently more sharply to 497 CP and 630 LAC, and show no immediate sign of decreasing. Independent Reviewing Officer caseloads are defined by statutory legislation so extra staff are required to manage that obligation. Actions being taken: We have already analysed, and are now implementing new procedures on better use of staff time to free up capacity. Despite this workloads remain stretched and we are exploring other avenues to secure resource to better manage the current caseloads.					
25) CSC Units Hunts and Fenland	**3,923**	**274**	**14%**	**473**	**12%**
The CSC Units Hunts and Fenland budget is forecasting an over spend of £473k due to the use of agency staffing. A policy decision was taken to ensure we fulfil our safeguarding responsibilities by ensuring that posts should be filled as quickly as possible, with essential posts within the Unit model covered by agency staff in a planned way until new staff have taken up post. If vacant posts are not filled we run the risk of not being able to carry out our statutory duties, and the unit becomes under increased pressure and unlikely to meet statutory requirements and there is then a potential that children could be left at risk. The unit model is very vulnerable when post are left vacant and whilst this can be managed for a very short period of time (staff on leave/period of absence) vacancies will require agency staff to backfill. Actions being taken: We continue to make concerted efforts to minimise the dependency on agency despite high levels of demand. The implementation of our recruitment and retention strategy for social work staff should decrease the reliance on agency staffing. However, one option under consideration is to recruit peripatetic social workers over establishment. This would be more cost effective than using agency staff. The establishment budget would have to be re-balanced to meet this cost. Further work is also underway as part of the CCP to review the Unit Model design and how best to manage the Child's journey.					
26) CSC Units East & South Cambs and Cambridge	**3,654**	**204**	**11%**	**379**	**10%**
The CSC Units East & South Cambs and Cambridge budget is forecasting an over spend of £379k due to the use of agency staffing. See CSC Hunts and Fenland (note 25) for narrative.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
27) Looked After Children Placements	**12,622**	**1,076**	**20%**	**3,000**	**24%**

The forecast overspend has increased by £0.8m this month. This is due to a combination of the underlying pressure from 2015/16 (£1.4m), as a result of having more LAC in care than budgeted, and the number of children in care and in placements not reducing as originally budgeted, and continuing to rise. Some of the optimism around the LAC savings for both the current year and future years has been given a deep dive review. The outcome of this work has revealed that there is inadequate budget to service the number of LAC in the care system currently and the anticipated LAC numbers going forward. This has therefore been reflected within the forecast outturn position this month, for the impact on the delivery of in-year savings. The impact to future year savings is being dealt with as part of the current Business Planning process.

The recent cohort of children becoming LAC have included children requiring high cost placements due to their complex needs. It should, however, be noted that a significant amount of work has been undertaken focussing on procurement savings. To date, c.£1.4m of savings have successfully been delivered around this work, against an annual savings target of £1.5m.

Overall LAC numbers at the end of September 2016, including placements with in-house foster carers, residential homes and kinship, are 630, 7 more than August 2016. This includes 66 unaccompanied asylum seeking children (UASC).

External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of September are 327.

External Placements Client Group	Budgeted Packages	31 Aug 2016 Packages	30 Sep 2016 Packages	Variance from Budget
Residential Disability – Children	3	2	2	-1
Child Homes – Secure Accommodation	0	0	0	-
Child Homes – Educational	8	10	12	+4
Child Homes – General	23	24	25	+2
Supported Accommodation	19	18	23	+4
Supported living 16+	6	24	27	+21
Independent Fostering	180	244	238	+58
TOTAL	**239**	**322**	**327**	**+88**

In 2016/17 the budgeted number of external placements has reduced to 239, a reduction of 72 from 2015/16. This reduction mainly focuses on a reduction to the Independent Fostering placements. As can be seen in the Key Activity Data and the figures above, the number of Independent Fostering placements is much higher than budgeted, which is putting a significant strain on this budget.

Actions being taken to address the forecast overspend 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 CFA, 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.

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
28) Local Assistance Scheme	**484**	**-85**	**-29%**	**-163**	**-34%**
A contingency budget of £163k was allocated to the Local Assistance Scheme during 2016/17 Business Planning, following a decision by GPC in Spring 2015. The contingency budget was not utilised in 2015/16, and it became clear after the budget was set that it was unlikely to be necessary in 2016/17. In May 2016, Adults Committee considered spending plans for the scheme at the "core funding" level of £321k. This means the contingency budget of £163k is not required, based on current spending plans.					
29) SEN Placements	**8,563**	**42**	**1%**	**200**	**2%**
The Special Educational Needs (SEN) Placements budget is forecasting a £200k overspend in 16/17. This budget is funded from the High Needs Block (HNB) element of the Dedicated Schools Grant (DSG). This is a similar level to this time last year and highlights the increasing cost for placements. Whilst inflation has been kept very low the cost of new places increases. The number of maintained Statement/EHCP numbers is fairly consistent, but the level of need is escalating. This means that the cost of placements is higher. <u>Actions going forward</u>:- • Actions in the Placements Strategy are aimed at returning children to within County borders and reducing Education Placement costs. • Previous discussions for 3 new special schools to accommodate the rising demand over the next 10 years needs to be revisited as there is a pressure on capital funding. One school is underway and with two more planned. Alternatives such as additional facilities in the existing schools, looking at collaboration between the schools in supporting post 16, and working with FE to provide appropriate post 16 course is also being explored. • Business case presented to health commissioners to improve the input of school nursing in area special schools to support increasingly complex medical/health needs. • Deliver SEND Commissioning Strategy and action plan to maintain children with SEND in mainstream education.					

Service	Current Budget for 2016/17	Current Variance		Forecast Variance Outturn	
	£'000	£'000	%	£'000	%
30) Central Financing	**-3,526**	**24**	**-1%**	**-200**	**-6%**
Following approval at July GPC, £200k of the SEND Reform Grant to be received during the 2016/17 financial year will be applied to support additional associated costs within CFA.					
31) Schools Partnership Service	**983**	**-191**	**-86%**	**-196**	**-20%**
There is a £196k underspend forecast in the Schools Partnership Service. This is due to a review of Education Support for Looked After Children (ESLAC) funding which has meant it has been possible to substitute grant funding in-year to create an underspend against the base budget.					
32) Catering & Cleaning Services	**-400**	**-93**	**-13%**	**0**	**0%**
The Catering and Cleaning Services (CCS) are budgeted to achieve a £400k contribution to the overall CFA bottom line. However, the reduction of the cook/freeze operation and its potential closure by year end the service is providing a significant pressure. The production requirement for the centre has been reduced by 70% (food /provisions for 3.1 million meals per annum) from September 2016 following the end of the contract with Northamptonshire County Councils school catering service. The distribution centre (B4) has been scheduled to close by October 2016 with operations being run from the production centre C3. Whilst work is ongoing to assess the most effective options for the service and C3 production unit going forward it will require a significant increase in new orders for the centre to remain viable and to achieve a surplus/contribution. A plan of savings and restrictions of expenditure is in place to accommodate the £174k forecast shortfall (comprised of £144k direct reduction in operating profit and an estimate cost of £30k to reflect the dilapidation & demobilisation costs of current B4 premises, however worst case scenario estimates put these costs at £100k+, requiring further savings measures to be made. Further to this there are potential additional costs relating to the redundancy and pension strain costs for any staff who cannot be redeployed. Finally, the NJC pay award for the lowest grades increased above the expected level which is a pressure for the service as it affects a large percentage of CCS operational staff (cleaners and catering assistants).					
33) Financing DSG	**-23,326**	**-100**	**1%**	**-200**	**-1%**
Within CFA, spend of £23.3m is funded by the ring fenced Dedicated Schools Grant. The Education Placements budget is forecast to overspend this year by £200k. Vacancy savings are taken across CFA as a result of posts vacant whilst they are being recruited to, and some of these vacant posts are also DSG funded. It is therefore estimated that the DSG pressure of £200k for this financial year will be met by DSG related vacancy savings.					

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
Grants as per Business Plan		
Public Health	Department of Health	6,422
Better Care Fund	Cambs & P'Boro CCG	15,457
Social Care in Prisons Grant	DCLG	318
Unaccompanied Asylum Seekers	Home Office	840
Youth Offending Good Practice Grant	Youth Justice Board	528
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,173
Children's Social Care Innovation Grant (MST innovation grant)	DfE	456
MST Standard & CAN	DoH	201
Music Education HUB	Arts Council	782
Non-material grants (+/- £160k)	Various	323
Total Non Baselined Grants 2016/17		**27,627**

Financing DSG	Education Funding Agency	23,326
Total Grant Funding 2016/17		**50,953**

The non baselined grants are spread across the CFA directorates as follows:

Directorate	Grant Total £'000
Adult Social Care	2,299
Older People	12,166
Children's Social Care	911
Strategy & Commissioning	1,557
Enhanced & Preventative Services	9,661
Learning	1,034
TOTAL	**27,627**

APPENDIX 4 – Virements and Budget Reconciliation

Virements between CFA and other service blocks:

	Effective Period	£'000	Notes
Budget as per Business Plan		**242,563**	
Strategic Management - Children's Social Care	May	-77	Contact Centre Funding
Shorter Term Support and Maximising Independence	May	-10	Accommodation costs have been agreed with the NHS for buildings which are shared. This amount has been transferred to LGSS Property who handles the NHS recharge.
Shorter Term Support and Maximising Independence	May	-113	Budget has been transferred to LGSS for professional services support to Reablement teams. This amount was recharged in 2015/16 and is now transferred permanently.
Information Management & Information Technology	June	-53	SLA for Pupil Forecasting/Demography to Research Group within Corporate services.
Schools Partnership Service	Sept	6	Correction to Centralised mobile telephones.
Current Budget 2016/17		**242,316**	

Virements within the Children's, Families and Adults service block:

General Purposes Committee has previously approved the following budget transfers within CFA

Area	Budget increase £'000	Budget decrease £'000	Reasoning
Older People's Services		-£950	Care spending and client contribution levels were significantly ahead of the target as at April 2016, due to forecast improvements at end of 2015/16
Looked After Children Placements	£950		Starting position in April 2016 reflects higher demand than anticipated when the budget was set
ASC Practice & Safeguarding: Mental Capacity Act – Deprivation of Liberty Safeguards		-£200	Commitments following budget build suggest there is surplus budget in 2016-17, ahead of planned timing of reduction.
Learning Disability Partnership	£200		Anticipated pressure against delivery of care plan savings level, which cannot be met through alternative measures within the LDP
Home to School Transport Mainstream		-£310	Starting position in April 2016 reflects lower demand than anticipated when the budget was set
Children's Social Care, SENDIAS and Youth Offending	£310		New services pressures confirmed after the Business Plan was set.
Subtotal	**£1,460k**	**-£1,460k**	

Additionally there have been **administrative budget transfers** between service directorates for the following reasons (which do not require political approval and have a neutral impact on forecasting):

- Better Care Fund agreement revised for 2016/17 – more services within Adult Social Care are in scope, with corresponding decrease in contribution to Older People & Mental Health
- Combination of carers support spending under one budget holder, within Adult Social Care
- Transfers in spending responsibility from LAC Placements commissioning budget to case-holding teams in Children's Social Care
- Allocation of pay inflation to individual budget holders after budget setting (CFA held an amount back to encourage budget holders to manage pay pressures at local level first)

GPC also approved earmarked reserves (see Appendix 5) in July. Budget required from earmarked reserves for 2016/17 has been allocated to directorates, with the contribution from reserves within S&C.

APPENDIX 5 – Reserve Schedule

May Service Committees endorsed the following proposals for CFA Earmarked Reserves (further detail is provided in the Committee reports). GPC approved these proposals in July.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 30 Sep 16		
	£'000	£'000	£'000	£'000	
General Reserve					
CFA carry-forward	1,623	-1,062	561	-1,777	Forecast overspend of £2,338k applied against reserves.
subtotal	**1,623**	**-1,062**	**561**	**-1,777**	
Equipment Reserves					
ICT Equipment Replacement Reserve	604	0	604	0	Service plan to replace major infrastructure in 2016/17
IT for Looked After Children	178	-80	98	98	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend).
subtotal	**782**	**-80**	**702**	**98**	
Other Earmarked Reserves					
Adult Social Care					
Capacity in ASC procurement & contracts	225	-63	162	122	Continuing to support route rationalisation for domiciliary care
Specialist Assistive technology input to the LDP	186	-186	0	0	External support to promote use of technology to reduce costs of supporting LD clients
Autism & Adult Support Workers (trial)	60	-30	30	30	Trialling support work with Autism clients to investigate a new service model, 12 month period but only starting in September 2016
Direct Payments - Centralised support (trial)	174	-44	130	130	By centralising and boosting support to direct payment setup we hope to increase uptake & monitoring of this support option
Care Plan Reviews & associated impact - Learning Disability	346	-346	0	0	Additional social work, complaints handling, business support and negotiation capacity in support of the major reassessment work in these services
Care Plan Reviews & associated impact - Disabilities	109	-109	0	0	
Older People & Mental Health					
Continuing Healthcare project	118	-59	59	59	CHC team has been formed to deliver the BP savings
Homecare Development	62	-40	22	22	Managerial post to take forward proposals that emerged from the Home Care Summit - e.g. commissioning by outcomes work.
Falls prevention	44	-44	0	44	To upscale the falls prevention programme
Dementia Co-ordinator	35	-22	13	13	£35k needed, hoping for PH match funding.
Shared Lives (Older People)	49	-49	0	0	Trialling the Adult Placement Scheme within OP&MH
Mindful / Resilient Together	321	-133	188	188	Programme of community mental health resilience work (spend over 3 years)

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 30 Sep 16		
	£'000	£'000	£'000	£'000	
Increasing client contributions and the frequency of Financial Re-assessments	120	-70	50	50	Hiring of fixed term financial assessment officers to increase client contributions
Brokerage function - extending to domiciliary care	50	-15	35	35	Trialling homecare care purchasing post located in Fenland
Specialist Capacity: home care transformation / and extending affordable care home capacity	70	-45	25	25	External specialist support to help the analysis and decision making requirements of these projects and upcoming tender processes
Care Plan Reviews & associated impact - Older People	452	-452	0	0	Options being explored with overtime to complement agency worker reviews
Childrens Social Care					
Independent Reviewing Officers (IRO) and Care Planning (CP) Chairperson	28	-28	0	0	2 x Fixed Term Posts across 2015/16 and 2016/17. Increase in Independent Reviewing Officers (IRO) capacity to provide effective assessment which will safeguard the YP as per statutory guidance under the Care Planning Regulations Children Act 1989 – (Remaining balance will support for 1 post for 6 month period in 2016/17)
Adaptations to respite carer homes	14	-14	0	0	Reserve for adaptations to Foster carer Homes
Child Sexual Exploitation (CSE) Service	250	-250	0	0	Child Sexual Exploitation Funding - Barnardo's project to work with children in relation to child sexual exploitation. Barnardo's would look to recruit to 5 staff and these would be 1 x MASH worker, 2 x workers in relation to return interviews and an additional 2 workers who will work direct with children in relation to child sexual exploitation.
Strategy & Commissioning					
Building Schools for the Future (BSF)	141	0	141	0	Funding allocated to cover full ICT programme and associated risks. In 2016/17 also cover costs associated with transition from Dell ICT contract.
Statutory Assessment and Resources Team (START)	10	-10	0	0	Funding capacity pressures as a result of EHCPs.
Home to School Transport Equalisation reserve	253	0	253	-472	16/17 is a "long year" with no Easter and so has extra travel days. The equalisation reserve acts as a cushion to the fluctuations in travel days.
Time Credits	74	-74	0	0	Funding for 2 year Time Credits programme from 2015/16 to 2016/17 for the development of connected and supportive communities.
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	57	-57	0	0	£32k to extend the SPACE programme pilot to enable a full year of direct work to be evaluated for impact and £25k Re-tendering of Supporting People contracts (ART)
Disabled Facilities	127	0	127	64	Funding for grants for disabled children for adaptations to family homes.

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 30 Sep 16		
	£'000	£'000	£'000	£'000	
Strategy & Commissioning					
Commissioning Services – Children's Placements	13	-13	0	0	Funding to increase capacity. Two additional Resource Officers are in post.
Enhanced & Preventative					
Information Advice and Guidance	20	-40	-20	0	£20k will be used in 16/17 to cover the salaries of 6 remaining post holders who will leave by redundancy on 11th May 2016 as a result of Phase II Early Help Review
Changing the cycle (SPACE/repeat referrals)	67	-67	0	0	Project working with mothers who have children taken in to care - to ensure that the remaining personal or family needs or issues are resolved before the mother becomes pregnant again. Funding for this project ends March '17.
Multi-Systemic Therapy (MST) Standard	182	0	182	182	2-year investment in the MST service (£182k in 2015/16 & 2016/17) to support a transition period whilst the service moves to an external model, offering services to CCC and other organisations on a traded basis.
MST Child Abuse & Neglect	78	-78	0	0	Whilst the MST CAN project ended in 2015/16, the posts of MST Program Manager and Business Support Manager who support all of the MST teams have been retained and will transfer to the MST Mutual CIC. Funding is required until the MST Mutual commences.
Youth Offending Team (YOT) Remand (Equalisation Reserve)	250	0	250	250	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
All Age Lead Professional	40	-40	0	0	Trialling an all age locality lead professionals. Ongoing trial into 16/17.
Maximise resources through joint commissioning with partners	14	-14	0	0	Funding for Area Partnership Manager, ensuring that local needs are identified and met in relation to children's services by bringing together senior managers of local organisations in order to identity and develop priorities and commission local services. Work to be undertaken during 2016/17 to seek sustainable solution to the shortfall in funding on a permanent basis.
Independent Domestic Violence Advisors	24	0	24	0	To continue to provide a high level of support to partner agencies via the Multi-agency safeguarding hub, and through the multi-agency risk assessment conference process, by supporting high-risk victims of domestic abuse.
Learning					
Cambridgeshire Culture/Art Collection	87	0	87	47	Providing cultural experiences for children and young people in Cambs
Discretionary support for LAC education	182	-146	36	36	Required to fund CIN post spanning financial years
Reduce the risk of deterioration in school inspection outcomes	60	-60	0	0	Draw down of funding to pay for fixed term Vulnerable Groups post
ESLAC Support for children on edge of care	50	-14	36	36	Funding for 2 year post re CIN

Fund Description	Balance at 31 March 2016	2016/17		Forecast Balance at 31 March 2017	Notes
		Movements in 2016/17	Balance at 30 Sep 16		
	£'000	£'000	£'000	£'000	
CCS (Cambridgeshire Catering and Cleaning Services)	119	0	119	0	CCS Reserve to make additional investment in branding, marketing, serveries and dining areas to increase sales and maintain contracts. Also includes bad debt provision following closure of Groomfields Grounds Maintenance Service.
Cross Service					
Develop 'traded' services	57	-57	0	0	£27k is funding for 2 x 0.5 FTE Youth Development Coordinators until March 17 £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)	188	-110	78	78	This will fund 2-3 staff across 2016/17 focused on recruitment and retention of social work staff
Reduce the cost of placements for Looked After Children	184	-184	0	0	Repairs & refurbish 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
Re-deployment of CFA Continuing and New Earmarked Reserves	-953	953	0	0	New 16/17 CFA Earmarked Reserves (£1.451m) funded from those 15/16 earmarked reserves no longer required (£0.498m) and CFA carry forward (£0.953m), following approval from Committee.
subtotal	**4,097**	**-2,070**	**2,027**	**939**	
TOTAL REVENUE RESERVE	**6,502**	**-3,212**	**3,290**	**-740**	
Capital Reserves					
Building Schools for the Future	61	0	61	0	Building Schools for Future - c/fwd to be used to spent on ICT capital programme as per Business Planning 16/17.
Basic Need	0	1,680	1,680	0	The Basic Need allocation received in 2016/17 is fully committed against the approved capital plan.
Capital Maintenance	0	2,616	2,616	0	The School Condition allocation received in 2016/17 is fully committed against the approved capital plan.
Other Children Capital Reserves	110	0	110	0	£10k Universal Infant Free School Meal Grant c/f and the Public Health Grant re Alcohol recovery hub £100k rolled forward to 2016/17.
Other Adult Capital Reserves	2,257	3,479	5,736	425	Adult Social Care Grant to fund 2016/17 capital programme spend.
TOTAL CAPITAL RESERVE	**2,428**	**7,776**	**10,204**	**425**	

(+) positive figures represent surplus funds.
(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2016/17						TOTAL SCHEME	
Original 2016/17 Budget as per BP	Scheme	Revised Budget for 2016/17	Actual Spend (Sep)	Forecast Spend - Outturn (Sep)	Forecast Variance - Outturn (Sep)	Total Scheme Revised Budget	Total Scheme Forecast Variance
£'000		£'000	£'000	£'000	£'000	£'000	£'000
	Schools						
41,711	Basic Need - Primary	42,782	13,111	39,569	**-3,213**	224,944	28,132
39,689	Basic Need - Secondary	41,162	13,365	42,781	**1,619**	213,851	2,563
321	Basic Need - Early Years	613	35	613	**0**	2,203	0
770	Adaptations	654	252	561	**-93**	6,541	0
2,935	Specialist Provision	3,225	1,926	3,225	**0**	5,060	-175
3,250	Condition & Maintenance	3,250	2,336	3,250	**0**	25,750	0
204	Building Schools for the Future	348	117	348	**0**	9,118	0
1,114	Schools Managed Capital	1,926	0	1,926	**0**	9,798	-190
0	Universal Infant Free School Meals	10	3	10	**0**	0	0
300	Site Acquisition and Development	300	251	300	**0**	650	0
1,500	Temporary Accommodation	1,500	845	1,500	**0**	14,000	0
0	Youth Service	127	0	127	**0**	0	0
295	Children Support Services	295	0	295	**0**	2,530	0
3,717	Adult Social Care	5,311	3	5,311	**0**	25,777	1,299
1,350	CFA IT Infrastructure	1,700	189	1,700	**0**	3,000	0
0	CFA Capital Variation	-10,282	0	-8,595	**1,687**	0	0
97,156	**Total CFA Capital Spending**	**92,921**	**32,432**	**92,921**	**0**	**543,222**	**31,629**

Basic Need - Primary £28,132k increased total scheme cost.
A total scheme variance of £5,310k occurred due to changes since the Business Plan was approved in response to changes to development timescales and school capacity. The following have schemes have had cost increases approved by GPC for 2016/17;

- Fulbourn Primary (£1,000k) further planning has indicated cost of project will be higher than originally anticipated
- Melbourn Primary (£2,050k) increased scope includes replacement of two temporary classroom structures.
- Hatton Park Primary (£10k) increased cost to reflect removal costs required as part of the project
- Wyton Primary (£2,250k) due to scheme being delivered in two phases and increased costs associated with the delay in phasing. Phase 1 - replacement of existing 1 form entry primary school; phase 2 - new 2 form entry primary school.

In June 2016 these increased costs have been offset by £670k of underspend on 2016/17 schemes which are completing and have not required the use of budgeted contingencies. Brampton Primary School (£41k), Fawcett Primary School (£203k), Cambourne 4th Primary (183k), Millfield Primary (£28k), Fourfields Primary (£42k) and Trinity School: (£175k)

There has been a further £7.3m increase in July 2016 in the overall capital scheme costs since the Business Plan was approved by full Council. These changes relate to future years and have been addressed through the 2017/18 Business Plan. Schemes experiencing increases include;

- Clay Farm, Cambridge £1.5m increase due to developing scope of the project to a 2FE school to accommodate further anticipated housing development.

- Ramnoth, Wisbech; £740k increased cost due to increased build cost identified at design stage.
- Hatton Park, Longstanton; £540k increased build cost identified at planning stage and transport costs of children.
- Barrington; £1,890k increased costs after option appraisal completed and costs inflated to meet Sept 2020 delivery
- Loves Farm, St Neots; £2,320k increase due to changing scope of the project to a 2FE school.

September has seen a further additional total scheme cost increase of £15.5m since the Business Plan was approved by full Council. These changes relate to future years, other than Grove Primary and have been addressed through the 2017/18 Business Plan. Schemes experiencing increases include;

- Sawtry Infant; £880k increase due to more detailed costings.
- St Ives, Eastfield / Westfield / Wheatfields; £4.0m increased cost due to additional building work required as school are not planning to amalgamate to an all through primary.
- Histon - Additional Places; £10.0m increased cost as the scope of the project has significantly increased to include additional places at both Infant and Junior age ranges.
- Grove Primary School; £310k increased costs due to increased scheme costs associated with asbestos removal.
- Burwell Primary; £322k increased costs due to revised cost plans and more detailed planning being undertaken.

Basic Need - Primary £3,213k slippage.
A number of schemes have experienced cost movements since the Business Plan was approved. The following schemes have been identified as experiencing accelerated spend where work has progressed more quickly than had been anticipated in the programme.

These include Westwood Primary (£105k), Hatton Park (£690k) St Ives, Eastfield / Westfield / Wheatfields (£200k) and Wyton Primary (£200k), Histon additional places (£350k). These schemes will be re-phased in the 2017/18 business plan.

There has been an in year scheme cost increase due to an overspend on Grove Primary (£298k). This is a result of unforeseen asbestos works.

The accelerated spend has been offset by schemes where progressed has slowed and anticipated expenditure in 2016/17 will no longer be incurred. These schemes include;
Huntingdon Primary 1st & 2nd Phases (£199k) works deferred to be undertaken as part of the 2nd phase of the scheme which is already underway and is anticipated to incur less spends that originally scheduled.
NIAB School, (£148k) slippage to scheme being deferred, the scheme is linked to housing development which is not progressing. Minimal spend expected in 2016/17 to complete design and planning stages.
Sawtry Infants, (£600k), the scheme has been redefined. The Infant and Junior school are no longer to merge which has meant spend planned summer 2016 to undertake refurbishment/remodelling works will now not go ahead. Design works only for 2016-17. Works to now commence April 2017 and complete by August 18.
The Shade, Soham; (£550k) due to a lower than expected tender from contractors at this stage of the planning.
Pendragon, Papworth, (£150k), this scheme is linked to outlined planning development which has not progressed. Therefore no expenditure is likely in 2016/17.

Northstowe First Primary; -£346k slippage due to Furniture, equipment and part of the ICT requirements being unexpended this financial year until permanent school opens in September 2017.
Bearscroft Primary School; (£1,390k), Project has slipped from start on site 15.08.16 to 24.10.16.
Ramnoth Primary, Wisbech; (£1,200k).Start on site delayed from October to December 2016.

Basic Need – Secondary £2,563k increased total scheme cost.
A total scheme variance of £2,563k has occurred due to changes since the Business Plan was approved. Cambridge City 3FE Additional places; £2.5m increased cost to incorporated fire damage works at St Bede's site, for which additional funding will be received from Insurance payments.

Basic Need – Secondary £1,619k accelerated spend.
The Bottisham Village College scheme has incurred £480k of slippage due to the start on site being deferred from late 2016 to March 2017. The delay has resulted from a joint bid to the EFA for additional £4m funding which has enabled the school to progress advanced works ahead of the main capital scheme.

There has been accelerated spend on Cambridge City 3FE Additional places of £2,100k on St Bede's program. This has arisen due to works commencing earlier than anticipated to accommodate the fire damage sustained at the school. This work will be offset from additional funding from the insurers.

Adaptations £93k slippage.
Morley Memorial spend is expected to be £93k less than expected due to slower than expected progress and only design work now being undertaken in 2016/17.

Schools Managed Capital
Devolved Formula Capital (DFC) is a three year rolling balance and includes £850k carry forward from 2015/16. The total scheme variance relates to the reduction in 2016/17 grant being reflected in planned spend over a 5 year period.

CFA 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 CFA's negative budget adjustments has been calculated as follows, shown against the slippage forecast to date:

2016/17					
Service	**Capital Programme Variations Budget**	**Forecast Variance - Outturn (Sep)**	**Capital Programme Variations Budget Used**	**Capital Programme Variations Budget Used**	**Revised Forecast Variance - Outturn (Sep)**
	£000	**£000**	**£000**	**%**	**£000**
CFA	-10,282	-1,687	1,687	16.4%	-
Total Spending	**-10,282**	**-1,687**	**1,687**	**16.4%**	**-**

6.2 Capital Funding

2016/17				
Original 2016/17 Funding Allocation as per BP	**Source of Funding**	**Revised Funding for 2016/17**	**Forecast Spend – Outturn (Sep)**	**Forecast Funding Variance - Outturn (Sep)**
£'000		**£'000**	**£'000**	**£'000**
3,781	Basic Need	3,781	3,781	0
4,643	Capital maintenance	4,708	4,708	0
1,114	Devolved Formula Capital	1,926	1,926	0
0	Universal Infant Free School meals	10	10	0
3,717	Adult specific Grants	5,311	5,311	0
24,625	S106 contributions	22,612	22,612	0
0	BSF -PFS only	61	61	0
0	Capitalised Revenue Funding	0	0	0
700	Other Capital Contributions	700	700	0
54,416	Prudential Borrowing	49,652	49,652	0
4,160	Prudential Borrowing (Repayable)	4,160	4,160	0
97,156	**Total Funding**	**92,921**	**92,921**	**0**

In September there have been no changes to the overall funding position of the 2016/17 capital programme.

APPENDIX 7 – Performance at end of August 2016

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	Childrens Social Care	22.6%	20.0%	20.2%	Aug-16	↑	A	22.2% (2015)	24.0% (2015)	Performance in re-referrals to children's social care has improved slightly during August but remains worse than target though in line with our stat neighbours and below national levels.
Number of children with a Child Protection Plan per 10,000 population under 18	Childrens Social Care	35.0	30.0	36.1	Aug-16	↓	R	35.2% (2015)	42.9% (2015)	The number of a children with a CP Plan was 480 during August. There were a higher number of conferences in August than previous years, and a steady stream of requests for conference coming to the unit. This has resulted in there being 480 CP plans at the end of August, only 6 shy of our highest number. Like June and July, we are currently running over 130 plans more than last year. Our prediction is that, whilst there are a number of review conferences scheduled in September that will downward-adjust the numbers, this will be counteracted by requests and that we will reach 500 CP plans by the end of September, and this will continue to rise.

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	Childrens Social Care	46.0	40.0	47.0	Aug-16		R	41.6% (2015)	60.0% (2015)	The number of Looked After Children increased to 623 in August 2016. This includes 65 UASC, around 10% of the current LAC population. There are workstreams in the LAC Strategy which aim to reduce the rate of growth in the LAC population, or reduce the cost of new placements. Some of these workstreams should impact on current commitment: Actions being taken include: • A weekly 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 CFA, 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. 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. 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.

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
No / % of families who have not required statutory services within six months of having a Think Family involvement	Enhanced & Preventative									New measure 2016/17. Target will be set and indicator reported on when 6 months data is available
% year 12 in learning	Enhanced & Preventative	94.1%	96.5%	93.4%	Aug 16	↓	A	94.0% (2015)	94.8% (2015)	Our performance in learning tends to drop at this point in the year as young people drop out before completing their programmes in learning. As many will not return until September it is unlikely that we will meet this target until later in the year.
% 16-19 year olds not in Education, Employment or training (NEET)	Enhanced & Preventative	3.4%	3.3%	3.5%	Aug 16	↓	A	3.5% (2015)	4.2% (2015)	NEET has risen slightly this month mainly due to the number of young people dropping out from learning. Locality teams will pick them up quickly and offer support to encourage them to return to learning as soon as possible, however this may not be until September.
% Clients with SEND who are NEET	Enhanced & Preventative	10.1%	9.0%	10.6%	Q1 (Apr to Jun 16)	↓	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 12.4%. We continue to prioritise this group for follow up and support.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
The proportion pupils attending Cambridgeshire Nursery schools judged good or outstanding by Ofsted	Learning	100.0%	100.0%	100.0%	Aug-16	→	G			
The proportion pupils attending Cambridgeshire Primary schools judged good or outstanding by Ofsted	Learning	80.8%	82.0%	82.0%	Aug-16	↑	G	88.4% (2016)	88.5% (2016)	Performance has improved to our best ever level and is now above target
The proportion pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted	Learning	55.5%	75.0%	56.9%	Aug-16	↑	R	85.2% (2016)	80.3% (2016)	The proportion of pupils attending Cambridgeshire Secondary schools judged good or outstanding by Ofsted has increased again as a school moved from Requires Improvement to Good. 17 out 30 Secondary schools with Inspection results are now judged as good or outstanding, covering about 17,000 pupils.
The proportion pupils attending Cambridgeshire Special schools judged good or outstanding by Ofsted	Learning	94.8%	100.0%	94.8%	Aug-16	→	A			8 out of 9 Special schools are judged as Good or outstanding covering 920 (94.8%) pupils.

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
Proportion of income deprived 2 year olds receiving free childcare	Learning	*80%*	80%	79.2%	Spring Term 2016		A			There were 1758 children identified by the DWP as eligible for the Spring Term. 1393 took up a place which equates to 79.2%
FSM/Non-FSM attainment gap % achieving L4+ in Reading, Writing & Maths at KS2	Learning	28	21	28	2015		R			Data for 2015 suggests that the gap has remained unchanged at KS2 but increased significantly at KS4. The Accelerating Achievement Strategy is aimed at these groups of children and young people who are vulnerable to underachievement so that all children and young people achieve their potential
FSM/Non-FSM attainment gap % achieving 5+ A-C including English & Maths at GCSE*	Learning	31.3	26	37.8	2015		R			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	1.2%	6.0%	1.3%	Aug-16	↑	R	5.9% (14-15)	6.0% (14-15)	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.
1C PART 1a - Proportion of eligible service users receiving self-directed support	Adult Social Care / Older People & Mental Health	95.0%	93.0%	95.1%	Aug-16	↑	G	83.0% (14-15)	82.6% (14-15)	Performance remains above the target and is improving gradually. Performance is above the national average for 14/15 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	51.2%	50.1%	51.5%	Aug-16	↑	G	N/A (Local Indicator)		Performance in this indicator has been improving, this is partly due to ongoing data cleansing relating to the categorisation of planned/unplanned reviews. A focus on completing reviews early where there is the potential to free up capacity/make savings also be contributing to this increased performance.

Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
RBT-I - Proportion of service users requiring no further service at end of re-ablement phase	Older People & Mental Health	53.3%	57.0%	54.3%	Aug-16	↑	A	N/A (Local Indicator)		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, people are leaving hospital with higher care needs and often require double up packages of care which again impacts our capacity. We ae addressing this issue directly by providing additional support in the form of the Double Up Team who work with staff to reduce long term care needs and also release re ablement capacity.
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Older People & Mental Health	96	236	115	Aug-16	↓	G	611.0 (14-15)	658.5 (14-15)	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.

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	578	429	579	Jul-16	↓	R			The Cambridgeshire health and social care system is experiencing a monthly average of 2,976 bed-day delays, which is 35% above the current BCF target ceiling of 2,206. In June there were 2,982 bed-day delays, down 222 compared to the previous month. We continue to work in collaboration with health colleagues to build on this work. However, here continues to be challenges in the system overall with gaps in service capacity in both domiciliary care and residential home capacity. However, we are looking at all avenues to ensure that flow is maintained from hospital into the community. Between August '15 and July '16 there were 30,578 bed-day delays across the whole of the Cambridgeshire system - representing a 13% decrease on the preceding 12 months.

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	129	114	124	Jul-16	↑	A			In July '16 there were 558 bed-day delays recorded attributable to ASC in Cambridgeshire. This translates into a rate of 109 delays per 100,000 of 18+ population. For the same period the national rate was 141 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.
1F - Adults in contact with secondary mental health services in employment	Older People & Mental Health	11.6%	12.5%	11.0%	Aug 16	↓	A	9.0% (15-16) Provisional	6.7% (15/16) Provisional	Performance has fallen for the second month in a row and remains below target. Performance is above national and our statistical neighbours

APPENDIX 8 – CFA Portfolio at end of August 2016

Programme/Project and Lead Director	Brief description and any key issues	RAG
Transforming Lives Claire Bruin / Jane Heath	Status has been downgraded to amber and alongside the review of the project plan, milestones are being revised. The evaluation continues and a report was presented to the Adults Committee meeting in September. Work is continuing to ensure that there is a mechanism for collecting information throughout the year. The Quality Assurance Framework has been rolled out to CPFT. Work is underway to gain evidence based assurance from all service leads that progress is being made to embed changes in work practice. All service leads are asked to evaluate progress and clarify next steps by the end of October 2016; this will include dates for implementation and will be reflected in the programme plan.	**AMBER**
Building Community Resilience Programme: Sarah Ferguson/ Faye Betts	This programme will respond to the council's focus on strengthening our support to communities and families. The strategy has been approved by the General Purposes Committee. The development of an Innovation Fund is a key priority and this was presented to GPC on 20th September along with the proposed Delivery Plan. The Delivery Plan includes a number of elements that will contribute to overall savings for the Council in addition to savings expected to be delivered through the Innovation Fund. These include the following: • Rationalising property and staffing in local areas in order to provide a network of community hubs, bringing together our face-to-face information and advice provision, providing local access to early help and preventative activities for all ages, improving opportunities for local staff to network, and brokering support from local community providers. • Developing work with parish councils, district councils, and with Cambridge City Council to build local conversations about joint public sector service planning. No Key Issues	**GREEN**
Community Hubs: Christine May/Helen Mendis	The planned implementation of hubs will shift from April 2017 to September/October 2017 due to the following reasons; interdependencies with this agenda and the transformation of Children's Services, longer engagement needed with all key stakeholders to ensure they are part of the co-design of hubs, Parish precept setting timescales will mean that this opportunity will be missed if we consult in January 2017. In addition we will be in a much stronger position next year when there is greater clarity regarding senior leadership. An Ideas Paper is currently being finalised, which will be used to inform the extended period of engagement which is due to run from October 2016-April 2017.	**AMBER**

Programme/Project and Lead Director	Brief description and any key issues	RAG
0-19 Commissioning: Meredith Teasdale/Clare Rose	This project is looking 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. Key Issue: It was agreed at the July JCU that the 0-19 work now needs to be considered within the context of the Sustainability Transformation Programme (STP) which is looking at future health services planning and Vanguard which will largely be looking at emergency NHS care as well as children's mental health services etc. The 0-19 work is therefore now part of a much bigger process. This project is therefore on hold whilst we await confirmation on how this will be integrated with the STP. Children's Centres are currently being considered within the potential future service offer for 0-19 child health and wellbeing services as outlined above.	**AMBER**
Children's Centres: Sarah Ferguson/Jo Sollars/Clare Rose	Children's Centres are being considered within the potential future service offer for 0-19 child health and wellbeing services as outlined above.	**AMBER**
Mosaic: Meredith Teasdale	The contract for the new Adult Social Care, Early Help and Children's Social Care ICT System (Mosaic) has been awarded to the supplier Servelec Corelogic Ltd. The contract was signed in June 2016. The project governance, management, team and resources have been appointed and detailed planning is now taking place. The project is complex and is anticipated to last approximately two years, estimated completion date April 2018. Mosaic will be implemented in Adult Social Care and will replace the current Adult Social Care financial management system (AFM) by September 2017. The second phase will implement the new system in Early Years and Children's Social Care by April 2018. No key issues.	**AMBER**

Programme/Project and Lead Director	Brief description and any key issues	RAG
Accelerating Achievement: Keith Grimwade/Tammy Liu	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. The Accelerating Achievement Strategy has been incorporated into the School Improvement Strategy and an action plan to support this is in the final stages of development, together with new monitoring arrangements. The Strategy is being presented to Members in October. There is no impact on current financial savings as this is a transformational project No key issues.	**AMBER**
LAC Placements Strategy: Meredith Teasdale/Mary-Ann Stevenson	The work around Looked After Children will be subsumed into the transformational Children's Change Programme but the revised LAC Savings Action Plan currently provides a mechanism for monitoring activity, spend and savings in the short term and these will be reported at the October LAC Commissioning Board. Key Issues: The LAC Placement Budget is likely to overspend at the end of the year as a result of being unable to contain demand. A paper identifying pressures in the placements budget and associated savings proposals will be presented to CYP Committee on 11 Oct.	**AMBER**

'COMMISSIONING FOR BETTER OUTCOMES' PEER REVIEW FINDINGS AND ACTION PLAN

To:	**Adults Committee**
Meeting Date:	**3rd November 2016**
From:	**Charlotte Black – Service Director: Older People and Mental Health Services and Claire Bruin – Service Director: Adult Social Care**
Electoral division(s):	**ALL**
Forward Plan ref:	**Not Applicable** *Key decision:* **No**
Purpose:	**To update the Committee on the outcomes of the Adult Social Care 'Commissioning for Better Outcomes' Peer Review. Summarising the findings of the review, our intentions in responding to these, and the next steps for reporting and sharing the findings more widely.**
Recommendation:	**We ask that the Committee:** **a) Notes the findings of the Peer Review;** **b) Agrees the contents of the Action Plan**

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1.0 BACKGROUND

1.1 The Local Government Association delivered the Peer Review as part of the East of England Regional Peer Review Programme using the Commissioning for Better Outcomes Standards (CfBO). Our intention in commissioning the review was to receive input from other experts on how we can improve Adult Social Care in Cambridgeshire. The Peer Review team attended interviews and focus groups, and reviewed documentation (including a comprehensive self-assessment) from 12 to 14 of July. The week concluded with a presentation of the high level findings on Friday 15 of July. The Peer Review team then wrote their report, to provide more detail on the findings of the review. The first draft of the report was provided by the LGA in August and after discussions to agree accuracy and emphasis, the Final Report (attached) was agreed in October.

2.0 MAIN FINDINGS OF THE REVIEW

2.1 The Peer Review team focussed on the following lines of enquiry:

1. Cambridgeshire is using Transforming Lives to transform social care practice whilst making the demanding savings required to deliver the Council's business plan. Are the changes being made outcomes-focussed and having an impact for service users? Are staff providing innovative and flexible support that results in a positive outcome for the individual?

2. How can the function of commissioning in the Council be improved - to include macro and micro commissioning and how the two influence each other?

3. Have home care providers been influenced by the Council's strategic direction? What lessons does Cambridgeshire need to learn to ensure that the retendering of the home care contract is as effective as possible?

2.2 The Peer Review team were universally positive about Transforming Lives. They highlighted the Council's 'strength in the person-centred approach' and referred to evidence they had seen of clear service user, carer and family involvement in the planning and improvement of Social Care Services. They described services where practitioners regarded service users as the central focus in the Transforming Lives (TL) model and used strength-based conversations. The Peer Team were encouraged by the performance of the newly established Adult Early Help Services, as well as Reablement services. To develop the model further the Peer Team encouraged further evaluation of the TL model. They also suggested it may be helpful to simplify the communications about TL to those outside of practice to help service users and carers feel better informed and involved.

2.3 The Peer Team highlighted good examples of contract management in Cambridgeshire. The team found evidence of staff understanding the market, predicting activity, holding people to account and having an outcome based focus. Particular mention was made of the support and training given by the Head of Procurement and his team by providers.

2.4 A significant area of focus for the Peer Review team was related to Adult Social Care's strategic commissioning intentions. The Peer Team drew attention to 'very able staff' who write good strategies that are meaningful to the Directorate. However, they were also keen to highlight that these did not always clearly align, and that some strategies did not reflect what was going on 'on the ground'. They suggested we use action plans to help with practical implementation of the principles established within these strategies. In addition to a lack of clarity *between* strategies, the Peer Review Team recommended that a clear link is made to the 'umbrella strategies' within Adult Social Care (i.e. Transforming Lives), the Children Families and Adults Directorate, and ultimately the Council's Transformation Programme. In relation to this the Peer Team also recommended that the Directorate consider clarifying roles and responsibilities in relation to Commissioning at a macro and micro level.

2.5 The Peer Team were particularly impressed with work undertaken to reduce Delayed Transfers of Care (DToC). They recommended that we work even more closely with the NHS on this area in the future. Collaboration with the NHS was a key theme in the Peer Review team's recommendations. They particularly recommended close collaboration with the NHS in the development of a sustainable home care market.

2.6 Although the review was commissioned to focus primarily on Adult Social Care, the Peer Team did highlight a number of more corporate organisational issues that they asked that the authority consider. The first was in relation to making the most of our ICT (Information and Communication Technology) to make our processes as smooth as possible, and support closer working and information sharing between Adults and Children's Social Care, and Health and Social Care. The Second area considered the Committee system at Cambridgeshire. The Peer Team, who were unfamiliar with the Service Committee system raised the challenge as to whether the Committee process offered sufficient independent test, challenge and scrutiny.

3.0 OUR RESPONSE TO THE REVIEW

3.1 In addition to responding to the draft report and working with the LGA to agree the final report, management teams have identified some clear actions to respond to the areas for consideration highlighted within the report. Where possible we have tried to identify where we can build the findings of the review into work that is already underway.

3.2 The key areas we have committed to work on, in partnership with colleagues across the Council, as well as external partners are:

- Confirm our strategic commissioning intentions to be clear about what we are going to commission, and who is going to do that within our organisation and how they get the information they need to do that well.

- Explain clearly the link between the Council's Transformation Programme and the vision established for Adult Social Care by Transforming Lives. Making links to other commissioning strategies and services as appropriate.

- Improve our relationships and collaborative commissioning with NHS

partners, particularly the CCG (Clinical Commissioning Group).

- More closely collaborate with the CCG in the commissioning of Homecare.

- Build upon Transforming Lives evaluation activity already undertaken, and make clearer links to feedback and financial data to demonstrate value for money and outcomes.

- Make the most of our ICT to make our processes as slick as possible, and work across all of Social Care (including Children's' Services)

- Members need to consider whether they are sure that the committee decision making process provides sufficient scrutiny, and that they feel confident to lead the services they have oversight of.

- Ensure that Transforming Lives is understandable for the people it most directly affects.

3.3 The detailed Action Plan is attached. We will also incorporate the findings of the review within this year's Adult Social Care Local Account, making a public commitment to follow up the areas identified by the review. In terms of oversight of each of the actions, the majority of actions are going to be incorporated within existing projects, and therefore, the responsibility for oversight of the delivery of these sits with the senior officers named within the Action Plan.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

4.2 Helping people live healthy and independent lives

The Peer Reviewers were specifically asked to consider the impact of Transforming Lives, which promotes the independence of people within the community. Positive assurance was received on this approach.

4.3 Supporting and protecting vulnerable people

The Peer Reviewers talked to some people we support as part of their interviews to get their views and to understand how well supported they feel.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

There are no significant implications within this category

5.2 Statutory, Legal and Risk Implications

There are no significant implications within this category

5.3 Equality and Diversity Implications

There are no significant implications within this category

5.4 Engagement and Communications Implications

There are no significant implications within this category

5.5 Localism and Local Member Involvement Implications

There are no significant implications within this category

5.6 Public Health Implications

There are no significant implications within this category

SOURCE DOCUMENTS GUIDANCE

Source Documents	Location
Cambridgeshire County Council Commissioning for Better Outcomes Peer Challenge Report – Final – September 2016 *Commissioning for Better Outcomes standards.*	Attached as an appendix http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab

Cambridgeshire County Council Commissioning for Better Outcomes **Peer Challenge Report**

July 2016

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Executive Summary

Commissioning is the Local Authority's cyclical activity to assess the needs of its population for care and support services, then designing, delivering, monitoring and evaluating those services to ensure appropriate outcomes. Effective commissioning cannot be achieved in isolation and is best delivered in close collaboration with others, most particularly people who use services and their families and carers. It is also an activity best done in a collaborative way with partners and providers using up to date data and relevant insight and intelligence.

Successful outcomes are described in the Adult Social Care Outcomes Framework, Making it Real Statements, Making Safeguarding Personal and ADASS (Association of Directors of Social Services) top tips for Directors.

The Commissioning for Better Outcomes standards have been designed to support continuous improvement of commissioning through self-assessment and Peer Challenge to achieve improved outcomes for individuals, families, carers and communities. The standards support, and are aligned with, the aims of the Care Act 2014 and seek to support the achievement of transformational change and value for money.

Cambridgeshire County Council requested that the Local Government Association (LGA) undertake a Commissioning for Better Outcomes (CBO) Peer Challenge at the Council, and with partners, using the Commissioning for Better Outcomes Standards developed by Birmingham University, with LGA and ADASS, and funded by the Department of Health. The work was commissioned by Adrian Loades who is the Executive Director for Children Families and Adults Services, Cambridgeshire County Council, who was seeking an external view on Cambridgeshire's Transforming Lives programme. The specific scope of the Challenge was:

1. Cambridgeshire is using Transforming Lives to transform social care practice whilst making the demanding savings required to deliver the Council's business plan. Are the changes being made outcomes focussed and having an impact for service users? Are staff providing innovative and flexible support that results in a positive outcome for the individual?
2. How can the function of commissioning in the Council be improved - to include macro and micro commissioning and how the two influence each other?
3. Have home care providers been influenced by the Council's strategic direction? What lessons does Cambridgeshire need to learn to ensure that the retendering of the home care contracts is as effective as possible?

A Peer Challenge is designed to help an Authority and its partners assess current achievements, areas for development and capacity to change. The Peer Challenge is not an inspection, instead it offers a supportive approach, undertaken by 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve but it should also provide a basis for further improvement.

Strengths

Cambridgeshire County Council (CCC) has demonstrated strength in the person centred approach. This was seen clearly in the engagement of service users and carers and families as part of improving and planning adult social care services Service users are regarded by practitioners as the central focus in the Transforming Lives (TL) model, and users and carers recognise the TL approach. Social Care staff within the Early Help and Reablement services work primarily with Tier 1 and Tier 2. The roll out of Transforming Lives has led social care staff who support people with eligible care needs (i.e. Tier 3) to move towards using Tiers 1 and 2 where possible. The success rate of people living independently at home following discharge is high at 81% and practitioners recognise this and are proud of their achievements on this measure.

The Council has appointed a new Chief Executive for Cambridgeshire and Peterborough who has a vision and is working with members to drive forward transformation for Cambridgeshire, with a different offer for communities. The Chief Executive's ambition is to transform services using a "One Council" approach and develop a strong strategic capability. The Chief Executive appointment is seen as a catalyst for change.

There were good examples of contract management in Cambridgeshire. There is evidence of staff understanding the market, predicting activity, using levers, holding people to account and having an outcome based focus.

Areas for consideration

The Peer Team thought that it was of some importance that the Council defines what it means by micro and macro commissioning. Once defined, staff will be better able to understand their roles in commissioning and how they contribute to the process. The Peer Team found that there were multiple views on micro and macro commissioning rather than a single Council or Children, Families and Adult Directorate view of commissioning. The Team heard "*we need a strong strategic approach to commissioning".* Whilst front line workers purchasing individual packages (micro-commissioning) of care are being trained and supported through TL, there is not a comparable approach to strategic commissioning. Developing new arrangements across Cambridgeshire to support the TL approach (including in the forthcoming personal care recommissioning and procurement) requires a strategic understand of need into the future, options appraisal around how to meet that need and decision making based on evidence to support the approach. Cambridgeshire should consider if its macro (strategic) commissioning arrangements do that as effectively as they obviously aspire to for their communities

Cambridgeshire County Council (CCC) Adult Social Care (ASC) need to further consider how improvements to ICT may benefit the service and streamline processes. The Peer Team were told of the need to allow practitioners access across the Children's and Adults data system particularly to enable good transition for people. The Team also heard that in those teams that are multidisciplinary, such as the Learning Disability team, it would minimise duplication of effort if staff across health and social care could access each other's files. The Peer Team suggests that the Council further considers increasing and enabling the use technology to promote

agile working to improve the efficiency and effectiveness of staff. The Council has purchased the Mosaic system in adult's services, an IT system that aims to improve the way performance and financial information is presented. As part of implementation, the Council will be aligning the system with Children and Young People Services and thereby improve the preparing for adulthood process, the council should consider whether systems can be shared with health services to improve communication across organisations.

The current Committee System does not have a separate Overview and Scrutiny function. The Council's constitution clearly sets out the Health Committee's statutory role in delivering scrutiny of the health system. The Peer Team would ask whether this enables sufficient member challenge to take place? Is it enough challenge as the Council moves forward?

Report

Background

Cambridgeshire County Council has undertaken a self-assessment against the Commissioning for Better Outcomes Standards developed by Birmingham University with LGA and ADASS and funded by the Department of Health, and sought comment on it by undertaking a Commissioning for Better Outcomes Peer Challenge at the Council and with partners. The work was commissioned by Adrian Loades, Executive Director for Children Families and Adults Services, Cambridgeshire County Council who was seeking an external view on Cambridgeshire's Transforming Lives agenda, the specific scope of the Challenge was:

- Cambridgeshire is using Transforming Lives to transform social care practice whilst making the demanding savings required to deliver the Council's business plan. Are the changes being made outcomes focussed and having an impact for service users? Are staff providing innovative and flexible support that results in a positive outcome for the individual?
- How can the function of commissioning in the Council be improved - to include macro and micro commissioning and how the two influence each other?
- Have home care providers been influenced by the Council's strategic direction? What lessons does Cambridgeshire need to learn to ensure that the retendering of the home care contracts is as effective as possible?

1. A Peer Challenge is designed to help an Authority and its partners assess current achievements, areas for development and capacity to change. The Peer Challenge is not an inspection. Instead it offers a supportive approach, undertaken by 'critical friends'. It aims to help an organisation identify its current strengths, as much as what it needs to improve but it should also provide it with a basis for further improvement.

2. The benchmark for this Peer Challenge was the Commissioning for Better Outcomes Standards (Appendix 1). These were used as headings in the feedback with an addition of the scoping questions outlined above. There are nine standards grouped into three domains:

    - Promotes a sustainable and diverse market place
    - Person-centred and outcomes-focused
    - Well led

3. The members of the Peer Challenge Team were:

    - **Mark Palethorpe,** Strategic Director, Adult Social Care and Health, Cheshire West and Chester Council
    - **Ann Donkin,** Health Peer and Programme Director STP, Buckinghamshire County Council & NHS.
    - **Tim Goby,** Assistant Director, Devon County Council

- **Jamaila Tausif,** Head of Strategic Commissioning, Cheshire West and Chester Council
- **Councillor Izzi Seccombe,** Leader of Warwickshire County Council
- **Olly Spence**, Community Commissioner, Wiltshire Council
- **Margaret Coles,** Expert by Experience, Cambridgeshire
- **Venita Kanwar,** Challenge Manager, Local Government Association, Associate.

4. The Team was on-site from 12th – 15th July 2016. To effectively deliver this report the Peer Challenge Team reviewed over 49 documents, held over 40 meetings, held 7 focus groups, and met and spoke with over 60 people over four on-site days, equivalent to spending 35 working days on this project with Cambridgeshire County Council, the equivalent of 245 hours. The programme for the on-site phase included activities designed to enable members of the Team to meet and talk to a range of internal and external stakeholders. These activities included:

   - interviews and discussions with Councillors, Chief Officers, staff, partners and providers
   - focus groups with health managers, providers, frontline staff and people who access services and carers
   - reading a range of documents provided by the Council, including a Self-Assessment against the Commissioning for Better Outcomes Standards
   - There was full and detailed feedback from the Peer Lead to the Chief Executive during the week, and the senior team at the end of each day which was invaluable in giving and receiving key messages and shaping the next day's activities.

5. The LGA would like to thank Adrian Loades, Executive Director for Children Families and Adults Services, and his colleagues for the excellent job they did to make the detailed arrangements for a complex piece of work with a wide range of members, staff, those who access services, carers, partners and others. The Peer Team would like to thank all those involved for their authentic, open and constructive responses during the challenge process and their obvious desire to improve outcomes. The Team was made welcome and would in particular like to thank Michelle Wright and Tom Bardon from the Strategy Service for their invaluable assistance in planning and undertaking this review. The Team would also like to thank Claire Bruin and Charlotte Black who deputised for Adrian Loades in his absence during the time the team were on site.

6. Our feedback to the Council on the last day of the Challenge gave an overview of the key messages. This report builds on the initial findings and gives a detailed account of the Challenge.

Key Messages: Summary

Strengths

- Examples of engagement evident with service users and carers, early help programme is a good example of preventative support.

- The new Chief Executive is seen as the catalyst for change
- There was some evidence of good contract management.

Areas for consideration

- Consider how ICT can be used to streamline processes
- Is there sufficient independent test, challenge and scrutiny in the committee decision making processes?
- Clarify understanding across the organisation about what macro and micro commissioning is and what it can deliver.

7. Cambridgeshire County Council (CCC)) has demonstrated strength in the person-centred approach. This was seen clearly in the engagement of service users and carers and families as part of improving and planning adult social care services. Service users are regarded by practitioners as the central focus in the Transforming Lives (TL) model, and users and carers recognise the TL approach. Social Care staff within the Early Help and Reablement services work primarily with Tier 1 and Tier 2. The roll out of Transforming Lives has led social care staff who support people with eligible care needs (i.e. Tier 3) to move towards using Tiers 1 and 2 where possible. The success rate of people living independently at home following discharge is high at 81% and practitioners recognise this and are proud of their achievements on this measure.

8. The Council has appointed a new Chief Executive for Cambridgeshire, a shared post with Peterborough City Council, who has a vision and is working with members to drive forward transformation for Cambridgeshire and a different offer for communities. The Chief Executive's ambition is to transform services rather than impose cuts using a "One Council" approach and developing a strong strategic capability. The Chief Executive appointment is seen as a key catalyst for change.

9. There were good examples of contract management in Cambridgeshire. The Team found evidence of staff understanding the market, predicting activity, when to use levers, holding people to account and having an outcome based focus

10. Cambridgeshire County Council (CCC) Adult Social Care (ASC) should consider how improvements to ICT may benefit the service and streamline processes. The Team heard on several occasions of the need to have a system that allowed Children's and Adults files to be accessible across social care staff, particularly to enable good transition for people. The Team also heard that in those teams that are multidisciplinary, such as the Learning Disability team, that it would minimise duplication of effort if staff across health and social care could access each other's files. The Peer Team suggest that the Council further consider increasing and enabling the use technology to promote agile working improving efficiency and effectiveness of staff. The Council has purchased the Mosaic system in adult's services, an IT system that aims to improve the way performance and financial information is presented. As part of implementation, the Council will be aligning the system with Children and Young People Services and thereby

improve the preparing for adulthood process, the council should consider whether systems can be shared with health services to improve communication across organisations.

11. The current Committee System does not have a separate Overview and Scrutiny function. The Council's constitution clearly sets out the Health Committee's statutory role in delivering scrutiny of the health system. The Peer Team would ask whether this enables sufficient member challenge to take place? Is it enough challenge as the Council moves forward?

12. The Peer Team thought that it was of some importance that the Council defines what it means by micro and macro commissioning. Once defined, staff will be better able to understand their roles in commissioning and how they contribute to the process. The Peer Team found that there were multiple views on micro and macro commissioning rather than a single Council or Children, Families and Adult Directorate view of commissioning. The Team heard "*we need a strong strategic approach to commissioning".* Whilst front line workers purchasing individual packages (micro-commissioning) of care are being trained and supported through TL, there is not a comparable approach to strategic commissioning. Developing new arrangements across Cambridgeshire to support the TL approach (including in the forthcoming personal care recommissioning and procurement) requires a strategic understand of need into the future, options appraisal around how to meet that need and decision making based on evidence to support the approach. Cambridgeshire should consider if its macro (strategic) commissioning arrangements do that as effectively as they obviously aspire to for their communities.

Promotes a sustainable and diverse market place

This domain recognises that good commissioning requires a vibrant, diverse and sustainable market and competent sufficient workforce to deliver positive outcomes and value for money

Strengths

- Some evidence of good contract management
- Adult social care performance for DTOC is good
- Early help and development of tier 1 and tier 2 having impact, very early days and potential to develop further evaluation of the service user experience
- One lead for Continuing Health Care across all client groups
- Some good engagement with providers through the contracting team.

Areas for consideration

- Clarify understanding across the organisation about what macro and micro commissioning is and what it can deliver.
- Confirm strategic commissioning intentions and outcomes based approach
- Data analysis, intelligence and safeguarding
- Consider collaborating with NHS partners to deliver a sustainable homecare market e.g. reablement
- Strengthen levers to develop the market across health and social care

13. There were good examples of contract management in Cambridgeshire. The Team found evidence of staff understanding the market, predicting activity, knowing when to use levers, holding people to account and having an outcome based focus. Particular mention was made of the work completed and support given by the Head of Contracts and his team by providers.

14. The Peer Review Team heard from both NHS commissioners and providers that delayed transfer of care was a significant issue. We also saw the data that delays due to social care have reduced over the last 12 months. CCC should be commended for this performance but also needs to play its part as a system leader in further reducing delays across the county. We heard support and praise for the work of the Council but also a plea that to work even more closely with NHS economy in the future.

15. There was emerging evidence of the impact of TL and early help diverting service users away from long term care support, towards independent living with support provided by tier 1 and tier 2. A multidisciplinary approach with health colleagues and community navigators is having impact and there are benefits of the new system being seen across the whole system in reducing a reliance on care services. Further evaluation of TL should take into consideration the user experience and impact of the approach and this was a view expressed by users and carers. You may need to consider if the services available in the market fit with the TL model and if further market development is needed.

16. Continuing Health Care (CHC) can be a challenging area of work, and the risk for budgets can be considerable. The guidance can be unclear at times and the responsibility can be difficult to determine. It is therefore impressive to find that Cambridgeshire has one person in place that is responsible for CHC across all client groups.
17. There is evidence of good engagement with providers through the contracting team which is valued. The role of the locality teams was not understood to the same extent. The peer team met with providers who generally stated that they had a good working relationship with the contracts team and that they work together to deliver quality services. The contracts team for Older People has developed a proactive risk management tool that is driving effective interactions around the quality of care. It should be noted that there is a variety of contract management approaches across LD and OP services and this was reflected in conversations with providers. The brokerage team coordinates placements effectively across Cambridgeshire in a challenging market situation with the support of front line operational teams. Personal care providers were complimentary about the support offered to meet both the strategic and operational needs of providers including support with rotas and training. This should be further developed.
18. The Peer Team thought that it was of some importance that the Council defines what it means by micro and macro commissioning. Once defined, staff will be better able to understand their roles in commissioning and how they contribute to the process. The Peer Team found that there were multiple views on micro and macro commissioning rather than a single Council or Children, Families and Adult Directorate view of commissioning. The Team heard "*we need a strong strategic approach to commissioning".* Whilst front line workers purchasing individual packages (micro-commissioning) of care are being trained and supported through TL, there is not a comparable approach to strategic commissioning. Developing new arrangements across Cambridgeshire to support the TL approach (including in the forthcoming personal care recommissioning and procurement) requires a strategic understand of need into the future, options appraisal around how to meet that need and decision making based on evidence to support the approach. Cambridgeshire should consider if its macro (strategic) commissioning arrangements do that as effectively as they obviously aspire to for their communities.
19. The Council has some very able staff who write good strategies that are meaningful for the Directorate, but they do not always clearly align. Some officers and members told us that strategies do not always reflect what is happening on the ground and there was a feeling that action plans should be used to supplement the strategic objectives set out in the strategies. We found there is an appetite for a clear commissioning strategy across all ages that could be co-produced with health colleagues and others which articulates the aspirations of TL and the Health and Wellbeing Strategy. This could then inform residents of the direction of travel and communicated in a way that residents can easily understand the approach. The Team thought that you could further enhance your Market Position Statement (MPS) so that it that clearly outlines what your care and support priorities are for providers. The Council's ambition is to integrate services, moving towards a supportive rather than care based approach. Further clarity in your MPS, will enable providers to reflect upon their business models and adapt them to support the delivery of TL.

20. The Directorate has vast amounts of performance data, which could be utilised differently to inform your commissioning. There is a need to consider how this can be translated into strategic intelligence to inform commissioning. For example, information from the Multi-Agency Safeguarding Hub (MASH) could be used which will enable risk stratification and inform commissioning at a county level. There is a need to strengthen the safeguarding links to contracts, quality assurance and market intelligence. It was unclear how safeguarding linked into strategic commissioning and further consider how the Joint Strategic Needs Assessment (JSNA) could be used to better effect. The Public Health team currently develops a thematic JSNA each year, which is very detailed and well researched. The Team considered how a population health approached could better utilised the information produced to plan more effectively.

21. Providers were aware of TL but were less clear about outcome based commissioning and what this might mean for them. They were waiting for commissioners to share their vision and proposals as part of the forthcoming tender. There is a real opportunity to do something very different to address the challenges in the market and encouraging new contractor and delivery models. This will bring some risk in a difficult market but a shared approach with the NHS and sharing the risk across the health and care system would mitigate this. You may wish to consider how reablement might fit within any new model.

22. Strengthen levers to develop the market across health and social care. Use levers of quality and make outcomes specific and explicit, this will help to achieve the desired outcomes for people. The future recommissioning of personal care is an opportunity to develop the market and the Council should consider if it is currently placed to do this. CCC is a significant purchaser in the market and should use this level to bring about change in the markets and inviting different approaches. The Council needs to future proof its approach by assessing further demand with the NHS and planning to meet that using its resources to support recruitment and retention across the whole health and care system. Collaboration and partnership with the NHS may improve supply if considered as part of a 'system' workforce plan.

Person-centred and outcome focused

This domain covers the quality of experience of people who use social care services, their families and carers and local communities and so represents the purpose and aim of good commissioning. It considers the outcomes of social care at both an individual and population level.

Strengths

- Examples of engagement evident with service users and carers, early help programme is a good example of preventative support
- Practice quality assurance processes are in place with regular case file audits
- Training on Transforming Lives is positively received by practitioners and providers
- Staff and providers are committed to Transforming Lives.

Areas for Consideration

- Consider how ICT can be used to streamline processes.
- Improve communications and reduce service duplication between colleagues and partners
- Build upon what appears to be a more developed collaboration with the NHS in children's services
- Further evaluate Transforming Lives to fully understand its impact, outcomes and value for money

23. Cambridgeshire County Council has demonstrated strength in the person centred approach. This was seen clearly in the engagement of service users and carers and families as part of improving and planning adult social care services, e.g. there are user and carer engagement networks via the Cambridgeshire Alliance for Independent Living. Service users are regarded by practitioners as the central focus in the Transforming Lives (TL) model, and users and carers recognise the TL approach. Individuals coming into the care system are initially supported by strength based conversations based on what an individual wants as outcomes of their care. Social Care staff within the Early Help and Reablement services work primarily with Tier 1 and Tier 2. The roll out of Transforming Lives has led social care staff who support people with eligible care needs (i.e. Tier 3) to move towards using Tiers 1 and 2 where possible. Work within Adult Early Help has resulted in Community Action Plans (CAPs) being produced for many people in the community which are reviewed after 10 weeks.. The Team heard the following "*Before we were ticking boxes, now we are thinking outside the box*". The success rate of people living independently at home following discharge is high at 81% and practitioners recognise this and are proud of their achievements on this measure.

24. Quality assurance with regard to case file audits is taking place demonstrating good oversight and practice. Though the Peer Team did not see the evidence of this, the Team heard that the process clearly sets out what is required within a case file and senior social workers carry out the audit on a monthly basis.

The audits, the Team we were told, go over and above what is required in a standard supervision session, and form a more formalised approach. The audits within Older People's Services specifically have found that 50% of files require improvement and social workers are expected to improve the files audited. However, the peer team were not informed how senior managers and elected members were involved in the quality assurance process or the improvement plans to further develop this, i.e. achieve greater than 50% of cases using TL.

25. Training offered on the TL approach was well received by both practitioners and providers. The TL approach was developed using good practice from the London Borough of Sutton around strength based conversations with service users. Practitioners in particular were trained on the detail of how to have conversations with service users, how to construct sentences and were given a reflective space to practice techniques. Practitioners were taught over a 2-day course about the importance of recognising user's families, neighbours and communities as a means of support and were provided with action learning sets to provide them with an opportunity to explore and reflect on the TL way of working. Furthermore, the Council commissioned Anglia Ruskin University to evaluate progress. As a result of the work to embed TL, some processes were changed namely the assessment and review process. We heard that the training was mandatory for all staff and therefore was building a consistent approach across the workforce. Those providers who have been trained in TL have spoken very highly of the quality of the training and are prepared to commission more training for their staff. Providers told us their access to training programmes was greatly valued and they would welcome more training opportunities, as their staff are currently on a six month waiting list. Providers were supportive of the TL programme and complimentary of Cambridgeshire County Council (CCC) approach but also said that they wanted more consistency from CCC staff in delivery, as this was variable. Nevertheless, your training is a product they would pay for.

26. All of those individuals that use TL as an approach have spoken very highly of it as an outcome based, preventative way of working. Front line staff see it as a return to basic social work values and have embraced the difference it has made to people and their practice. So far the success and value of TL has resulted in real outcomes for individuals using services and their carers who are supported in their communities with a focus on building their resilience and independence, in line with the Council's priorities for social care. With people supported at home, and enabled to live independently as far as possible, the financial benefits of prevention will in time, be realised by the Council.

27. Cambridgeshire County Council (CCC) Adult Social Care (ASC) should consider how improvements to Information and Communication Technology (ICT) may benefit the service and streamline processes. The Team heard on several occasions of the need to have a system that allowed Children's and Adults files to be accessible across social care staff, particularly to enable good transition for people. The Team also heard that in those teams that are multidisciplinary, such as the Learning Disability team, that it would minimise duplication of effort if staff across health and social care could access each other's files. The Peer Team also suggest that the Council considers increasing and enabling the use technology to promote agile working improving efficiency

and effectiveness of staff. Furthermore, there is a need to improve the layout of the Council's website to enable citizens to communicate more effectively with you, for example the Team found that trying to find out about Councillors on the website was immensely difficult. The Team would pose a question as to whether the Directorate believes that the ICT system is sufficiently robust enough to deliver and enable strategic analysis of performance and priorities to support delivery of the vision for ASC and the Chief Executive. The Council has purchased the Mosaic system in adult's services, an IT system that aims to improve the way performance and financial information is presented. As part of implementation, the Council will be aligning the system with Children and Young People Services and thereby improve the preparing for adulthood process, the council should consider whether systems can be shared with health services to improve communication across organisations.

28. Communication across the Council as well as with health partners could be improved. Practitioners are not always connecting with their colleagues across the Directorate. The Peer Team felt that colleagues across the Council needed to better understand each other's responsibilities, to share practice with each other in Care Services, and other Council services but also with partners such as Police, Housing, NHS and Fire in order to develop and improve services at tier 1 and 2. The Team heard from some staff of the difficulty of accessing some services such as the Mental Health Service, but also heard that staff were pleased to have met each other as part of the Peer Challenge process and as a result were setting up opportunities to meet with one another having found out more about each other's roles as a result of Peer Challenge interviews and improving communication across services as a result.

29. There appears to be a more developed collaboration with Children's Services and NHS partners, and Peterborough Council. (with joint teams and access to shared information which we heard was mostly led by Health). However, that is not to say that there is not good collaborative working between the NHS and ASC, but the Team think there is a very good opportunity to use the Sustainability and Transformation Plan (STP) planning process and new forms of organisation (e.g. Accountable Care Organisations (ACO)), to have more influence as part of a collaborative approach for change. There are real opportunities for the Council to work with health and other local authorities to strengthen joint working and encourage and promote functional integration between commissioners across care and health. This is a real opportunity for two organisations to come together and there is a willingness from the Clinical Commissioning Group (CCG) to work collaboratively particularly on the Early Help Agenda, Carers Services and Reablement. The Team were fully aware of the history behind the separation of health and social care in Cambridgeshire, the future of the recent health 'United' care procurement and the significant challenges faced in the relationships with NHS commissioners and providers. The appointment of new Chief Executives at both the CCG and CCC is an opportunity to reenergise the joint working. This will take determination to achieve at executive level but the Team felt it is worth serious consideration by CCC.

30. There has been a review of TL in May 2016 which had found improvement in the amount of activity between practitioners and people who had been involved in the TL process, based on the number of TL case notes written. The Team

was unclear, however, about the impact of TL with regard to costs across the system, and user satisfaction. The evaluation in May 2016 did describe a direction of travel but was not conclusive in its findings. The Team recognises that there is more to do around the evaluation for TL and suggest that future evaluations must include carers and service users as part of the feedback loop. It is recognised that evaluating preventative interventions can be challenging, the Council should consider a whole systems approach to evaluating TL including quantifying the long term impact across the health and social care system of preventing more acute interventions for both the Council and health services. The evaluation can also consider the impact of the early help service as a real mechanism of harnessing the third, community and faith sectors. Service users we heard from, could not articulate a direct positive impact. We were told by some service users that they felt that the TL approach felt like a "tick box" exercise to signpost carers and service users away from services. However, we were also informed that when carers did receive a service they stated that the service was good. Carers and service users were aware of TL but did not understand the relevance for them and informed the Team that the terminology used by practioners was not easy for them to understand. The Team thought that Cambridgeshire had invested a great deal of time into improving social work processes and practice and that the TL approach could be further strengthened by working with residents to improve their understanding of TL and how they can be more involved in its development. This could further build on the Councils' ambition of co-production.

Well led

This domain recognises the importance of clear leadership, whole system approach, and the use of rigorous evidence to deliver 'what works'.

Strengths

- New chief executive is seen as the catalyst for change
- CCG is keen to develop commissioning relationships
- There is a wealth of performance and data
- Transforming Lives is well understood across CFA.
- Joint arrangements with Peterborough are seen as positive
- The committee structure enables the engagement of a wider group of Councillors.
- 'Spokes briefings' are positive and allow consensus across members.

Areas for Consideration

- Is there sufficient independent test, challenge and scrutiny in the Committee decision making processes?
- Clarity is required around leadership, priorities, structures and culture across Council and CFA Directorates
- Perception that the organisation is officer-led
- There is not a shared understanding of commissioning and the roles and accountability for delivery
- It is unclear as to the alignment of Transforming Lives and the Chief Executive's vision for transformation
- There is a need to build and improve relationships with NHS
- Overcome the legacy of failure of the integrated services.

31. The Council has appointed a new Chief Executive for Cambridgeshire, a shared post with Peterborough City Council, who has a vision and who is working with members to drive forward transformation for Cambridgeshire, and a different offer for communities. The Chief Executive's ambition is to transform services and develop a strong strategic capability using a "one Council" approach, rather than impose cuts. The Chief Executive appointment is a seen as a catalyst for change and she wants to see a more joined up approach to commissioning together with Peterborough and the CCG and there is possibility of delivering this through the STP.

32. The CCG is keen to develop relationships with the Council and to co-commission across the Health and Social Care economy. This is a good position to be in, as this is not always the case in other authorities. Members and leaders are keen to develop this further. A focus on population health and

wellbeing linking Public Health and the NHS will compliment your TL approach and will support delivery at an operational level.

33. The Directorate has a wealth of good performance data sitting in the system which should be brought together to ensure a complete evidence base is available to the Council and partners, and analysed strategically to inform commissioning intentions. We heard that the data for delayed transfer of care is shared widely and used to inform both health and social care which was impressive. However, we also heard that there is a collection of data sets for commissioning and performance activity that is currently not joined up and sits unaccompanied, therefore, staff and managers are unable to access this, unless a request is made to the performance team. The new Mosaic IT system will bring finance and performance together and this will provide data to service managers and thereby improve the ability of managers to plan more effectively.

34. The Directorate is fully aware of the TL agenda and is signed up to it. All of the people that the Team spoke to at all levels, providers and staff, understood the concept and the value of TL in delivering a person centred and outcome focused approach. The culture change across the Directorate is evident and CCC should be commended for this.

35. The collaboration with Peterborough was regarded by the Peer Team as positive. There are shared posts, the new Chief Executive and the Director of Public Health (DPH). There are joint services and roles in mental health with Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). This collaboration could enable the development of a wider strategic position and develop and commission services across Adult Social Care and Public Health whilst minimising duplication and increasing efficiency and effectiveness. In Cambridgeshire, the Team felt that there could be more done to commission an integrated approach to wellness across Children's, Adults and Public Health through early intervention services. We thought that Public Health seemed removed from ASC commissioners, to the extent that public health data sets were collated separately. This was highlighted by the separation of the Substance Misuse Services across Public Health and Adults Commissioning. There is a real opportunity to enhance the services across mental health, substance misuse and then also tackle the other determinates that impact on this client group such as homelessness and the ability to maintain employment. Commissioning wellness services would support the TL approach and have a positive impact on service costs. You are in a strong position to deliver the transformation agenda.

36. The Council entered into the Committee System on 13 May 2014. Councillors and staff believed the Committee System allows Councillors to develop and decide the Council's overall policies and set the Budget each year. The Council allocates seats on committees proportionately, and items can be referred to the Council for strategic decisions. In Cambridgeshire, committees are responsible for most major decisions and they comprise up to thirteen Councillors. The Committee System structure enables the engagement of a wide group of Councillors. Committees need to reflect how they can work across the whole Council and not become too compartmentalised.

37. The spokesperson briefing system enables the sharing of knowledge and policy development over a wide group of members, building understanding and

supporting decision-making and a shared level of understanding in progressing policy.

38. The current Committee System does not to have a separate Overview and Scrutiny function. The Council's constitution clearly sets out the Health Committee's statutory role in delivering scrutiny of the health system. The Peer Team would ask whether this enables sufficient member challenge to take place? Is it enough challenge as the Council moves forward?

39. There is now a reinvigorated leadership team in place in Cambridgeshire County Council, and the Chief Executive has a clear vision for transformation. The Peer Team asks ASC to consider how the corporate vision is reflected in the vision for TL and how will this be led? The Team were unclear as to how the priorities for this were currently being set, and who was responsible for setting them. The Team believes that there is more to do in terms of the transformation programme and the scan across the whole health, social care and Council wide system. The Directorate structure needs to drive delivery of the Council's vision and ambitions. There are currently a number of people across the Directorate doing a great deal of different activities. There does not appear to be an alignment of priorities to deliver the Commissioning Strategy. The Directorate has succeeded in developing a culture and aligning people to deliver the Transforming Lives model, this needs to be replicated to deliver the Council's vision.

40. The team heard Councillors say that it felt as though the Council was officer-led. The Peer Team noted that the Corporate Peer Challenge held in October 2013 highlighted the following "*What is the extent of officer delegations that will be required under the new governance model and what does this mean in practice? Could this in practice have an unintended consequence of Council becoming a more 'officer led' Council?"* Members have informed the Peer Team that policies and agendas were driven largely by officers rather than members as was the finding in October 2013. We were told that Members would welcome becoming more aware and involved with how services operate, in turn this would allow Members to see if improvements could be made and to hear the voice of service users. The issue is one which requires further development work to enable the role of officer and Councillor to be clearly articulated and enacted.

41. The Peer Team found that commissioning was carried out in different parts of the Directorate, i.e. across Learning Disability, Mental Health and Older Peoples' Services. The Team found roles to be confused across contracting and commissioning, some people called themselves commissioners but were more involved in contracting, or in developing service specifications and as a result the accountability for commissioning and contract monitoring was confused. The word 'Commissioner' was not presented in any role or attendees of the Commissioner Focus Group The Team heard "*sometimes the line gets blurred between contracts and commissioning"* and "*we feel we sit between contracts and commissioning".* Whilst staff were committed to making this work further clarity on roles, accountabilities and work plans is likely to produce benefits for both individuals and the organisation. We also consider that there is a wealth of data across the system as mentioned in paragraph 24, however, this is not being collated as intelligence to inform the commissioning cycle. This

may in part be due to the current arrangements and further work is required to develop clarity of role and to develop a clear commissioning plan to deliver commissioning intentions across the Directorate and Council applying intelligence from economy, housing, and public health (e.g. skills, employment, economy, housing, welfare rights etc.) as well as intelligence from partners.

42. The team identified the opportunity for the Council to consider a single commissioning function focused on Adults and Public Health linking in with Children's. There does appear to be confusion by some of what the commissioning cycle is there to do and we found people with commissioner in their title but who did not do commissioning at all. The commissioners clearly have responsibility of market shaping and working with providers and residents to shape the right services. At present it appears that commissioners seem to commission in internal departments and this does not allow for the CBO principals to be fully realised.

43. The Peer Team heard a great deal about the legacy of the failure of the integrated older people's services with Cambridge Community Services three years ago. This has been exacerbated by the recent failure of the United Care Contract (UCC). We heard an appetite for a change from senior leaders in the CCG and the potential for new and different arrangements to improve commissioning in Cambridgeshire. The Council could consider seeking the objective views of senior managers to move this forward, and consider improving the skills of existing managers to be able to work with, negotiate and build relationships with the NHS. We heard no resistance from managers to improve joint working, though there appeared to be reluctance for some commissioners unwilling to engage in areas around joint working, aligning spend and integrating teams, some citing UCC as learning around this. However, you now have an opportunity to work jointly with partners who are willing and ready to work together, particularly the CCG and the appointment of a new Chief Executive.

Contact details

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For more information on Adults' Peer Challenges and Peer Reviews or the work of the Local Government Association please see our website http://www.local.gov.uk/peer-challenges/-/journal_content/56/10180/3511083/ARTICLE

Appendix 1 –Commissioning for Better Outcomes Standards

Domain	Description	Standards
Person-centred and outcomes-focused	This domain covers the quality of experience of people who use social care services, their families and carers and local communities. It considers the outcomes of social care at both an individual and population level	1. Person-centred and focuses on outcomes 2. Promotes health and wellbeing 3. Delivers social value
Well led	This domain covers how well led commissioning is by the Local Authority, including how commissioning of social care is supported by both the wider organisation and partner organisations.	4. Well led 5. A whole system approach 6. Uses evidence about what works
Promotes a sustainable and diverse market place	This domain covers the promotion of a vibrant, diverse and sustainable market, where improving quality and safety is integral to commissioning decisions.	7. A diverse and sustainable market 8. Provides value for money 9. Develops the workforce

Good commissioning is:

Person-centred and outcomes-focused

1. Person-centred and focuses on outcomes - Good commissioning is person-centred and focuses on the outcomes that people say matter most to them. It empowers people to have choice and control in their lives, and over their care and support.

2. Promotes health and wellbeing for all - Good commissioning promotes health and wellbeing, including physical, mental, emotional, social and economic wellbeing. This covers promoting protective factors and maximising people's capabilities and support within their communities, commissioning services to promote health wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse and neglect.

3. Delivers social value - Good commissioning provides value for the whole community not just the individual, their carers, the commissioner or the provider.

Well led

7. Well led by Local Authorities - Good commissioning is well led by Local Authorities through the leadership, values and behaviour of elected members, senior leaders and commissioners of services and is underpinned by the principles of coproduction, personalisation, integration and the promotion of health and wellbeing.
8. Demonstrates a whole system approach - Good commissioning convenes and leads a whole system approach to ensure the best use of all resources in a local area through joint approaches between the public, voluntary and private sectors.
9. Uses evidence about what works - Good commissioning uses evidence about what works; it utilises a wide range of information to promote quality outcomes for people, their carers and communities, and to support innovation.

Promotes a diverse and sustainable market

10. Ensures diversity, sustainability and quality of the market - Good commissioning ensures a vibrant, diverse and sustainable market to deliver positive outcomes for citizens and communities.
11. Provides value for money - Good commissioning provides value for money by identifying solutions that ensure a good balance of quality and cost to make the best use of resources and achieve the most positive outcomes for people and their communities.
12. Develops the commissioning and provider workforce - Good commissioning is undertaken by competent and effective commissioners and facilitates the development of an effective, sufficient, trained and motivated social care workforce. It is concerned with sustainability, including the financial stability of providers, and the coordination of health and care workforce planning.

Adult Social Care Commissioning for Better Outcomes Peer Review Action Plan

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Strategic Commissioning Intentions	• Review and agree the Directorate's strategic commissioning intentions and outcomes based approach. (Page 9) • [We need to] Confirm strategic commissioning intentions and outcomes based approach (Page 9) • There is not a shared understanding of commissioning and the roles and accountability for delivery (Page 16) • Data analysis, intelligence and safeguarding [needs to be translated into strategic intelligence to inform commissioning] (page 9) • Clarify understanding across the organisation about what macro and micro commissioning is and what it can deliver (Page 9)	Service Directors (in consultation with Chief Executive) to consider ASC Commissioning Strategy, the function of commissioning within Adult Social Care, and the roles and responsibilities to inform and deliver this. This work will link to the Council-Wide Transformation Programme which is also undertaking a review of commissioning arrangements across the council. The Homecare Tender Project will oversee a specific commissioning exercise where the approach will be outcomes based commissioning and engagement with providers, service users and carers around the future specification	Charlotte Black (Service Director Older People and Mental Health Services), Claire Bruin (Service Director Adult Social Care) and Meredith Teasdale (Service Director Strategy and Commissioning)	Corporate Capacity Review Timescales – End of December 2016; Homecare Project – November 2017

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Linking ASC Commissioning Intentions with Transformation Agenda	• Clarity is required around leadership, priorities, structures and culture across Council and CFA Directorates (Page 16) • It is unclear as to the alignment of Transforming Lives and the Chief Executive's vision for transformation (Page 16) • Improve communications and reduce service duplication between colleagues and partners (Page 12)	Service Directors are working with the Chief Executive to clarify this link.	Gillian Beasley (Chief Executive), Charlotte Black (Service Director Older People and Mental Health Services) and Claire Bruin (Adult Social Care).	Linked to Action 1 – End of December 2016

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Develop our relationship with NHS partners	• Develop Collaboration with the NHS (Page 12) • Build and improve relationships with the NHS (Page 16) • Overcome the legacy of failure of the integrated services (Page 16)	The Better Care Fund has set out a shared ambition, and specific areas of transformation, but there is an impression it is still viewed as separate from mainstream services. Efforts have been made in 16/17 to express more clearly how the BCF money is used in health and social care and aligns to service areas in a way that supports future joint commissioning. However, we need to build up momentum behind these ideas so they change the way that we commission services more generally, for example from voluntary sector, intermediate tier beds, housing improvements, early help, etc. We will use the findings of the review to encourage better collaboration in general, and in particular through the Better Care Fund Implementation Plan, focussing on the following key areas: • Data Sharing • Older Peoples Accommodation Strategy • Development of the Intermediate Tier • Development of Social prescribing pilot building on the Community Navigator model • Single assessment • Risk stratification through use of Rockwood Frailty Score	Richard O'Driscoll – Head of Service Development (Older Peoples)	As per Better Care Fund Implementation Plan – December 2017

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Collaborate with the NHS to develop the homecare market	• Consider collaborating with NHS partners to deliver a sustainable homecare market (Page 9) • Strengthen levers to develop the market across health and social care (page 9)	The CCG and PCC are both members of the Homecare Project Board, as well as in sub groups. We need to use the messages from the Peer Review to encourage better participation from the CCG. The Project will specifically be looking at supporting micro enterprises and the PA (Personal Assistant) market, and will look for Best Practice both nationally and internationally to build a shared vision for Homecare with Providers, service users and carers, and identify mechanisms to develop the market place. There are also a variety of forums involving representatives from Health, and regulators that we can use to work on specific projects to help develop the market, including: • Quality Surveillance Group (Focus on working with and driving up standards across NHS region); • CQC Information Sharing Group; • Care Home Group (Focussed on care in care homes, DTOC and Admissions Avoidance) For workforce development, which is a crucial element of market development – Sector based work schemes are being supported. We are working with training providers, Skills for Care and Skills for Health to help improve independent sector workforce – and support workforce strategies and recruitment and retention.	Richard O' Driscoll – Head of Service Development (Older Peoples)	As Per Homecare Project – November 2017

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Evaluation of Transforming Lives	• Further evaluate Transforming Lives to fully understand its impact, outcomes and value for Money (Page 12)	Deliver the activity that is already incorporated within the Transforming Lives Programme First round of Performance information went to Adults Committee in September – Committee to agree the regularity of this reporting requirement.	Transforming Lives Programme Board	As per Committee Direction

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Using ICT to streamline processes	• Consider how ICT can be used to streamline processes (Pages 7 and 12)	The Corporate Capacity Review Phase 2 includes a review of IT and digital services – looking at staffing and processes around use of digital information (e.g. commissioning reports from the database) Project Mosaic will support mobile working, and introduce new streamlined processes around using IT as well as a CFA wide system, incorporating data from both Adults and Childrens' services. We will be reviewing CCC/NHS connectivity as part of the Cambridgeshire PSN (CPSN) contract renewal, within the context of the new Health and Social Care Network offerings. We are also continuing to investigate requirements and solutions with CCG colleagues. In Touch project should enabling more mobile working in Reablement Services. The extension of 'Telecare' digital systems is currently part of an 'Invest To Transform' bid for investment as there is appetite to roll this service out more widely. The corporate Citizen First, Digital First programme is also looking at ways in which we can both improve our customers' experiences of engaging us as well as making our internal processes more efficient through service re-design and system integration to both release cashable savings and also free up capacity to concentrate on more value-adding activities.	Chris Rundell – Head of Information Management	Mosaic Project timelines – 1st April 2018 'In Touch' – Estimated to be rolled out to all teams by Summer 2017.

Area	Area for Consideration (with Page Reference)	Actions	Lead Member and/or Officer	Timeframe
Review Democratic Governance	• Is there sufficient independent test, challenge and scrutiny in the committee decision making processes? (Page 7 and 16) • Perception that organisation is officer-led (Page 16)	For discussion by the Adults Committee in November. There are also regular reviews of the Service Committee system by Council (managed through Democratic Services); the view from the Peer Review Team could be evidence to the next review.	Members and Democratic Services	To be confirmed by Adults Committee
Transforming Lives Communications	"Carers and service users were aware of Transforming Lives but did not understand the relevance for them and informed the Team that the terminology used by practitioners was not easy for them to understand. The Team thought that Cambridgeshire had invested a great deal of time into improving social work processes and practice and that the Transforming Lives approach could be further strengthened by working with residents to improve their understanding of TL and how they can be more involved in its development." (Page 12)	Build this feedback from the Peer Review into the next refresh of the Transforming Lives Communication Strategy, and design and deliver communications using the most appropriate method.	Transforming Lives Programme Board.	31st March 2017

TOTAL TRANSPORT – CHANGING DAY CENTRE SESSION TIMES

To: **Adults Committee**

Meeting Date: **3 November 2016**

From: **Graham Hughes, Executive Director (Economy, Transport and Environment)**

Electoral division(s): **Those divisions substantially affected by the proposal are:**

- **Ely North & East**
- **Ely South & West**
- **Haddenham**
- **Littleport**
- **Soham & Fordham villages**
- **Sutton**

In addition a small number of individual residents of the following divisions may be affected, as all transport to day centres in Ely would be affected and some users reside outside of the Total Transport pilot area.

- **Chatteris**
- **Forty Foot**
- **March West**
- **Woodditton**

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

Purpose: **This report sets out the issues that will be presented to General Purposes Committee on 29 November 2016. The recommendations to be developed for that paper will reflect the feedback received from Adults and Children & Young People committees.**

Recommendation: **This Committee is asked to comment on the proposed approach of not changing day centre times due to the significant impact this would have, with only a limited potential saving.**

The Committee is asked to note the alternative approach of considering the Flexible Minibus Service as an enabler for residents, helping them maintain their independence and to access community-based solutions.

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1 BACKGROUND

1.1 Total Transport is a national initiative that looks to use resources more efficiently, by integrating different types of transport. The County Council has been exploring this opportunity in a pilot area within East Cambridgeshire.

1.2 General Purposes Committee (GPC) considered a range of Total Transport proposals on 26 July 2016. The Committee agreed to two phases of implementation: the first, from September 2016, involved a full review of mainstream school bus services and some integration with local bus routes; the second, from January 2017, will involve the setting up of a new Flexible Minibus Service to replace existing day centre transport, weekly bus routes, and dial-a-ride.

1.3 It was identified that school transport for pupils with special educational needs and disabilities (SEND) could also be provided by the Flexible Minibus Service and that this would offer financial savings, but that it would also require changes to the session times at Bedford House and Larkfield day centres in Ely, and at The Café (co-located with Larkfield at Ely Community Centre). The original Total Transport consultation had indicated that a number of users would find such a change difficult.

1.4 GPC therefore required a further report on the likely impact, costs and savings associated with such a change. This was to be presented to both Adults and Children & Young People Committees for information and discussion, before being submitted to GPC on 29 November 2016.

2 MAIN ISSUES

Engagement Process

2.1 A public consultation was undertaken in the spring of 2016, inviting views on all of the changes that were being considered as part of Total Transport. The number of responses from individuals who identified themselves as adult social care users (or their carers) was small, however the content indicated that significant challenges would be created by a change to day centre times.

2.2 Following the instruction by GPC on 26 July 2016, the Service Director: Adult Social Care delegated the Operations Manager: East Cambridgeshire to spend one day a week undertaking a more detailed consultation with service users at the day centres affected by the proposal. This time commitment was funded by the Total Transport grant.

2.3 Approaches were made to: staff at Bedford House, Larkfield and The Café; social care teams, both for learning disabilities and older people; service users at all of the locations; and organisations within the private, voluntary and independent sectors which provide support for these users.

2.4 A particular effort was made to ensure that all users were able to share their views. If there was no initial response to the survey forms that were distributed, individual phone calls were made. This approach was also used where the written replies indicated that more detailed discussion was needed; this has allowed the inclusion of a number of case studies.

Outcome of Engagement Process

2.5 A number of general issues were raised, both by individual users and by those providing support to clients. These are considered in points 2.10 to 2.15 below.

2.6 Individual replies were received from 18 service users (or their carers) at Larkfield, 21 at Bedford House, and four at The Café. This represents a total of 43 out of a possible 68 users, giving a response rate of 63%.

2.7 Users were asked to reply to the following questions;

- Would this change affect the user's ability to attend the day centre?
- Would this change cause problems for family or carers?
- Would this change cause any extra expense?
- Would this change have any other impact?

The full responses (word for word, i.e. including any inconsistencies or uncertainties) are included in Appendix A. Points 2.8 and 2.9 below, along with the general sections from 2.10 to 2.15, summarise the views expressed.

2.8 There were 11 respondents from Larkfield who confirmed that the proposed change would not affect their ability to attend. The equivalent figure at Bedford House was 20, with three at The Café. This means that 79% of users who responded (and 50% of all users) would still be able to attend the centres even if times were changed. It should be noted that the views varied across the centres – from 95% acceptance at Bedford House to 61% at Larkfield.

2.9 There were three respondents who provided detail about the specific issues that would be caused by the proposed changes to day centre times. The Operations Manager: East Cambridgeshire has written these up two of these as individual case studies; these are included as Appendix B (the wording has been agreed with the user). In the first of these cases, the individual concerned already only spends 3 hours at Larkfield, due to the need to return home at midday for gastrostomy peg tube feeding and rest; the changes would reduce her social interaction time (and her family's respite time) to two hours. In the second case, the user's primary carer would no longer be able to continue in her paid work, due to the shift times involved.

General Themes

2.10 The emotional impact of changing established **routines** was highlighted in three of the responses. One carer considered that it would be "distressing". There was also feedback from staff which indicated that changes to routine may destabilise users for a period of time and result in behavioural challenges, although this would be expected to settle down again once a new routine is established.

2.11 **Arriving home in the dark** was cited in three responses as a potential problem. Based on sunset times and a drop-off at 6pm rather than 5pm, a user might arrive home in the dark for an additional five to six weeks a year, if times were to be changed.

2.12 One response referred to **rush hour traffic** and the consequent impact on journey times. This was also mentioned in feedback from staff. There is some possible mitigation if routes can be shortened by more efficient scheduling or the use of more vehicles (which could still be cost effective, if each had previously operated a school journey), but a longer journey would indeed be likely with a 5pm finishing time.

2.13 There were six responses explaining the impact on **family members or others in the household**. These included one person whose mother would be unable to continue working, and one who would lose their respite from caring (on the basis that their partner would not be able to attend if times change). Two of the respondents were positive about the change, however.

2.14 Six responses referred to the timing of **medication**, with three suggesting that adjustments would be possible, and two users for whom it was specifically mentioned as not being a problem. The remaining response did highlight significant issues, which are covered within the case studies in Appendix B.

2.15 There were five comments relating to the **length of day**. One of these is contained within the case studies in Appendix B (the user would see their hours reduced due to medication / feeding issues), and a second considered that the later finish time would make it impossible for the user to continue attending. The remaining three responses were all positive about the change.

Additional Costs Incurred

2.16 The current day care provision at Bedford House is from 10am to 3pm; this allows time for social interaction and personal care either side of lunch. The return journey would need to move to 5pm, however it is unlikely that a start time of 12noon would be operationally possible or acceptable to users (it would remove any morning respite, for example). It is therefore likely that additional **staffing costs** would be incurred, due to longer shifts (e.g. 10am to 5pm). Based on current ratios and hourly rates, including approximate add-ons, the annual cost for each extended hour would be £15k; increasing to the full 10am to 5pm would therefore incur an extra £30k per year in staff costs.

2.17 Given that a departure time of 5pm would result in some users not returning home until 6pm or later, it would be necessary to provide **food** prior to the end of the day centre session. This would not need to be a full meal, and the unit cost would be relatively low, however this requirement should be noted.

2.18 As identified in 2.9 above, a small number of respondents identified significant issues in changing times. These users are all supported in family settings at present, and whilst there was no clear statement that this would cease to be possible, it should be noted that supporting family units is a Council priority. This reflects both the benefit it offers to the individual, and the fact that **residential care** incurs a high cost for the Council. A headline figure would put such care for any these three individuals at over £100k per annum, which is more than the maximum potential saving from changing times.

Potential Saving

2.19 The main saving which could be secured by changing day centre times to allow integration with SEND transport is the reduced need for separate vehicles at school times. A new procurement process for services from 2017 is being undertaken, and this will provide exact figures to work from. As a guideline, however, each SEND route to be replaced would be expected to cost between £20k and £30k per year. The proposed Flexible Minibus Service could cover up to three routes, offering a saving of £60k to £90k.

2.20 Taking into account the costs and savings referred to in 2.16 and 2.19 above, there is a potential net saving of between £30k and £60k. If additional measures were identified to mitigate the impact on certain users, or if residential care were required for one or more individuals currently supported at home, this figure would reduce, and in the extreme case could turn into a net cost.

The Wider Perspective

2.21 The work undertaken so far has only considered the services within a pilot area (the northern part of East Cambridgeshire). Members have asked for an indication as to whether the same principles of integrating day centre and SEND transport could be applied across the county.

2.22 The default expectation is that a similar approach could be followed in any location where day centres and SEND schools exist in close proximity. A particular caveat has to be made with regard to congestion levels, especially within Cambridge itself, but also along the A14 corridor and potentially within Huntingdon. The higher traffic volumes in these areas compared with the northern part of East Cambridgeshire could undermine reliability and/or exacerbate issues such as long journeys and arrivals home in the dark.

2.23 The first phase of the Total Transport pilot was introduced in September 2016; this focused on mainstream school transport. At the time this report was being drafted, initial evaluation was still being completed, however early indications are that there is scope for savings if this approach were to be rolled out. Given that the impact on service users was relatively low, and that resource for implementing significant change across different areas is limited, this may present a better opportunity for achieving savings whilst minimising the impact on service users.

Maintaining Current Timings

2.24 If changes to day centre timings were not progressed as a part of Total Transport at this point, the Flexible Minibus Service would still be introduced from January 2017. Its focus would be on securing the best use of a known resource – in addition to providing existing trips to day centres, the new scheduling software purchased with the Total Transport grant would allow other journeys to be included where possible, in some cases replacing taxi provision. Over a period of six to twelve months a much more comprehensive picture of transport demand within adult social care, and possible efficiencies, would be built up.

2.25 Transport is repeatedly raised as a barrier to accessing services. Given the focus on preventative and community based interventions, establishing a service that allows users to request specific journeys would potentially

increase the opportunities for residents to maintain their independence and reduce the time spent by social workers and carers in trying to secure transport.

2.26 The current model of day centre sessions is relatively inflexible; for example, half day sessions are often not possible due to transport restrictions. There may also be opportunities for activities at different times (early morning or evening, for example). Even if current timings were officially maintained, future changes to timings would be possible where this added to the offer made to users.

Proposed Approach

2.27 Given the views contributed by staff, social workers, service users and carers, it is proposed that the Flexible Minibus Service is introduced with four vehicles primarily delivering day centre transport at the current timings, and also covering existing dial-a-ride and weekly bus routes. It's envisaged that one school route would be provided by the core fleet of minibuses, but that the remaining journeys to Highfield would be delivered through separate contracts.

2.28 This means that there would be no requirement to change day centre times.

2.29 The Flexible Minibus Service would be implemented with a view to providing as many journeys as possible within the defined resource, and to actively supporting residents (particularly those vulnerable groups) in accessing whatever services they require. This represents a change in approach from strict "gate-keeping" to one of enabling users through flexible provision.

2.30 The Total Transport Member Steering Group discussed this proposed approach at its meeting of 5 October 2016, and agreed that it represented a sensible way forward. The Total Transport Programme Board (comprising the relevant Service Directors) considered the draft report on 21 October 2016, and similarly agreed with the proposed approach.

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 2.25 and 2.26.

3.3 Supporting and protecting vulnerable people

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

- In deciding not to change day centre times, service users (many of whom are vulnerable people) would not be subject to a change that they may find distressing and which may reduce their ability to access services.

- In providing a safe, easy to access transport service through the

Flexible Minibus Service, the County Council would provide a suitable method of transport for vulnerable people in the pilot area.

4 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 • There are no significant implications within this category.

4.2 Statutory, Legal and Risk

4.2.1 • There are no significant implications within this category, if a decision is taken not to change day centre times.

4.3 Equality and Diversity

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

- The provision of a Flexible Minibus Service that is able to accommodate existing users within their current arrangements (i.e. journeys to day centres without changes to times) would maintain access to services and would indeed have a positive impact on equality and diversity through improving choice.

4.4 Engagement and Communications

4.4.1 The report above sets out details of significant implications in points 2.1 to 2.4 (process) and 2.5 to 2.15 (views expressed).

4.5 Localism and Local Member Involvement

4.5.1 The introduction of a flexible minibus service would allow for more local options to meet the needs of people in a given locality. Local Members could assist in the promotion of the changes by explaining how the new service would operate and the potential benefits for local people.

4.6 Public Health

4.6.1 The report above sets out details of significant implications in points 2.25 and 2.26, and in the feedback documented in the appendices.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Tom Kelly emailed on 12 October, advising “can confirm finance sign off”.
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	The draft report was sent to Lynne Owen on 11 October
Are there any Equality and Diversity implications?	Claire Bruin confirmed by email on 17 October that this section is OK
Have any engagement and communication implications been cleared by Communications?	Simon Cobby confirmed by email on 17 October that there are “no comms issues (other than positive ones)”.
Are there any Localism and Local Member involvement issues?	Claire Bruin updated the localism section and sent the revised version by email on 17 October.
Have any Public Health implications been cleared by Public Health	Iain Green confirmed by email on 14 October that “the report is fine” from the public health perspective.

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Source Documents	Location
None	

APPENDIX A

Ref	*Would this change affect the user's ability to attend the day centre?*	*Would this change cause problems for family or carers?*	*Would this change cause any extra expense?*	*Would this change have any other impact?*
1	"The way you judge a society is how it treates its disabled and vulnerable people" This would be putting them to the back of the queue. I would say that every other service user at larkfield would be badly effected by the change of times. They are all set in routines of getting up, being at larkfield for nine. Keeping people hanging around causes great anxiety. Ie effects the carers who come in. One lady has to be on her bed at home by one this will shorten her lovely social time she has at larkefield. Morning sessions would be really short taking time from the outside sessions such as pony carting, gowing to town. People would be going home in the dark in Winter. Please do not do this to our service users.			
2	no	no	no	no
3	16 miles from Larkfield means long journey currently finishing at 5pm. Later finish would mean sitting in rush hour traffic and not being home until after 6pm	new times would impact on mum working for Age UK, breakfast etc	Mum could not continue working,= drop in household income	as a household of early risers a later start would be unbearable, why change something that has worked fine for more than 20 years.
4	yes as xxx goes onto her bed and feeding pump at lunchtime so this woul give her harly anytime at the daycentre. This is her only time away from home with her friends so only having two hours away is so unfair as she really loves going.	xxx is up very early so waiting around until 1030 will be impossible. She has to have her medication at lunchtime	I as xxx's mother get the mornings (when xxx is well enough to attend) to do all the things that people have all day to do, but having only two hours will restrict most things, such as shopping, hospital trips and doctors for me as she is not well enough to stay any l9onger.	This change of time will be awful for anna and me. Se is severly disabled, cannot stay in her chair for long and has to go on her bed to be attached to her pump at lunchtime. Her quality of life, which she loves going to Larkfields, will be reduced enormously. Please listen to everyone espcially us as I thing this is very unfair. My daughter does not get much in life and to take awy this from her is so sad.
5	no	no	no	no
6	Not to attend	yes craig carers come at 7.30 in morning	Yes carers would be affected	very late in returning home and very dark in winter
7	No it wouldn't	no	I would not of thought so	no it wouldn't
8	no	no	no	no
9	no	no	no	no
10		It would affect xxxx time with carers coming as they would be very elarly in the morning and she will have to wait around 2 hours before going to Larkfield	It would affect my time ie going shopping to cambridge woul make me very late as I would not get there untill 11 oclock or later	Mum will have later appointments
11				

12	unable to assess as this would depend on the impact the time changes have on xxxx routine	This may cause issues for andrew as it will be a change in his routine. Routine is very important to him and changes can be distressing. xxxx has had the same routine for may years now. The change will be difficult for him	no	other than the disruption to routine, no
13	no	no	no	no xxx is independent of me, but I will know he will not be home until 5.30
14	no this would be more beneficial	no this would not affect any medications	No Ceri has support 24 hours o it would cause problems	It would be a positive change
15	no	no	no	no
16	no it may make it easier. I will get an extra hour in bed in the mornings	no staff can change support hours. CSL will oversee this.	I don't believe so	No not really, I will enjoy being in bed longer
17	Current shift plans would be a problem	Staff shifts currently fit Larkfield times	shifts would need changing	Would confuse my other hose mates
18	no	no	no	no
19	no change	no	no	no
20	no	no	no	no
21	this would be better	no problems	no	no
22	no	no	no	no
23	No	no	no	no
24	no	no	no	no
25	will not affect ability to attend	no major problems created Mum has medication at 5pm but delay would not be a problem	no extra expense	none
26	no	no	no	It would just give me a little extra time to get things done. It would help me a great deal.
27	no	no	not at present	xxx needs to be home by 5.15 because of having tea, tablets and evening care.
28	yes the increase in hours would have an effect on his wellbeing. He gets very tired and the extra 2 hrs would be too much and add to his confusion	No problems as medication is not taken in the new woarking hours	I would have to arrange for a taxi to collect him earlier or ask a relative to collect him, meaning they would have to re-arrange their employment	yes, I would no receive any "respite" from my caring duties.
29	No	no	no	no
30	no	no	no	no
31	I do not think so	My mum currently as a carers call at 4pm - that would need to be rearranged/cancelled	don't think so	
32	no if transport is arranged	no	no	no

33	no	no	no	no
34	No	no	no	no
35	No	no	no	no
36	No extra hours would be a help	no not a problem	no not a problem	positive impact increased hours of respite for my elderly father who is her carer. xxx doesnt currently use the transport, but would like to ask if she could be brought home from now onwards. Dad is finding this very difficult.
37	no the extra time is perfect for my mum	No, medication is given after 7pm and the carers are on site so very flexible	No, no effect at all	No, this would be better for mum
38	no	no	no	no
39	no	carers come in at 3.30 - 4.30 also husband nees feed putting on, if he was to travel after a feed he must take sickness tablet 2 hours before feed	carers would be affected	no
40	yes it would affect B's ability to volunteer at the café as at present I take her on my way t5o work and I would not be able to start 1 hour later	no the only effect would be transport	Yes I would have to get a taxi there. B already get a taxi on the way home which costs £18.00	It might mean that B would not be able to vlunteer. This would be a shame as it has really improved her confidence
41	no currently travels with xxx by bus 12 it is easy now I know the way	travelling home may be difficult in the winter as it gets dark early. The next available bus would be at 4.45	currently all travel is paid as part of my support	I don't think so but not sure
42	no uses public buses - would prefer the 10-4 opening	wouldn't make any difference	no increase in expenditure	no change
43	no 10-4 is fine	no problem	No	No impact

APPENDIX B

Case Study 1:

AD has attended the Larkfield service every weekday morning (Monday – Friday) from 9am – 12 noon for many years . She is 35 years old and lives at home with her mother and father. They value this service and also have some trusted home respite in the form of hours they collect together to go away for a weekend or two a year. When AD was 3 years old she became very ill with Heamoltic Uraemic Syndrome which left her with severely brain damaged. AD does not communicate verbally, she is a quadriplegic who uses a moulded wheelchair to move around. In 1999 AD had a gastrostomy peg tube fitted and can no longer eat or drink due to having problems eating and drinking. AD's complex health needs are significant and she has a DNR in place for the future.

AD's mother brings AD to Larkfield in the morning at 9 and picks her up at 12. She takes her home and puts her on her bed so that she can be fed and medicated through the tube and pump at about 12.30. This whole process takes about 3 to 3 and a half hours. During this time AD rests and Mum stays by her bed. This routine has been altered on occasion, but AD has become agitated so routine is important. We explored the possibility of Larkfield staff carrying out this afternoon peg feeding routine but AD's mother believes that routine is so important to AD's ongoing wellbeing that she wouldn't consider trying to change it again as attempts have been made in the past and these have not been successful. AD's mother also feels that this feeding and medication process needs the peace and quiet of home. If the service were to open early for AD she would be coming into a service where her friends and staff were not yet there. This would be unsettling for AD and she would not be able to achieve the social element of her attendance at Larkfield, which is so important to her.

The proposed change to times will reduce the hours AD will spend with her friends from 3 to 2. This will also reduce these Larkfield respite hours available to this family by a third. AD's mother has expressed her concerns about the impact this change will have for her daughter and her family in this loss of hours.

Case Study 2:

KC has attended the Larkfield day service every day (Monday to Friday) from 9am until 4 pm for 15 years. KC is 33 years old and lives at home, near Newmarket, with her mother and father. KC is an early riser and will often be awake from 4am. She is picked up from her home on the bus at 7.30am to be at Larkfield at 9am. At the end of the day KC leaves Larkfield at 4 pm and returns home around 5 to 5.30 pm. KC like to travel on the bus a lot and this time spent in travel is not a problem.
A mystery virus at 7months old left KC with severe learning disabilities and low muscle tone, she doesn't communicate verbally but understands quite a lot. KC needs full support with all elements of her personnel care and has little to no concept of danger.

KC's mother works for Age UK in the mornings. She attends to the early needs of older people on her round in things like personal care, breakfast and getting dressed etc. This is a paid position and a job the KC's mother enjoys immensely. If TT goes ahead this will mean that KC will not be picked up until about 9.15 and KC's mother starts work at 8.15 am. This will mean that KC's mother will not be able to carry out her current work activity.

KC’s mother has expressed her concerns about this change and losing a job that she loves. She asked me to reiterate how important this day service is to the daily lives of families like hers in the community. Families who she believes, like hers would not cope if things were to change too much.

DISABLED FACILITIES GRANT REVIEW

To:	**Adults Committee**
Meeting Date:	**3 November 2016**
From:	**Wendy Ogle-Welbourn** **Interim Executive Director: Children, Families and Adults Services**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Purpose:	**To provide an update on the Disabled Facilities Grant (DFG) Review**
Recommendation:	**The Committee is asked to note the update on the DFG Review and approve the Joint Housing Adaptations Agreement which replaces the County Council's existing Disabled Facilities Grant Top-up Policy**

	Officer contact:
Name:	Trish Reed
Post:	Interim Service Development Manager - HRS
Email:	trish.reed@cambridgeshire.gov.uk
Tel:	01223 714565

1.0 BACKGROUND

1.1 The Cambridgeshire DFG Review was established in February 2016 as a work stream of the Older People's Accommodation Board. The aim of the review was to take a more strategic approach to housing adaptations, encompassing the current service model and the capital and revenue funds contributed to the DFG process by a range of partners. The review group comprises representatives from each District Council, the County Council, the Clinical Commissioning Group (CCG) and Foundations (the national body for Home Improvement Agencies).

1.2 Disabled Facilities Grant is administered by District Councils who receive a financial allocation from Government (the DFG Capital Allocation) to spend on adaptations. This has been received via the Better Care Fund (BCF) since 2015/16. In 2016/17, there was a significant uplift in the Disabled Facilities Grant (DFG) from £1.9 million in Cambridgeshire in 2015/16, to £3.4 million in 2016/17. This was passed in full to District Councils by the County Council in line with national policy, while the DFG review project examined our overall approach and considered the implications of these changes.

1.3 The County Council and CCG also contribute revenue funding to each District for the operation of the three Home Improvement Agencies (HIAs) in the County – the Council contributes £314k and the CCG £80k. This funding is also included within the BCF budget. The BCF creates a joint budget to enable health and social care services to work more closely together across each Health and Wellbeing Board area. .

2.0 DFG REVIEW - KEY FINDINGS

2.1 The DFG draft report, attached at Appendix 1, highlights three key findings:

- New services are needed that consider people's needs in context, including early conversations and planning for the longer term: services need to engage with people before they need an adaptation, and should encourage people to think about whether the accommodation they are living in is suitable for the longer term.

- Existing services need to adapt to support a growing population: performance in many parts of the county is too slow in the implementation of adaptations funded through DFGs. It is recommended that the ability to 'fast track' commonly requested small adaptations (e.g. level access showers) be introduced and that a full review of existing processes and procedures is needed to speed up the DFG process.

- Funding arrangements across the system will need to change to support a shift in focus: the significant increase in capital funding offers new opportunities for the HIAs to generate more fees and become financially self-sustainable.

2.2 HIAs are able to charge fees for the adaptation work that they undertake. This is often in the region of 15% of the cost of the work. The charge is levied against the overall grant, not attributed to the individual service user. HIAs that are dependent on fees as their sole source of income have an

incentive to complete work quickly and in so doing increase the overall number of adaptations completed in the year. It is recommended that a proportion of existing revenue funding should be diverted to prevention and early intervention services in order to put in place other measures as an alternative to housing adaptation.

2.3 To inform the DFG Review, current levels of need and the performance of the existing HIAs were reviewed by Public Health, and by Foundations, the national body for Home Improvement Agencies. This exercise found that the need for adaptations will continue in line with the increasing older population. However, performance of the exiting HIA arrangements in terms of time taken to deliver adaptations needs to be improved. For example in Peterborough the typical time for completion of a level access shower is 30 days. This compares to six months in the combined Cambridgeshire HIA (Cambridge, South Cambridgeshire and Huntingdonshire) although is a more straightforward process for a unitary authority.

2.4 The review findings have been accepted by the DFG Review Group, and discussions on how to take the findings and service recommendations forward are in progress. These include the development and funding of new prevention pathways, whilst continuing in the short term to support the HIAs to improve their performance. It is proposed that this will be achieved through a tapering of County Council/CCG revenue funding and more effective use of the DFG capital allocation.

2.5 It has been agreed that (District Councils will receive a reduced level of revenue funding for a period of 12 months from 1 April 2017 to provide transitional support. In return, a proportion of the DFG capital allocation will be passed back to the County Council. The precise levels of capital and revenue funding are currently under discussion. This will provide support to the HIAs to transform their operations, whilst also supporting the County Council to meet its savings requirements in the context of the removal of the Adult Social Care Capital Grant. This arrangement would cease on 31 March 2018. This approach will produce a saving to the Council of £150K in 2017/18, as set out in the Council's draft business plan. An agreement setting out key indicators to support the change management process would be provided for the Home Improvement Agencies. It has been agreed with District Councils that 10% of the current revenue (£38k) would be retained in 2017/18 to support the development of the Early Help/Housing Options pathway.

2.6 Further discussions are taking place to develop a more flexible approach to using the DFG capital allocation. The regulatory framework (Regulatory Reform (Housing Assistance) Order 2002) provides considerable scope to use capital to deliver improved outcomes through the development of a Housing Adaptations Policy.

2.7 While the district housing authorities aspire to reach agreement on a Cambridgeshire Joint Adaptations Policy this will take some time to develop. In the meantime a Cambridgeshire Housing Adaptations Agreement has been drafted (see Appendix 2) containing principles that all partners can sign up to, including flexible use of the DFG Capital allocation for other grants, relocation expenses and 'fast track' adaptations. It also includes provision for the District Councils to use an element of the DFG Capital Allocation to provide Top-Up grants or loans that are currently the responsibility of the

County Council. This means that the current DFG Top-Up Policy adopted by the County Council will cease to exist. This will remove a significant amount of duplication of officer time and confusion for vulnerable households who currently apply to both district and County Councils.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 The overall approach described in the key findings is to promote a shift in how support is provided – towards support that is focused on promoting independence and keeping people independent and well through advice and support to access appropriate housing at an early stage. This compliments the Council's Transforming Lives approach to social work. The transformation activity described in the recommendations from this report will make a strong contribution to this priority.

3.3 Supporting and protecting vulnerable people

3.3.1 The development of a Cambridgeshire Housing Adaptations Policy will ensure that as far as possible there is a consistent approach to adapting the homes of vulnerable households across the County. The development of additional Early Help prevention options promoting a more joined up approach across housing, health and social care presents additional safeguarding opportunities.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource implications

4.1.1 The intended withdrawal of a proportion of the revenue funding revenue by the County Council in 2017/18 will deliver a £150k saving. The withdrawal of the remaining revenue from 2018/19 will allow the Council to redirect this towards developing and funding new prevention pathways. It is possible that an element of the DFG Capital Allocation can be retained by the County Council with the agreement of all partners in future.

4.1.2 The ability to fund Top-up grants from the DFG Capital Allocation rather than from the Councils own resources provides more financial certainty in this area.

4.2 Statutory, Risk and Legal Implications

4.2.1 The DFG Review considered the districts' statutory duty to provide DFGs for vulnerable households. The resulting policy is sufficiently flexible to allow the districts discretion in their application of the policy, providing it meets the joint principles of partnership working and prevention.

4.2.2 The revenue funding withdrawal provides an element of risk for the districts with regard to resourcing home improvement agency services. However officers are working closely with districts to mitigate this risk and ensure that

the HIAs can continue to deliver services in the medium term while they work towards improved performance and financial sustainability.

4.2.3 While there is no statutory requirement for the County Council to provide top-up funding for DFGs there has in recent years been a policy to allow this in order to meet the social care needs of vulnerable households. In 2014 this Policy was amended to provide top-up by way of a loan rather than a grant and demand has subsequently fallen. The new Cambridgeshire Housing Adaptations Agreement allows the district housing authorities to manage and administer Top-up funding on behalf of the County Council therefore the Councils' own Policy will end when the new Agreement comes into force on 1st April 2017.

4.3 Equality and Diversity Implications

4.3.1 There are no significant implications within this category. Disabled Facilities Grants are by definition provided for vulnerable households that include an adult or child with a disability.

4.4 Engagement and Consultation Implications

4.4.1 There are no significant implications within this category. All partners have been fully engaged and consulted throughout the Review process through workshops and multi-agency project group meetings. As there will be no direct impact on service users (other than increased funding and a desire to speed up adaptations) it has not been felt necessary to consult directly with them.

4.5 Localism and Local Member Involvement

4.5.1 There are no significant implications within this category.

4.6 Public Health Implications

4.6.1 Better coordination of services and access to suitable adapted housing for vulnerable households is important for the overall health of the local population. A shift towards a more preventative approach to housing adaptations that considers people's needs in context, including early conversations and planning for the longer term, will form part of a wider shift towards more preventative services which support the overall aims of Cambridgeshire's Better Care Fund Plan and Health and Wellbeing Strategy.

Source Documents	Location
DFG Review Report	2nd floor, Octagon, Shire Hall
Draft Housing Adaptations Agreement	*2nd floor, Octagon, Shire Hall*

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: T Kelly (Adults)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	No Name of Legal Officer: Lynne Owen
Are there any Equality and Diversity implications?	Yes Charlotte Black:
Have any engagement and communication implications been cleared by Communications?	No Name of Officer: Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes Tess Campbell

Cambridgeshire DFG Review

5 October 2016

Version control		
Version	**Author**	**Date**
0.1	Geoff Hinkins	29 June 2016
0.2	Geoff Hinkins	1 July 2016
0.3	Trish Reed	26 July 2016
0.4	Geoff Hinkins	3 August 2016
0.5	Trish Reed	4 August 2016
0.6	Geoff Hinkins	5 September 2016
0.7	Trish Reed	13 September 2016
0.8	Geoff Hinkins	21 September 2016
0.9	Geoff Hinkins	2 October 2016
0.10	Trish Reed	5 October 2016

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Key Finding 1	7
Key Finding 2	9
Key Finding 3	11
Next Steps	13
Appendix 1 – Workshop summary	15
Appendix 2 – Performance summary	17

DFG Review: Summary of Key findings

The Disabled Facilities Grant Review has considered a wide range of services that surround housing adaptations in Cambridgeshire, in order to assess whether they are fit to support people as Cambridgeshire's population continues to grow and change. This report summarises the findings of the review; reports from two of the review's three work-streams are attached as appendices.

The key findings of the review can be summarised as follows:

Key finding 1: New services are needed that consider people's needs in context, including early conversations and planning for the longer term

Services surrounding the provision of housing adaptations tend to consider an individual's needs at a single point in time – the point at which they apply for a housing adaptation. However, the property that they live in may not be suitable for them in the longer term; it does not make financial sense to carry out an expensive adaptation if the property will only support them to live independently for a short period before they need to move to alternative accommodation. There is a need for more dedicated support for vulnerable households to consider their housing options more fully before their home is assessed for an adaptation.

A variety of different housing services are available, several of which could, if appropriately signposted to, engage with people and their families before they reach the point of needing a particular adaptation; and more general advice services need to include information on housing. This should focus on encouraging people to think about whether the accommodation they are living in is suitable for the longer term, and consider moving to a property that will meet their needs for longer. This is often a difficult topic to address, but is essential to ensure that people are living in housing that is appropriate and easily adaptable.

Key finding 2: Existing services will need to adapt to support a growing population

Existing DFG-related services in Cambridgeshire are geared towards delivering the statutory duty to provide housing adaptations through a home improvement agency (HIA). The model established in all parts of the county can fulfil that objective – although performance in many parts of the county is too slow. If no changes are made, this will increasingly be a problem as the population continues to grow, as existing HIA services may struggle to meet the demand. In order to ensure that HIAs can continue to meet demand, the local area should also consider 'fast track' grants for commonly-requested small works such as level access showers; and review existing processes and procedures to speed up the DFG process.

Key finding 3: Funding arrangements across the system will need to change to support a shift in focus

The current funding model needs to change to support services to transform as described in the review. The significant increase in capital offers new opportunities for the HIAs to generate fees in order to become more financially sustainable; some capital should be used for 'fast track' interventions; and a proportion of revenue funding should be diverted to additional early intervention services that will support people to consider their options more fully and make earlier choices about what type of accommodation will be suitable for them in the long term.

Introduction

About Disabled Facilities Grants

Disabled Facilities Grants (DFGs) are available to people with disabilities subject to certain eligibility criteria and subject to means testing (in the case of adults) in order to provide funds to adapt their homes to make them safer and more suitable for independent living. DFGs are administered by local housing authorities – in Cambridgeshire this responsibility sits with the five District Councils. Grants are available for a wide range of housing adaptations, including:

- to make it easier to get into and out of the dwelling by, for example, widening doors and installing ramps;
- by providing or improving access to the bedroom, kitchen, toilet, washbasin and bath (and/or shower) facilities; for example, by installing a stair lift or providing a downstairs bathroom;
- to improve access and movement around the home to enable the disabled person to care for another person who lives in the property, such as a spouse, child or another person for whom the disabled person cares; and
- to improve access to and from the garden of the home where feasible.

Works must be 'necessary and appropriate' to meet the disabled person's needs; and must be reasonable and practicable based on the age and condition of the property and the anticipated cost. The maximum grant that can be paid is £30,000 although the majority of Grants are for works costing far less than this figure. District Councils receive a financial allocation (called the DFG Capital Allocation) to assist with the provision of adaptations in line with responsibilities under the Regulatory Reform (Housing Assistance) Order 2002. This allocation is received via the Better Care Fund (BCF), under which money passes from the Department of Health in Central Government, through County Councils, to District Councils.

About the DFG Review

For 2016/17, there has been a significant uplift in the Disabled Facilities Grant (DFG), from £1.9 million in 2015/16 to £3.4 million in 2016/17. The full budget is included within the scope of the BCF. This uplift recognises the important part that housing adaptations play in supporting people to live more independently in their communities.

Social care and district council partners have a good track record of partnership working and have previously worked collectively to review and establish the best model to deliver disabled facilities grants. This was partially achieved with the development of the shared service home improvement agency (known as Cambs HIA) covering Cambridge, South Cambridgeshire and Huntingdonshire in 2012. However, we do still have inconsistent arrangements across the county.

Cambridgeshire Executive Partnership Board (CEPB) members believe that the uplift in BCF presents an opportunity to take a more strategic approach to housing adaptations, encompassing both capital and revenue funds contributed by a range of partners countywide. We have locally established a DFG Review project, reporting to our Older People Accommodation Board.

We recognise that we need to take a planned approach. For 2016/17, the new DFG allocation will be passed in full to District Councils from the County Council; whilst the DFG Review project examines our overall approach, including better use of financial resources. We will aim to make any changes to budgets with effect from the 2017/18 financial year. Each District will use the increased capital allocation to meet the local need for housing adaptations. DFG allocations for each district are included within the BCF Spending Plan as part of the BCF submission template.

The focus of the DFG Review is on three key areas:

1. Review of current delivery model and time taken to deliver adaptations

- Desktop analysis of quarterly monitoring information including: Time taken to deliver DFGs, analysis of types of adaptation, location, etc.
- Research models of delivery in other areas including Peterborough
- Consider fast tracking standard works i.e. Level access showers
- Consult with home improvement agency providers on possible options going forward.

2. Review early intervention and Occupational Therapy referrals

- Consider options for providing early housing options advice before an OT assessment is requested, including potential use of the Early Help team, Reablement, Handyperson Service, Home Visiting Service, etc.
- Explore use of Trusted Assessors for standard works i.e. level access showers and whether this would meet the duty to consult Social services
- Review OT practices in relation to DFGs in child, physical disability and older people cases
- Ensure adapted homes are considered as part of developing new communities/large sites
- Look at OT waiting times and whether these could be reduced through alternative ways of working or redeployment of resources.
- Consider how this work links with the new multi-disciplinary teams

3. Making best use of both capital and revenue funding

- Review the need/demand for DFGs by district and by household type.
- Identify any gaps/surplus in capital funding following new BCF allocations.
- Review current DFG ‘top up’ policies in districts and at the County to identify possible alternative options/mechanisms.
- Consider current discretionary grant/loan policies at district level and possible use of DFG capital for relocation, etc.
- Consider current revenue funding for HIAs from both CCC and Health and assess the impact of any reduction.
- Consider the use of a Memorandum of Understanding in relation to the use of both capital and revenue funding.
- Agree recommendations for best use of capital and revenue funding for 2017/18 onwards

Strategic Context

Changing policy

From 2015/16 onwards the DFG allocation has been included within the Better Care Fund (BCF). The BCF creates a pooled budget in each local authority area to encourage health, social care and other related services to work more closely together. The funding (£1.9 million in 2015/16) was subject to grant conditions to ensure it was passed to District Councils by the County Council in order to meet their statutory duties

The inclusion of the DFG allocation in the BCF is intended to recognise the vital role that housing plays in helping people to remain healthy and independent. The vision for Cambridgeshire's BCF is to move towards a system in which health and social care help people to help themselves; and the majority of people's needs are met through family and community support wherever appropriate. This means shifting demand away from intensive care provided in hospitals and long-term social care, towards support that is based on people's strengths and is focused on keeping them well.

Housing options are a vital part of that picture – if people are living in the right accommodation, with the right support; they are more likely to stay living independently for longer – having a better quality of life and requiring less support in future.

Central Government is increasing the amount given to Local Authorities significantly in the coming years. In 2016/17 the amount is rising nationally from £220m to £395m, and will increase to £500m by 2019/20. The expectation is that local areas will be more flexible in how the money is spent. With the inclusion of funding in the Better Care Fund (BCF), it is expected that health priorities will become more important so that delayed transfers of care and readmission to hospital, which are key health priorities, could be supported using some of the DFG finance. Housing options advice and support with moving is another important issue that could be funded. More detail is provided under Key Finding 3.

A changing population

In Cambridgeshire, there is a rapidly expanding older population, a tightening of public sector funding and a system of specialist and care accommodation for older people that seems to be at capacity. These factors have created a situation where key services are in short supply, restricting choice and contributing to pressures in NHS and Social Care Services.

In Cambridgeshire in 2016 there are estimated to be over 409,000 adults (18-64 years), over 138,000 children (0-18 years) and nearly 116,500 older people (65+). In the next five years the population is forecast to grow by an additional 30,800 adults (+8%), 15,700 children (+11%) and 10,400 older people (+14%). The biggest percentage change is amongst the oldest age group – an additional 4,000 people aged 85 and over by 2021.

The pressure created by an increasing and ageing population cannot be eased by continuing to meet needs in the same way; we cannot build facilities at a fast enough rate and even if we were able to, providing services from them would be unaffordable.

Therefore, all of the organisations living in Cambridgeshire have agreed to the following vision for health and social care services:

> *Over the next five years in Cambridgeshire we want to move to a system in which health and social care help people to help themselves and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.*
>
> *This shift is ambitious. It means moving money away from acute health services typically provided in hospital and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises: something which experience suggests has never happened before. However this is required if services are to be sustainable in the medium and long term.*

Source: Cambridgeshire Better Care Fund Plan 2016/17

To achieve this shift, we will need to support more people to remain living independently in their homes. Our approach to housing adaptations is an important part of this: we know that living in suitable accommodation that is appropriate to someone's needs is a protective factor, and is likely to reduce the frequency or severity of people's needs.

DFGs also provide adaptations for families with children with disabilities. Nationally, 1.2% of the child population is recognised as having a disability with a high level of need. For Cambridgeshire this identifies approximately 1,600 children and young people under 19 years of age with a disability. Approximately 1,073 children and young people with disability are receiving short breaks or other social care services (September 2016). This population is growing as Cambridgeshire's population grows, and medical advances mean that children with more complex needs are surviving and living longer; suggesting a growing need for housing adaptations in future for children and young people.

Key finding 1:

New services are needed that consider people's needs in context, including early conversations and planning for the longer term

Services surrounding the provision of housing adaptations tend to consider an individual's needs at a single point in time – the point at which they apply for a housing adaptation. However, the property that they live in may not be suitable for them in the longer term; it does not make financial sense to carry out an expensive adaptation if the property will only support them to live independently for a short period before they need to move to alternative accommodation.

There is a need for more dedicated support for vulnerable households to consider their housing options more fully before their home is assessed for an adaptation. A variety of different housing services are available, several of which could, if appropriately signposted to, engage with people and their families before they reach the point of needing a particular adaptation; and more general

advice services need to include information on housing. This should focus on encouraging people to think about whether the accommodation they are living in is suitable for the longer term, and consider moving to a property that will meet their needs for longer. This is often a difficult topic to address, but is essential to ensure that people are living in housing that is appropriate and easily adaptable.

Options

To inform this review, discussions took place with professionals across the system, and in particular with Occupational Therapists (OTs), HIA staff and local authority Grant Officers who play key roles throughout the DFG process. OTs conduct assessments of individual need; provide advice and information to families on their options; and have a considerable impact on the choices that individuals make. The workshop considered options that would help the system to provide early housing options advice before a full OT assessment is requested. (Appendix 1)

Overall, it is proposed that there is a need to 'get upstream' and provide advice earlier. While accepting that people will become elderly and more frail and those with a disability will need practical help through the provision of adaptations, it is acknowledged that more could be done to support people to consider all options at an earlier stage. This is reflected in: the Better Care Fund vision, the County Council's Transforming Lives initiative and commitment to Tier one and two services, including the joint procurement with the districts of a handyperson service, and the recent addition of the Early Help team based at the Council's Contact Centre. The Home Visiting Service (the former sheltered warden service) could also be better utilised to contribute to this early intervention.

Needs vary and a range of different services should be considered. For example a service for older people who need help to consider options to downsize, assess financial viability of a move, research estate agents, visit Extra Care schemes, find removal firms, declutter, help to move etc. will vary from a family with a disabled child who would most likely need a different type of assessment and options service perhaps linking in with housing needs and options services and housing officers involved with developing new affordable rented and shared ownership housing on new development sites. Alongside these services, it will also be important to ensure that temporary solutions are available to enable people to manage independently whilst they are evaluating their options or waiting for a longer-term solution.

Older people and people with a disability are often resistant initially to suggestions of a move – but feedback gathered throughout the review suggests that they are happier once they have moved and can maintain their independence for longer. Clear information will be needed for older and disabled people and their families – and the people dealing with them need the right skills. It is also important not to assume that an adaptation is the only solution to a particular problem – often people's needs may be better met through rehabilitation and the provision of equipment, rather than by a more costly adaptation (which will also involve a longer wait). There are a number of existing services that could facilitate these discussions at an early stage – for example the County Council's Early Help Team; the countywide Home Visiting Service; or the countywide Handyperson contract.

For adaptations for **children and young people**, there are other specific considerations. It can be challenging to balance the families' 'wants' against their needs. OTs currently have this discussion but are often very close to families and have worked with the children for some time – therefore it is difficult for them to have this discussion and it may be better for this to be referred to a separate service. It may be very difficult for families to move – support networks for the child are often well established through GPs and schools and this can limit their property search; many families can often not afford to move into more suitable accommodation. This could be supported through a specialist housing worker based in the Children's Social Care disability team at the County Council.

Once people reach the Home Improvement Agency, they have already received an OT assessment and the focus is on delivering the adaptation they require; therefore this preventative discussion needs to happen before then.

Recommendations

- Existing DFG-related services should be incorporated into a wider pathway which considers people's needs more holistically.
- This pathway will be made up of both new and existing services, but should include:
    - A 'triage' service at first point of contact – one point of contact to assess, signpost, consider holistic approach not just immediate needs
    - Early (and quick) visit to discuss the range of options available and consider what might be the best course of action for that individual
    - More consistent pathways and messages from professionals involved and from external agencies advocating on behalf of clients
    - Clear information about what can and cannot be provided
    - Services that promote the benefits of moving home
    - Clear policies across agencies – a countywide approach would help.
    - Clear message to the public that funds are limited and DFG cannot be guaranteed
- As needs are very different, different services will be required for families with children and older people or people with disabilities
- These services should, at least initially, be separate from the existing home improvement agency services to allow the HIAs to focus on improving their processes and performance surrounding delivery
- Key stakeholders to consider how best to ensure that discussions about housing choices take place with children and their families at the earliest possible stage – including consideration of how this support is linked to the Children's Disability Team
- The use of existing preventative and Early Help services across the local health and care system should be encouraged, ensuring that wherever people enter the system, a preventative approach is taken – and that it will not be assumed that an adaptation is the most appropriate solution.

Key finding 2:

Existing services will need to adapt to support a growing population

Existing DFG-related services are geared towards delivering the statutory duty to provide housing adaptations through a home improvement agency (HIA). The model established in all parts of the

county can fulfil that objective – although performance in many parts of the county is too slow. If no changes are made, this will increasingly be a problem as the population continues to grow, as existing HIA services may struggle to meet the demand. In order to ensure that HIAs can continue to meet demand, the local area should also consider 'fast track' grants for commonly-requested small works such as level access showers; and review existing processes and procedures to speed up the DFG process.

Review of services

Three HIAs work across Cambridgeshire:

- East Cambs Care & Repair is an in house Council run service covering East Cambridgeshire District;
- Cambs HIA is a shared service covering the three districts of Cambridge City, South Cambridgeshire and Huntingdonshire; and
- in Fenland District the service is provided by the Kings Lynn & West Norfolk Care & Repair service.

Performance data from these three Home Improvement Agencies was analysed to provide an overview of current service levels. For comparison, information from South Cambridgeshire and Cambridge City was also included for adaptations carried out on their own Council-owned properties; and performance information from Peterborough Care & Repair was also provided. A full report on activity is included as Appendix 2.

Overall in Cambridgeshire there are over 800 referrals from OTs for adaptations each year, of which around 60% are progressed to a full Grant and completion of works. The predominant type of work is to provide level access showers and minor internal adaptations, with an average cost of £4,700 for minor works under £10,000, slightly higher in Cambridge. The average cost of works over £10,000 is £18,900; this includes more expensive extensions for disabled children. The average cost is similar across each district

The average wait from referral to completion of DFG works by District varies between districts, including across the three district areas covered by the Cambridgeshire HIA Shared Service. In the Shared Service area, for works under £10K the average wait ranges from 26 weeks in Cambridge to 36 weeks in South Cambridgeshire. With regards visits to clients, waiting times vary between 2 weeks in South Cambridgeshire and 12 weeks in Huntingdonshire.

These waiting times are lengthy when compared to data adaptations carried out on Council's own properties (where Disabled Facilities Grant does not apply). The average wait in South Cambridgeshire is 7.2 weeks; and in Cambridge 12.85 weeks. For further comparison, figures were compared to DFG performance in Peterborough City Council, where Level Access Shower works under £10k are taking on average 6.9 weeks from receipt to completion; and combined stair-lift and showers works are taking on average 4.7 weeks.

Review of processes and procedures

Foundations, the national body for Home Improvement Agencies, reviewed the processes in place in each HIA operating in Cambridgeshire to inform the findings of the review. They found that the

overall model being used in each of the HIA areas was generally effective. However, there were concerns about the length of time that it was taking to deliver adaptations. DFG can be a cumbersome process but it should be possible to deliver adaptations more quickly

Improving the speed of delivery

There are significant risks associated with people not receiving adaptations they need quickly. Their mobility may be reduced, or their condition may deteriorate further, reducing their longer term ability to live independently. They are also at greater risk of falling, which is a common cause of a hospital admission. Therefore it is recommended that a full business process review be conducted in each of the HIAs, to identify where the current process could be streamlined. Other areas have had success with the introduction of a separate 'fast track' service for minor works including level access showers, which form a significant proportion of the work in Cambridgeshire. This could consist of a countywide service co-locating a number of professionals

Recommendations:

- The current service model is broadly correct. Each local area should make their own decisions about the HIA delivery model; but the recommendation of the review is that partners should aim to move towards a single shared service countywide in the longer term.
- There is a need to review processes and procedures, to streamline the process for DFG. A full business process review in each HIA service is recommended. Some revenue funding is likely to be required in 2017/18 to support this.
- Local partners should together set a clear expectation that local services will move towards 'best in class' in waiting times for an adaptation – continued transitional funding should be conditional on setting, and moving towards, clear milestones for delivery times.
- Smaller and more common adaptations could be removed from the formal DFG process in order to provide more effective service and meet people's needs more quickly. A new fast track service could be established to provide this.
- Works conducted under the Fast Track scheme could still be carried out by existing HIAs.

Key finding 3:

Funding arrangements across the system will need to change to support a shift in focus

The current funding model needs to change to support services to transform as described in the review. The significant increase in capital offers new opportunities for the HIAs to generate fees in order to become more financially sustainable; some capital should be used for 'fast track' interventions; and a proportion of revenue funding should be diverted to additional early intervention services that will support people to consider their options more fully and make earlier choices about what type of accommodation will be suitable for them in the long term.

Current funding allocations

The capital funding (DFG Allocation) for adaptations through the Better Care Fund has increased for 2016/17 from £1.9m to £3.4m across Cambridgeshire. This is split according to a Government formula. All district housing authorities have received an increase. Each District in previous years

added capital from their own resources to increase the DFG allowance in their area. However there has been a varied response to the news that additional capital has been made available via the BCF, with some districts withdrawing their own capital and some maintaining a contribution in 2016/17.

The County Council also has a small 'top up' fund that is not allocated by districts but is used on a discretionary basis when a grant is required beyond the DFG threshold.

Revenue funding is also provided by the County Council and CCG to the HIAs; equally divided by five across the housing authorities.

Local Authority	% of total identified need (2010)	Previous DoH DFG Allocation 15/16	Current DoH DFG Allocation 16/17	As % of total budget	Revenue funding 2016/17
Cambridge	14.27%	£304,000	£576,272	16.56%	£76,000
Fenland	28.36%	£498,545	£844,881	24.29%	£76,000
Huntingdonshire	28.54%	£549,000	£1,018,751	29.28%	£76,000
East Cambridgeshire	15.37%	£260,000	£472,949	13.59%	£76,000
South Cambridgeshire	13.46%	£312,241	£566,013	16.27%	£76,000
TOTAL	100%	£1,923,786	£3,478,886	100%	£380,000

The allocation formula adopted by the Government is based on a historical methodology, but when compared with the Needs modelling carried out in 2010 (also shown above) is broadly reflective of that apportionment. Funding is transferred to District Councils from the County Council via the Better Care Fund (BCF).

Currently the revenue paid by the County Council and the CCG is contributing to the operational costs of the Home Improvement Agency services delivering disabled facilities grants, and in some areas other discretionary grants. Funding continues to be stretched for all local authorities and across the health system. In 2016/17, the County Council's Adult Social Care Capital Grant, used to support provision of community equipment was removed at short notice. In the context of a significant increase in the DFG Capital Allocation, the County Council will need to consider reducing its overall contribution to the HIA; as well as removing funding for 'top-up grants' currently provided by the County Council. However, this should be done in a managed way so as to avoid destabilising the HIAs.

Since 2014 an average of £100K per year has been spent by the Council on DFG Top-Ups. Whilst the Council's policy suggests that a 'legal charge' should be placed against the property, allowing the Council to recover some of the funding awarded when the house is sold by the owner, in practice the majority of top-ups have been provided as grants, mainly for adaptations for children with a disability. This is because the process of obtaining a legal charge is in itself time consuming and costly. As a result, there is little distinction between the use of the County Council top-up funding and that provided by the districts through their discretionary grants and it is proposed that it would be more useful to combine the top-ups, with the districts administering them to simplify the system. This could be met either by the County Council via a capital contribution or through the increased DFG allocation.

Historically in Cambridgeshire, the full DFG allocation has been used to provide Disabled Facilities Grants by each District. However, the increase in the DFG allocation provides the opportunity to broaden the use of the allocation to support the changes to the service described in this review. This is allowed for under the Regulatory Reform (Housing Assistance)(England and Wales) Order 2002, which provides freedom and opportunities for the Local Authority to address housing issues; the Government has encouraged local areas to use this flexibility in their approach to the increased DFG allocation. In 2008-9 the government extended the scope of the RRO to include use of the DFG allocation. This enables the authorities to use specific DFG funding for wider purposes. Creating greater flexibility within the fund, allows an authority to address issues on a wider preventative basis that can't be covered using mandatory DFG. The adoption and publication of a policy for housing assistance is a requirement of the RRO before assistance can be offered. The scope of the order is very wide and allows the Council to decide whether it provides grants, loans, advice etc. for the purpose of repairing, improving, extending, converting or adapting housing accommodation.

The Better Care Fund guidance supports the use of the DFG Capital Allocation for broader prevention services focussed on health outcomes with appropriate agreements in place but falls short of providing specific financial guidance on the use of capital for revenue services.

Whilst the HIAs use the revenue provided from the County Council and the CCG to fund its business, HIAs can also generate revenue by charging a fee on the DFG to fund their service. In previous years some HIAs have made a surplus. The significantly increased capital will provide the HIAs with an opportunity to become more financially self-sustaining.

Recommendations

To support the development of the shift in services described in this report, funding arrangements will need to change. The following are proposed:

- Support the HIAs to become more self-sustaining financially. Remove revenue funding from the HIAs and redirect it to deliver a new assessment service and preventative support services.
- That a percentage (to be agreed with the districts via the policy) of the DFG Allocation be top-sliced for discretionary grant works including top ups and relocation grants, to be spent in accordance with a policy to be agreed. This would be in place of or in addition to discretionary grant funding from districts.
- Develop a joint Adaptations Policy across the partners agreeing principles for use of the DFG Capital Allocation.
- A new transitional funding agreement will be developed, agreed and incorporated into the Better Care Fund Plan for 2017/18.

Next steps

If the recommendations described in this document are agreed, they would require local agreement of a more flexible approach to using the DFG allocation. This is possible with the development of a joint policy describing the local approach to the DFG allocation; and encouraging the use of the DFG allocation for other grants, relocation expenses and 'fast track' adaptations.

It is proposed that the DFG Review report and recommendations be completed in September 2016 in order to be taken through each organisation's governance arrangements in Autumn 2016.

The joint policy document will then be drafted by the partners to be approved in December/Jan for implementation in April 2017.

It is clear that any new service development will take time, so careful consideration should be given to the timing of any new service. It is proposed that new arrangements should be developed to take effect at the beginning of the new financial year 2017/18.

Appendix 1 DFG Review Project – Work stream 2

Early intervention pre-OT referral – Workshop 19 May 2016

The remit of the workshop was to look at how we could do things differently pre-OT assessment in relation to:

- Getting upstream / prevention
- Managing customers' expectations
- Taking a holistic view of the customers long term needs
- Adopting a more robust approach
- Providing housing options advice
- Support and help to move

The workshop was attended by approx. 20 professionals include OTs, Home Improvement Agency staff, Grant officers, reps from County Council. Main points from the workshops:

Important to have:

- A 'triage' service at first point of contact – one point of contact to assess, signpost, consider holistic approach not just immediate needs
- Early (and quick) visit to discuss housing options prior to any discussion about a DFG/adaptation.
- More consistent pathways and messages from professionals involved and from external agencies advocating on behalf of clients
- Clear information about what can and cannot be provided
- Different services for families with children and older people/disabled
- Services that promote the benefits of a move i.e. lower heating costs,
- Clear policies across agencies – a countywide approach would help.
- Clear message to the public that funds are limited and DFG cannot be guaranteed

Child adaptations:

- Families can be challenging and they talk to other families with a disabled child
- Need to manage households' wants against needs
- OTs can be too close to families and a separate service would be helpful.
- Skills needed are different to those required for dealing with the elderly / disabled
- Needs are identified early so can have very early conversations about appropriate future housing
- Need support services for children with challenging behaviour as often an adaption is seen as a 'cure all'.
- Families often can't afford to move into more suitable bungalows

- Families like to stay in their local area where support networks are and schools GP etc. and this limits their choice of property.

Older People

- Will be initial resistance to suggestions of a move
- Often people are happier once they have moved and can maintain independence for longer
- Need clear advice and information on what is available – for older people and families
- Whoever is dealing with them needs the right skills
- Once they are being dealt with by HIA then OT referral already done – need to do something before then.

Housing market

- Not enough housing options for moves i.e. bungalows both private and social
- Estate agents could notify HIAs when a property becomes available with adaptations so HIA can consider matches
- Need more liaison with Home-link regarding identifying adapted properties – is assisted bidding still happening? This could help identify appropriate matches between people and properties.
- Some people moving into inappropriate social housing that can't then be adapted.
- More liaison with housing association partners in relation to adapted properties and adaptations generally

Equipment

- Powered wheelchairs are being provided inappropriately (GP referral?)
- Should equipment alone be provided for end of life rather than doing adaptations.
- Acknowledged that Rehab and equipment provision is always considered first before going down the route of housing adaptations

New services

- Support expressed for the joint commissioning of new Countywide services (from the DFG Allocation or other sources) for: Information/specialist housing options advice; removals/relocation service;
- Triage could sit with Early help team (Adults) or in Neighbourhood Teams (OP)

Appendix 2

Disabled Facilities Grant Review ~ Performance review

1. Introduction

This report describes the performance data as reported by the three Home Improvement Agencies (HIA) working across the five District Council areas of Cambridgeshire. These are Cambridgeshire HIA working in Cambridge City, South Cambridgeshire and Huntingdonshire; King's Lynn and West Norfolk Care & Repair working in Fenland; and East Cambridgeshire Care & Repair working in East Cambridgeshire. This information does not cover the social housing stock held by Cambridge City and South Cambridgeshire District Councils nor by Roddens in Fenland. However, the Luminus stock in Huntingdonshire is included in the figures for Hunts which is reflected in the higher number of referrals and DFGs in Huntingdonshire. Adaptation work being carried out to the social housing stock managed by Sanctuary in East Cambridgeshire was transferred in to East Cambridgeshire Care & Repair and this explains the increase in referrals seen in the table below. For some comparison, information from South Cambridgeshire and Cambridge City has been included for adaptations carried out on their own properties. Information on DFGs in Peterborough has also been provided.

2. Referrals

The number of referrals by Occupational Therapists (OTs) as received by DFG agencies is shown in Table 1. In East Cambridgeshire and Fenland there has been an increase in referrals over the last three years due to the transfer of Housing Association work. In South Cambridgeshire and Cambridge City there has been a reduction in referrals the reasons for which are unclear. Overall, in Cambridgeshire there are over 800 referrals from OTs per year.

Table 1: Number of referrals from Occupational Therapists (OTs) for DFG assessment

	2013/14	2014/15	2015/16	Change	% of total
Cambridge City	140	88	99	-29.3%	14%
East Cambridgeshire	108	172	168	+55.6%	19%
Fenland	119	68	128	+7.6%	13%
Huntingdonshire	330	277	336	+1.8%	39%
South Cambridgeshire	147	105	105	-28.6%	15%
Cambridgeshire	844	710	836	-+0.9%	100%

*% change from 2013/14 to 2015/16. % of total 2013/14 to 2015/16

In Cambridgeshire around 53% of referrals are approved although this varies by district from 36% in East Cambridgeshire in 2015/16 to around 70% in South Cambridgeshire and Cambridge City. The figures shown in Table 2 are for all types of adaptations.

Table 2: Number of approvals for DFG (and % of OT referrals)

	2013/14	2014/15	2015/16	% referrals		
Cambridge City	74	70	69	53%	80%	70%
East Cambridgeshire	57	73	60	53%	42%	36%
Fenland	71	71	71	60%	104%	55%
Huntingdonshire	243	203	165	74%	73%	49%
South Cambridgeshire	97	79	75	66%	75%	71%
Cambridgeshire	542	496	440	64%	70%	53%

3. DFG Completions

The number of DFG completions for 2013/14 to 2015/16 is shown in Table 3 broken down by those for Older People (65+), Adults with Physical or Learning Disabilities, Children and the total combined which includes those for ex-service personnel.

Overall, the total number of completed DFGs in Cambridgeshire has declined over the period from 514 in 2013/14 to 400 in 2015/16. The decline is mainly amongst older people in Huntingdonshire, South Cambridgeshire and to a lesser degree in Cambridge City. In Fenland additional adaptations were carried out to Roddens Housing Association properties which are not included in the figures as they were not administered by the HIA.

Table 3 Number of DFG completions

DGF Completions - Older People

	2013/14	2014/15	2015/16
City	49	35	33
East Cambs	38	28	40
Fenland	52	49	37
Hunts	132	105	64
South	38	31	14
Cambridgeshire	309	248	188

PD and LD Adults

2013/14	2014/15	2015/16
21	22	32
16	14	17
7	17	11
69	72	65
14	28	26
127	153	151

DGF Completions - Children

	2013/14	2014/15	2015/16
City	5	7	11
East Cambs	1	5	4
Fenland	1	2	3
Hunts	19	25	34
South	2	3	6
Cambridgeshire	28	42	58

Total (incl ex-service and NK)

2013/14	2014/15	2015/16
86	64	76
55	47	61
60	68	51
238	203	165
75	62	47
514	444	400

In terms of the breakdown between the three main categories, Older People, Physically Disabled Adults and Children the picture is mixed across districts. There is some indication that adaptations for children and for adults are making up an increasing proportion of the total but the extent of this change varies across districts. On the latest data for 2015/16 for Cambridgeshire as a whole, adaptations for older people made up 47% of the total, adults 38% and children 15%. In 2013/14 adaptations for older people made up 60% of the total, adults 25% and children 5%.

Table 4 Proportion of DFG completions by client group and district

	% Older people			% Adults			% children		
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16
City	57%	55%	43%	24%	34%	42%	6%	11%	14%
East Cambs	69%	60%	66%	29%	30%	28%	2%	11%	7%
Fenland	87%	72%	73%	12%	25%	22%	2%	3%	6%
Hunts	55%	52%	39%	29%	35%	39%	8%	12%	21%
South	51%	50%	30%	19%	45%	55%	3%	5%	13%
Cambridgeshire	60%	56%	47%	25%	34%	38%	5%	9%	15%

100% = total of OP, Adults PD and children for each district

4. Average cost below and above £10K

The average cost above and below £10K is shown in Table 5 below. This is similar across each District with the average cost under £10K being around £4,700 (£4,900 if include Cambridge City where costs are slightly higher) and the average cost over £10K being c £18,900. For Fenland this information was not available at time of writing; however the average cost of installing Level Access Showers in Fenland is £4,000.

Table 5. Average cost of DFG works below and above £10K

		2013/14	2014/15	2015/16	Ave last 3 yrs
City	Below £10k	£5,296	£5,567	£5,650	£5,504
City	Over £10k	£17,989	£19,289	£19,942	£19,073
East Cambs	Below £10k	£4,827	£4,881	£4,978	£4,895
	Over £10k	£18,597	£18,309	£20,526	£19,144
Fenland	Below £10k				
Fenland	Over £10k				
Hunts	Below £10k	£4,385	£4,176	£4,846	£4,469
Hunts	Over £10k	£21,076	£16,469	£17,128	£18,224
South	Below £10k	£4,876	£4,667	£4,917	£4,820
South	Over £10k	£15,787	£20,187	£21,983	£19,319

5. Work type

The predominant type of works carried out has been established by using the HIA Contractors procurement documentation for City/South/Hunts. Lot 1 contains the vast majority of the cost and standard works including level access showers (LAS), over bath showers, internal adaptations, door

widening, and ramps. These works make up an increasing proportion of total DFGs (and cost) over the period in Hunts, City and South – with an average cost of £4,300. The figures for 2015/16 are for the first three quarters only.

Table 6: Level Access Showers, Over bath Showers, Internal Adaptations, Door Widening, Ramps

	Number			Average cost (£)			
	2013/14	2014/15	2015/16	2013/14	2014/15	2015/16	Ave last 3 yrs
City	86	76	55	£4,428	£4,366	£4,613	£4,469
South	88	78	39	£4,363	£4,254	£3,885	£4,167
Hunts	276	196	110	£4,095	£4,469	£4,394	£4,319

In East Cambridgeshire, Level Access Showers alone make up 49% of the total work carried out with a higher average cost of £6,000.

6. Average waiting time from referral to completion

The average wait from referral to completion of DFG works by District over the last three years is shown in Table 7. For works under £10K the average wait ranges from 26 weeks in Cambridge to 36 weeks in South Cambridgeshire. For works over £10K the average wait ranges from 51 weeks in East Cambridgeshire to 64 weeks in Huntingdonshire. Waiting times have increased in East Cambridgeshire and Fenland in 2015/16.

Table 7: Average waiting time from referral to completion

		2013/14	2014/15	2015/16	Ave last 3 yrs
City	Below £10k	28	25	25	26
City	Over £10k	48	65	43	52
East Cambs	Below £10k	29	28	46	34
	Over £10k	45	45	63	51
Fenland	Below £10k	-	25	28	
Fenland	Over £10k	-	39	70	
Hunts	Below £10k	31	27	32	30
Hunts	Over £10k	67	70	56	64
South	Below £10k	39	41	28	36
South	Over £10k	55	74	44	58

Average wait (not shown in table) from initial referral to first visit have been 3 weeks in City, 2 weeks in South and 12 weeks in Huntingdonshire over the period.

South Cambs District Council – Adaptations

For comparison, data was obtained from South Cambridgeshire District Council for adaptations carried out on their properties. In contrast the average wait for the 206 works carried out in 2015/16 was 7.2 weeks. 56% (c 111 in total) were LAS or equivalent with an average cost of £4,000.

Cambridge City Council – Adaptations

Cambridge City Council reports 165 OT referrals for major adaptations including 77 Level Access Showers, 25 over bath showers, 20 stair-lifts and 24 other major works. Adaptations for children made up 19 of the 165 cases (12%). Information on the average time taken from referral to completion for works over and above £10K was not available but 96% of works are carried out within 90 days (13 weeks). The average cost of a Level Access Shower is £4,500.

Peterborough – DFGs

Figures from Peterborough Care & Repair for 2015/16 are shown below.

- The LAS shower works under £10K are taking on average 48 days (6.9 weeks) from receipt to completion
- The combined Stair-lift & showers works are taking on average 33 days (4.7 weeks) from receipt to completion
- Stair lifts including straight & curved are taking on average 50 days (7.1 weeks) from receipt to completion. This figure has been affected detrimentally by the performance of one supplier.
- The average costs of a DFG is £5,719.

Cambridgeshire

Housing Adaptations Agreement

A joint agreement of:
Cambridge City Council
East Cambridgeshire District Council
Fenland District Council
Huntingdonshire District Council
South Cambridgeshire District Council
Cambridgeshire County Council

In partnership with
Cambridgeshire & Peterborough Clinical Commissioning Group

Prepared in line with the aims and aspirations of the Better Care Fund

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SECTION 1 – Background and Strategic Context

1.1 Introduction

The funding for Disabled Facilities Grants and other Grant was historically awarded to the district housing authorities directly from the Department of Communities and Local Government.

In 2008/09 the government extended the scope of the Regulatory Reform Order (2002) to include use of the DFG Capital Allocation. This allowed authorities to use the capital allocation on other types of adaptations, repairs and assistance. The Cambridgeshire authorities hadn't adopted this approach and continued to use the DFG Allocation purely for disabled facilities grants; funding their RRO policy initiatives through separate capital funding directly from their own capital budgets.

In 2014 the Government recognised the contribution good, accessible, warm and safe housing makes to improved health and social care outcomes and passed the DFG Allocation capital funding to the Department of Health to be included in the Better Care Fund. This was then passed down to the housing authorities by the County Council as required by BCF regulation.

The inclusion of the DFG Capital Allocation within the BCF and the new focus on housing working more closely with health and social care triggered the five district housing authorities, the County Council and the CCG to carry out a Review of DFGs and adaptations in Cambridgeshire led by the County Council as a project within the Older People's Accommodation Strategy. The review was initiated in early 2016 at the same time as the Government announced a significant increase in the DFG Capital allocation. In Cambridgeshire this meant an increase in capital allocation from £1.9m to £3.4m. The DFG Review was completed in September 2016 and resulted in three key findings:

1. New services are needed that consider people's needs in context, including early conversations and planning for the longer term.
2. Existing services will need to adapt to support a growing population
3. Funding arrangements across the system will need to change to support a shift in focus.

A key recommendation of the Review was to develop a joint policy across the partners to allow the more flexible use of the increased DFG Capital Allocation in line with the Better Care Fund focus on delivering health priorities and outcomes. The allocation cannot be spent more flexibly without the adoption of a Policy.

1.2 Strategic Context and Key Priorities

As the DFG capital allocation is now directed from the Department of Health through the Better Care Fund, the BCF Plan is the overarching strategic document that partners are now working to.

Cambridgeshire Better Care Fund Plan 2016/17.

As part of preparing the BCF Plan for Cambridgeshire, all organisations in Cambridgeshire agreed to the following vision for health and social care services:

> *Over the next five years in Cambridgeshire we want to move to a system in which health and social care help people to help themselves and the majority of people's needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.*
> *This shift is ambitious. It means moving money away from acute health services typically provided in hospital and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises: something which experience suggests has never happened before. However this is required if services are to be sustainable in the medium and long term.*

Other strategies also recognise the crucial role that suitable housing plays in enabling people to live independently at home highlighting this in their own strategic priorities and outcomes:

- Health & Wellbeing Strategy;
- Cambridgeshire County Council Business Plan
- CCG - System Transformation Plan
- Cambridge Sub-regional Housing Statement
- District Housing Strategies

1.3 The Purpose and Scope of this Document

The purpose of this Agreement is to join together a common understanding of the strategic priorities of the five district housing authorities, the County Council and the Clinical Commissioning Group, to acknowledge the value good housing makes towards supporting these priorities and outcomes, and a framework from which to develop a shared Adaptations Policy across the district housing authorities.

The aim is to make best use of the Capital resources available through the Better Care Fund in Cambridgeshire and to promote partnership working and consistency of service for all residents of Cambridgeshire in order to meet the partners' shared priorities. This Joint Agreement is designed to provide a framework for a consistent approach to the use of capital resources for adapting the homes of vulnerable people in order to maintain independent living for longer.

The Better Care Fund Policy Framework 2016/17 states: 'The Disabled Facilities Grant (DFG) will again be allocated through the Better Care Fund. Local housing authority representatives should therefore be involved in developing and agreeing the plan, in order to ensure a joined-up approach to improving outcomes across health, social care and housing'. This Agreement demonstrates the partners commitment to adopting a joined up approach.

Independence at home may not necessarily be achieved by keeping people in the home they are currently living in by carrying out repairs and adaptations, but also through the provision of positive options to re-locate where appropriate. Where adaptations are required, this Agreement supports the delivery of high quality works in as short a time as possible.

Any policy developed by the district housing authorities as a result of this Agreement will ensure the best use of resources to achieve shared aims while recognising that there may be local policy differences within each district area. It is anticipated that although the aim is to agree a common policy, each district will expect to retain local initiatives, procedures, application processes and approvals.

1.4 Capital Resources

BCF Capital Allocation

The DFG Capital Allocation for Cambridgeshire has increased from £1.9 in 2015/16 to £3.4m in 2016/17. This is allocated across the districts as shown in the table below. While at the time of writing the actual amounts for 2017/18 onwards are unknown, it is expected that the total DFG Capital Allocation will increase nationally by 2019/20 to £500m providing incremental increases across the County.

Local Authority	**Previous DFG Capital Allocation 15/16**	**Current DFG Capital Allocation 16/17**
Cambridge	£304,000	£576,272
Fenland	£498,545	£844,881
Huntingdonshire	£549,000	£1,018,751
E Cambridgeshire	£260,000	£472,949
S Cambridgeshire	£312,241	£566,013
Total	**£1,923,786**	**£3,478,886**

This Capital allocation is currently passed from the County Council to the districts in full. However this Agreement allows the individual district housing authorities, if they choose, to return capital to the County Council in appropriate circumstances. If this is agreed locally the County Council will use any such funds to complement its equipment and minor adaptations functions.

While this policy is designed to encourage flexible use of the DFG Capital Allocation, the availability of sufficient capital to meet the need for mandatory Disabled Facilities Grants should be seen as a priority.

SECTION 2 – Developing a Joint Adaptations Policy

2.1 Providing a Framework

This Joint Agreement on Housing Adaptations provides a framework from which the districts will work towards developing a Joint Adaptations Policy.

Partners will take into account the responsibility of owners to primarily maintain their own properties. However it also considers their ability to do so, their access to sufficient resources to carry out any necessary works, and the vulnerability of the different groups, especially in terms of maintaining independent living, reducing the number of older people moving into care homes due to inadequate housing and ensuring that people do not remain in hospital longer than necessary due to their housing circumstances at home.

2.2 Delivering adaptations

While the decisions to approve Grants remain with the local housing authorities across Cambridgeshire, Home Improvement Agencies (HIAs) provide support and professional technical advice to ensure that the works are carried out to a satisfactory standard, and that they meet the applicant's needs.

For most grants a fee is charged by the HIA which is covered by the grant (up to the maximum grant available). District partners will make their own decisions regarding the level of fees charged in their areas, balancing demands on their HIA services, the level of capital available, the amount of fee income required to provide an effective HIA service and the impact on clients of any fee increase.

2.3 Types of assistance available

The partners to this Agreement agree that within any Joint Adaptations Policy there will be provision for the following elements:

2.3.1 Mandatory Disabled Facilities Grants

The district housing authorities award Mandatory Disabled Facilities Grants (DFG's) according to the governing legislation and guidance issued by Central Government, which determines amongst other things the maximum amount of grant, the type of work that can be funded, the maximum contribution to be made and the test of financial resources that must be applied.

There is an expectation that performance on the time taken to deliver DFGs will improve and that performance measures and targets will be set. Districts agree to consider how they can fast-track standard adaptations either within or outside of the DFG framework and any policy will provide sufficient flexibility to facilitate this.

2.3.2 Discretionary Minor Repair Grants

The Joint Adaptations Policy should allow discretion, where capital funding allows, to provide Minor Repairs Grants for small works of repair, for example, to replace or repair rotted woodwork, minor electrical works, rainwater goods or other repairs that are not classed as adaptations and may include promoting warm homes and energy efficiency measures.

The partners acknowledge that this type of work while not being an 'adaptation' to a home, can contribute towards the overall Better Care Fund outcomes of maintaining a vulnerable person's good health, independence and overall wellbeing.

2.3.3 Financial Assistance (Top up) Grant or Loan

In some cases the cost of works eligible for a Disabled Facilities Grant amounts to more than the maximum amount of grant (currently £30,000). In other cases the applicant is liable under the means test to make a contribution. The County Council and some district housing authorities have previously provided top-up grants or loans in certain circumstances in order to provide funds to enable the works to go ahead and therefore meet client's needs.

The partners agree that within a Joint Adaptations Policy provision will be made from the DFG Capital Allocation for Top-up Grants or loans, and that the County Council's Social Care responsibility towards meeting the needs of vulnerable households will be included, but with the decisions being made locally by the district councils. The detail of this element of the policy will be jointly agreed between the district partners and the County Council.

2.3.4 Disabled Persons Relocation Grants

All partners support the inclusion of a Disabled Persons Relocation Grant that can be considered when it is not straightforward or possible to adapt a disabled persons existing accommodation and a suitable alternative property can be identified.

This Grant would contribute towards the cost of moving and may include the payment of removal expenses, estate agent's fees, redecoration, etc.

2.3.5 Special Purpose Grants

In addition, the partners support the Better Care funds support of the use of the DFG Capital Allocation in the most flexible way and this Agreement supports the development of the policy and use of the funding for other initiatives for example:

- Home energy grants
- Boiler replacement
- Warm Homes initiatives including thermal insulation
- Remedying HHSRS Cat 1 hazards
- Security measures
- Additional specialist equipment
- Health Prevention initiatives
- Fuel Efficiency initiatives
- Housing Options advice and support
- Hospital discharge initiatives
- Handyperson services

Section 3 – Implementation and Review

3.1 Implementation

This Agreement will be implemented and come into effect when signed by the partners. All district housing authorities agree to review their local Regulatory Reform Order Repairs and Renewal policies adopting the principles contained within this Agreement with new policies to come into effect locally on 1st April 2017.

Partners also agree to work towards agreeing a Cambridgeshire Joint Adaptations Policy in partnership with the County Council by 1st April 2018.

3.2 Performance monitoring

At the time of writing the Better Care Fund has no specific performance measures around the DFG Capital Allocation, however it is envisaged that these will be forthcoming in future years. In the meantime, local performance targets will be developed especially in relation to time taken to deliver adaptations.

The provision of a Transitional Revenue Grant from the County Council in 2017/18 to the district councils in order to support the provision of home improvement agency services will include some performance targets which will be monitored by partners.

3.3 Review

This Agreement will be reviewed during 2018/19 following development of the Joint Adaptations Policy to ensure it is up to date and relevant in light of any future Better Care Fund Guidance and further local initiatives.

Add signatories of all partners below

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN	Published on 3rd October 2016	Cambridgeshire County Council

Notes

Committee dates shown in bold are confirmed.
Committee dates shown in brackets and italics are reserve dates.

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

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

\+ indicates items expected to be confidential, which would exclude the press and public. 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	Spokes meeting date	Deadline for draft reports	Agenda despatch date
08/12/16	Business Planning	S Nix/ M Teasdale	Not applicable	27/10/16		30/11/16
	Homecare Sufficiency	R O'Driscoll	Not applicable			
19/01/17	Finance and Performance Report	T Kelly	Not applicable.			11/01/17
	Business Planning	S Nix/ M Teasdale	Not applicable			
	Care Home Development Plan Business Case	R O'Driscoll	Not applicable			
	Risk Register	W Oggle-Welbourn	Not applicable.			

	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[09/02/17] Provisional Meeting						01/02/17
09/03/17	Finance and Performance Report	T Kelly	Not applicable			01/03/17
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	Not applicable			
[06/04/17] Provisional Meeting						29/03/17
01/06/17	Finance and Performance Report	T Kelly	Not applicable			24/05/17
	Appointments to Outside Bodies, Partnership Liaison and Advisory groups, and Internal Advisory Groups and Panels	D Snowdon	Not applicable			
	Adults Committee Agenda Plan	D Snowdon	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.

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

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

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

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

For further information, please contact Quentin Baker on 01223 727961 or Quentin.Baker@cambridgeshire.gov.uk

Agenda Item No: 11

NHS CONTINUING HEALTH CARE

To:	**Adults Committee**
Meeting Date:	**3 November 2016**
From:	**Wendi Ogle-Welbourn** **Interim Executive Director: Children, Families and Adults**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** *Key decision:* **No**
Purpose:	**To consider the quarterly report into NHS Continuing Health Care**
Recommendation:	**To support the actions being taken by the Service Lead for Continuing Health Care**

Officer contact:	
Name:	Richard O'Driscoll /Daniel Monie
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Email:	richard.o'driscoll@cambridgeshire.gov.uk daniel.monie@cambridgeshire.gov.uk
Tel:	01223 699228 01223 729186

1.0 BACKGROUND

1.1 NHS Continuing Health Care (CHC) is a package of care or provision of a placement which should be totally funded by the NHS. It is for people aged 18 or over from any 'care group' who have been assessed as meeting the eligibility criteria set out within the National Framework for Continuing Health Care (revised November 2012). The framework for applying the criteria consists of a multi-disciplinary process of Health and Social Care assessments culminating in the completion of a Decision Support Tool (DST). The process is led by the NHS and comes under the accountability of the local Clinical Commissioning Group (CCG). If it is decided by the person's multi-disciplinary team that they are eligible for CHC, the NHS pays for and commissions the totality of their assessed care needs, once the Clinical Commissioning Group have ratified their recommendation.

1.2 Historically, take-up of Continuing Health Care in Cambridgeshire has been low and there have been delays in NHS processes in progressing applications. There have also been areas of dispute between the Council and the Clinical Commissioning Group relating to both policy and practice. Peterborough City Council has experienced similar difficulties. The County Council has, therefore, been working with the Clinical Commissioning Group and Peterborough City Council to resolve these issues. The Clinical Commissioning Group has acknowledged that there is a problem and have agreed to meet with the Councils to find a resolution.

2.0 MAIN ISSUES

2.1 The interventions of the County Council's Continuing Health Care Manager, along with a stronger operational and strategic focus from the Council, has led to progress in agreeing further cases for both full and joint NHS funding. This has been through a combination of direct intervention in individual cases, negotiation with the Clinical Commissioning Group to improve and speed up the assessment process and bespoke training for County Council staff members.

2.2 The Council's Continuing Health Care Manager has ensured an accurate record of outstanding cases and issues and this has been shared on a regular basis with the Clinical Commissioning Group so that we can agree the priority for progress on the cases with the highest clinical need.

2.3 There remain some significant unresolved issues, which are presenting operational and financial challenges for the Council and for individual service users. Matters that have been raised with the Clinical Commissioning Group include the disputes process, appeals and joint funding processes. While some progress has been made on trialling a new disputes resolution panel, there remain additional process issues that need to be resolved. The Council is working with the CCG to ensure that these are addressed.

2.4 The Council is continuing to raise all of these concerns strategically at the highest levels within the CCG and to invest in training for its own staff members to be able to increase awareness and challenge at an operational level. The Council is also working closely with Peterborough City Council- to resolve the outstanding issues with the Clinical Commissioning Group.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

3.1.1 There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

3.2.1 Eligibility for Continuing Health Care is a right set out within both legislation and regulation. It is intended to support the most clinically vulnerable members of society who have complex health needs, including “end of life” care. Ensuring that all eligible citizens receive this support is a duty of both the County Council and the Clinical Commissioning Group. The Care Act re-enforces the need “to consider the question of Continuing Health Care” prior to undertaking a social care assessment.

3.3 Supporting and protecting vulnerable people

3.3.1 The report sets out the implications in paragraphs 2.1 and 3.2.1.

4.0 SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

4.1.1 Resource implications are described in Appendix 1.

4.2 Statutory, Risk and Legal Implications

4.2.1 The report sets out the implications in paragraphs 2.3 and 3.2.1.

4.3 Equality and Diversity Implications

4.3.1 There are no significant implications for this priority.

4.4 Engagement and Consultation Implications

4.4.1 There are no significant implications for this priority.

4.5 Localism and Local Member Involvement

4.5.1 There are no significant implications for this priority.

4.6 Public Health Implications

4.6.1 Ensuring that individuals who are eligible for Continuing Health Care are identified at the earliest opportunity will ensure that they receive the most appropriate care to meet their needs in a timely manner.

Source Documents	Location
National Framework for NHS Continuing Health Care.	*National framework for NHS continuing health care and NHS funded nursing care - Publications - GOV.UK*

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: T Kelly (Adults)
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Fiona McMillan
Are there any Equality and Diversity implications?	Yes: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes Simon Cobby
Are there any Localism and Local Member involvement issues?	Yes Charlotte Black
Have any Public Health implications been cleared by Public Health	No

HEALTH AND CARE SYSTEM SUSTAINABILITY AND TRANSFORMATION PROGRAMME MEMORANDUM OF UNDERSTANDING: LOCAL AUTHORITY APPENDIX

To:	**Adults Committee**
Meeting Date:	**November 2016**
From:	**Director of Public Health**
Electoral division(s):	**All**
Forward Plan ref:	**Not applicable** ***Key decision:*** **No**
Purpose:	**To present the Cambridgeshire and Peterborough Sustainablity and Transformation Programme Memorandum of Understanding to the Adults Committee. To ask for the Adults Committee's approval of Appendix 1: Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan.**
Recommendation:	**The Committee is asked** • **to note the Cambridgeshire and Peterborough Sustainability and Transformation Programme Memorandum of Understanding for NHS organisations in Cambridgeshire and Peterborough** • **to approve Appendix 1: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' prior to sign off by the Health and Wellbeing Board.**

Officer contact:	
Name:	Dr Liz Robin
Post:	Director of Public Health
Email:	Liz.robin@cambridgeshire.gov.uk
Tel:	01223 703259

1. BACKGROUND

1.1 All NHS organisations in the Cambridgeshire and Peterborough Health System have been asked to participate in the preparation of a five year strategic plan – the Sustainability and Transformation Plan (STP). Because local authority adult social care and public health services are interdependent with NHS services, Cambridgeshire County Council and Peterborough City Council have also been asked to plan jointly with the NHS and align our services with STP where appropriate.

1.2 Development of the STP has been led by the Health and Care Executive (HCE) which is made up of the Chief Executives and Accountable Officers of NHS organisations including the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG), local NHS Hospitals, NHS Mental Health Services and NHS Community Services. The Director of Children, Families and Adults and the Director of Public Health from Cambridgeshire County Council and Peterborough City Council attend as non-voting members of the HCE.

1.3 A draft Cambridgeshire and Peterborough STP has been submitted to NHS England in accordance with national deadlines, and the CCG expects to publish the final STP in late November/early December.The STP includes reference to the Joint Strategic Needs Assessments (JSNAs) and Health and Wellbeing Strategies overseen by local Health and Wellbeing Boards. More information about STP planning is available on http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/

2. MAIN ISSUES

2.1 As part of the work on the STP, local NHS organisations are being asked to sign up to a Memorandum of Understanding (MOU), attached as Annex A. This MOU requires significant changes to ways of working across NHS organisations – essentially asking NHS Chief Executives to function as a single leadership team with mutual understanding, aligned incentives and co-ordinated action.

2.2 It is not feasible for Local Authorities to sign up to the full MOU due to decision making processes which are democratically accountable, and different financial and governance structures to the NHS. Because of this, a separate Appendix to the MOU has been developed for agreement by Local Authorities. This will require sign off by the Local Authority Chief Executive, and by Chair of the Health and Wellbeing Board (HWB), in line with the statutory HWB role to promote integrated working across local authorities and the NHS.

2.3 The MOU Appendix: 'Local Authorities and the Cambridgeshire and Peterborough Sustainability and Transformation Plan' has four sections:

Introduction
The introduction briefly describes the context of the local health and care economy and the Sustainability and Transformation Plan, and the role of local authorities within this.

Key behaviours
This section describes the behaviours required from the Health and Care Executive and Health and Wellbeing Board members in order to build trust and relationships across the system, to deliver the STP.

Key principles
This section describes the key principles of how organisations will work together to deliver the STP.

Democratic requirements and local authority governance
This section outlines how senior officers and Health and Wellbeing Boards will work with NHS organisations to deliver the STP, while making clear that that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.

2.4 While the final sign off of the Local Authority STP MOU Appendix will be by the Local Authority Chief Executive and the Chair of the Health and Wellbeing Board, the Appendix is also being taken to the Adults Committee and the Health Committee for approval, due to the importance of both the adult social care and public health functions of the Council to effective transformation of the local health and care system.

2.5 In July 2016, the Adults Committee and Health Committee endorsed a previous version of a Health and Care Executive Governance Framework. The new STP Memorandum of Understanding and Local Authority STP MOU Appendix replace the HCE Governance Framework endorsed in July.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

A well functioning health and care system will be a factor in attracting and retaining workforce in Cambridgeshire.

3.2 Helping people live healthy and independent lives

A key purpose of the Sustainability and Transformation Plan is to ensure that the right, sustainable, services are in place to support people to live healthy and independent lives.

3.3 Supporting and protecting vulnerable people

A key purpose of the Sustainability and Transformation Plan is to ensure that the right, sustainable, services are in place to support and protect people who are vulnerable due to health conditions.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

- Resources invested in social care services are relevant to the STP, due to the importance of close joint working with NHS services at local level. The Local

Authority STP MOU Appendix makes a statement of intent to highlight and avoid 'cost shunting' to other partners, and to adopt an 'invest to save' approach. It also states clearly that 'local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.' There are no direct financial commitments within the document.

4.2 Statutory, Risk and Legal Implications

The Local Authority STP MOU Appendix has been reviewed by local authority lawyers in both Cambridgeshire and Peterborough, who are satisfied that the MOU outlines the principles of joint working and does not have adverse legal implications or significant risks to the authorities.

4.3 Equality and Diversity Implications

There are no immediate implications. Organisations are subject to equalities legislation when planning services.

4.4 Engagement and Consultation Implications

The work of the Health and Care Executive will include an ongoing programme of stakeholder and public engagement. Any significant service changes would be subject to public consultation in line with the relevant legislation.

4.5 Localism and Local Member Involvement

There are no significant implications at this point. Local Members may wish to become involved in future public consultations on STP transformation plans, if these are relevant to their divisions.

4.6 Public Health Implications

A well functioning and sustainable health and care system is important for the overall health of the local population.

Implications	**Officer Clearance**
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Martin Wade
Has the impact on Statutory, Legal and Risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Quentin Baker
Are there any Equality and Diversity implications?	Yes Name of Officer: Val Thomas
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Are there any Localism and Local Member involvement issues?	Yes Name of Officer: Val Thomas
Have any Public Health implications been cleared by Public Health	Yes Name of Officer: Val Thomas

Source Documents	Location
Sustainability and Transformation Plan information	http://www.cambridgeshireandpeterboroughccg.nhs.uk/STP/
Paper to Adults Committee (July 2016) on the Health and Care Executive Governance Framework	https://cmis.cambridgeshire.gov.uk/ccc_live/Meetings/tabid/70/ctl/ViewMeetingPublic/mid/397/Meeting/137/Committee/3/Default.aspx

CAMBRIDGESHIRE AND PETERBOROUGH
SUSTAINABILITY AND TRANSFORMATION PROGRAMME
MEMORANDUM OF UNDERSTANDING

Appendix 1: Local Authorities and the C&P Sustainability and Transformation Plan

Introduction

- The local health economy within the Cambridgeshire & Peterborough Clinical Commissioning Group area has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHS England and NHS Improvement.

- All partners share an ambition to return the health and care system in Cambridgeshire and Peterborough to financial, clinical and operational sustainability, coordinating System improvements for the benefits of local residents and healthcare users by:
  - Supporting local people to take an active and full role in their own health
  - Promoting health, preventing health deterioration and promoting independence
  - Using the best, evidence-based, means to deliver on outcomes that matter
  - Focussing on what adds value (and stopping what doesn't)

  Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) are key stakeholders in the development and delivery of the STP and will act as partners in the STP by aligning their public health and social care services to support its delivery. However the Councils will only be able to this in line with their statutory responsibilities, democratic and constitutional duties in the local authorities' governance arrangements

- The Cambridgeshire District and City Councils, which are members of the Cambridgeshire Health and Wellbeing Board, exercise a number of relevant functions including housing, land use planning, leisure services etc, which may also align to the wider STP Programme, and which are subject to their own democratic and constitutional arrangements.

- All partners across local authorities and the NHS are expected to support local Health and Wellbeing Strategies and Better Care Fund Plans. NHS partners will ensure that STP delivery is aligned with these wider partnership strategies and plans.

- An agreed set of behaviours and principles has been developed in order for CCC, PCC and the wider local authority membership of the HWB Board to support (and be supported) in the contribution to and delivery of the STP.

- These behaviours and principles outline how CCC, PCC and the wider local authority HWB Board membership will work together with the Health system, whilst adhering to their statutory duties and democratic and constitutional duties in the local authorities' governance arrangements

Key Behaviours:

CCC, PCC and the wider local authority Health and Wellbeing Board membership recognise the scale of change required to deliver the STP and that cultural change applies from leadership level to front line staff.

CCC, PCC and the wider local authority Health and Wellbeing Board membership will continue to build and promote trusting relationships, mutual understanding and where feasible take decisions together with the health system.

CCC and PCC representatives on the Health and Care Executive (HCE) will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials. The HCE will ensure that relevant system messages and materials are shared with the wider HWB Board membership.

All members of the Health Care Executive and the Health and Wellbeing Boards will support and promote system behaviours for the benefit of local residents and healthcare users including:

- Working together and not undermining each other
- Behaving well, especially when things go wrong
- Engaging in honest and open discussion
- Keeping our promises – small and large
- Seeing success as collective
- Sticking to decisions once made

Key Principles:

The key principles of local authorities working with partners to deliver the STP plan are:

- Commitment to implementation at pace
- Use collective commissioning and buying opportunities to improve delivery outcomes and/or system savings
- Where appropriate, HCE representatives and other senior local authority officers to act as if part of a single executive leadership team, to coordinate system improvements for the benefits of local residents in line with the STP.
- Influence the view of regulators and external assurance bodies regarding the primacy of System sustainability enshrined in the STP and the joint commitment to it.
- Highlight and work to prevent cost shunting to other partners
- Adopt an invest to save approach
- Share information on new major service developments, savings, closures or relocations, and more generally share information in a timely manner when needed to support development of partnership business cases and savings

plans. This should comply with existing information sharing agreements and protocols.

- Align human, financial, estate and digital resources to deliver these changes where this adds value, delivers people-centred outcomes and saves money.

Democratic requirements and local authority governance

- CCC and PCC will participate in the Health and Care Executive (HCE) arrangements through their senior officer representatives acting as non-voting members of the HCE. This arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, with are led by elected Councillors.

- CCC, PCC and Cambridgeshire District and City Councils will also participate in and support the STP through their local Health and Wellbeing Boards and shared programme management arrangements. Again, this arrangement will recognise that local authority policy and financial decisions are subject to the constitutional decision making arrangements within their respective authorities, which are led by elected Councillors.

- Local authorities support the commitment to longer-term planning, but the Partners recognise that local authorities are subject to democratic governance. Therefore the LAs must reserve the right to change their priorities in accordance with the priorities of their elected Councils

- CCC, PCC and wider local authority HWB Board membership cannot commit to sharing the opening financial risk in the STP, given that local authorities have a statutory requirement to balance their budgets and cannot operate at a deficit. Likewise, NHS partners are not expected to commit to meeting the financial risk of meeting statutory social care requirements.

- CCC and PCC also have a particular statutory requirement to scrutinise proposals for NHS service changes as elected representatives of their communities, and must ensure the independence and integrity of those arrangements.

CAMBRIDGESHIRE AND PETERBOROUGH
SUSTAINABILITY AND TRANSFORMATION PROGRAMME

MEMORANDUM OF UNDERSTANDING

CAMBRIDGESHIRE & PETERBOROUGH HEALTH AND CARE SYSTEM

Version Control

Version no	Date	Source of Edits	Author
1	31/07		CP
2	02/08	Tracy Dowling	AG
3	03/08	Lance McCarthy	AG
4	07/08	Stephen Graves & Caroline Walker	CP
5	09/08	Stephen Graves	LG
6	11/08	Catherine Boaden	LG
7	12/08	Claire Tripp, Matthew Winn, NHS Providers	CP
8	16/08	Wendi-Ogle Welbourn & Will Patten, Andrew Pike	CP
9	19/08	Aidan Thomas	AG
10	19/08	Dr Liz Robin, Adrian Loades	AG
11	19/08	Roland Sinker	AG
12	28/08	CUH comments – legal & finance	CP
13	04/09	HCE Away comments	CP
14	05/09	Further CUH comments – Bill Boa & Ed Smith	CP
15	07/09	Ros Nerio/ Andrew Rawston (NHSI)	RN
16	07/09	Further CUH Comments – Bill Boa & Ed Smith	CP
17	09/09	NHSI legal changes	RN
18	12/09	CCG comments – finance section;	CP
19	18/09	Final changes for public review by Boards	CP
20	19/09	Further changes to reflect AEB	LG

Final sign off will be secured in public by statutory bodies (NHS Trust or Foundation Trust Boards, Governing Bodies). This will become a public document

Memorandum of Understanding: Cambridgeshire & Peterborough Health and Care System – a Partnership for implementing the Sustainability & Transformation Plan

Date effective: 1 October 2016 Signatories 'The partners', the CEOs/Accountable Officers & Chairs of:

1. Cambridgeshire & Peterborough CCG
2. Cambridge University Hospitals Foundation Trust
3. Peterborough & Stamford Hospitals Foundation Trust
4. Cambridgeshire & Peterborough Foundation Trust
5. Cambridgeshire Community Services NHS Trust
6. Hinchingbrooke Hospitals NHS Trust
7. Papworth Foundation Trust
8. NHS England Specialised Commissioning – tbc
9. Peterborough City Council: (CEO & HWB Chair) – Annex 1 only
10. Cambridgeshire County Council (CEO & HWB Chair) – Annex 1 only

In future others may wish to join or become more formally affiliated with the partnership embodied in this MOU, including East of England Ambulance Trust, CUHP, GP Federations, practices or third sector organisations.

Introduction

Purpose: The local health economy within Cambridgeshire & Peterborough CCG has agreed a single Sustainability and Transformation Plan (STP) for 2016 – 2021, which has been approved by NHSE and NHSI. The STP has been developed with front-line staff and patients, building from an evidence for change that had widespread public and patient involvement. The plan envisages widespread changes to how care is delivered to local people, with far greater emphasis on care being delivered in or close to home, and standardisation of necessary in-hospital care in line with best and most efficient practice. In the small number of instances where changes to the location of services are proposed, there will be formal consultation with the public, following close informal engagement.

In order to deliver this plan and return the system to financial balance, we must manage risk (financial, operational, quality and reputational) through a number of jointly agreed commitments (outlined below) to which the Partners have agreed. The most important of which relate to a new set of behaviours from the System Partners, in order to build long-standing trusting relationships that replicate those of an accountable care system.

Scope: Each of the respective partner organisations have clearly defined accountabilities and responsibilities in line with statute. This MOU describes principles of behaviour and action which pertain to the implementation of the Sustainability and Transformation Plan. Therefore, this MOU pertains only to those areas of work which have been agreed, by each individual partner organisation, as System improvement areas. The MOU does not relate to individual partners decisions but to any possible interactions those may have with other partner organisations. Active engagement between Partners will be the norm, with individual major decisions raised to the HCE's attention, to check for impact on others.

How this document relates to local authorities, their executive officers and members is described further in Appendix 1

Longevity: The term of the MOU is linked to the anticipated time required to implement the STP, therefore it is expected to expire on 31st March 2021, unless a decision is taken to extend it beyond this. If, during the intervening period, as confidence builds, System decisions are delegated to the HCE, this MOU and the associated Terms of Reference for all relevant System groups will be amended (current versions are appended). While, at no stage, can the powers of the HCE supersede those of statutory bodies, this MOU nevertheless reflects the minimum level of partnership required to implement the STP.

Commitment 1: One ambition: the STP sets out a five plus year plan to return C&P to financial, clinical and operational sustainability by developing the beneficial behaviours of an accountable care system, and thereby addressing the underlying drivers of the current system deficit. This means acting as a single executive leadership team, and operating under an aligned set of incentives to coordinate System improvements for the benefits of local residents and healthcare users by:

- Supporting local people to take an active and full role in their own health
- Preventing health deterioration and promoting independence
- Using the best, evidence-based, means to deliver on outcomes that matter
- Focussing on what adds value (and stopping what doesn't)

Such organisational altruism is fully congruent with Partners' duties to the public and is necessary to return each organisation individually to financial balance.

The Partners accept collective responsibility for delivering the plan in its totality. Together, we own the opening risk and agree that the plan, whilst challenging, is deliverable. However, in practice, the Partners recognise external influences and pressures each is subject to. We commit to honest, transparent, and mutual support of each other's position in circumstances where we may be able to help others and influence the view of regulators or external assurance bodies regarding the primacy of System sustainability entailed in this plan and the joint commitment to it.

Our immediate priorities will be agreed collectively and reflect local Health & Wellbeing strategies, together with addressing clinical and operational pressures. However given resources are scarce, priority will be accorded to projects with the greatest expected return on investment and/or fixing what is most broken – for example high levels of non-elective beddays per capita and high proportions of beds being occupied by patients whose discharge is delayed. The highest impact projects will be properly resourced with the Partners' best people. We will not try to do too many things at once, even though there are many aspects of our health and care system which need improving.

Commitment 2: One set of behaviours:

The Partners recognise the scale of change implied by this MOU and the STP. The partners agree that cultural change applies from HCE and Board level to front-line staff. By signing this MOU, all Partners agree explicitly to exhibit the beneficial behaviours of an accountable care system. In particular, Partner organisations collectively agree to:

- People first: solutions that best meet the needs of today and tomorrow's local residents and healthcare users must be the guiding principle on which decisions are made. This principle must over-ride individual or organisational self-interest. Embedding the voice and views of service users in service improvement will be key to ensuring this principle is not forgotten.

- Collective decision-making: Chairs, CEOs, SROs and clinical leads have dedicated time *face-to-face* to build trusting relationships, improve mutual understanding and to take shared strategic decisions together. As system leaders, Partners will work together with integrity and the highest standards of professionalism, for example by:
    - Not undermining each other
    - Speaking well of and respecting each other
    - Behaving well, especially when things go wrong
    - Keeping our promises – small and large
    - Speaking with candour and courage
    - Delivering on promises made
    - Seeing success as collective
    - Sticking to decisions once made.

- Common messaging: there is a consistent set of messages we tell our patients and our staff about why we need to work together, what benefits it will bring and how we are doing it, although how the story is told will be tailored to the audience. Each partner organisation will take full responsibility for making sure their staff are well briefed on system improvement work, drawing from system messages and materials.
- Open book: finance (cost and spend), activity and staffing data are shared between all parties transparently and in a timely manner. This data is held independently by the System Delivery Unit. On a monthly basis actual financial positions of each organisation will be shared with the HCE (and bi-partite, as required), with explicit transparency about performance against expected cost saving and demand management trajectories. The purpose of this sharing is to support collaborative problem-solving.

Commitment 3: One long-run plan: The Partners are committed to implementation at pace. By end of 2018/19, the Partners will have achieved the following:

- *Home is best:* fully staffed integrated Neighbourhood Teams will be operational across C&P, providing a proactive and seamless service. General practices will have received support from Partners to be sustainable. Social care will be functionally integrated. The first phase of the prevention strategy will have been implemented.
- *Safe & Effective hospital care*: hospital flow will be improved, with a reduction in annual growth rates in non-elective admissions, a fall in bed occupancy and Delayed Transfers of Care. Common pathway designs will be in place across all 3 general acute sites for frailty, stroke, ophthalmology, orthopaedics, ENT and cardiology. All acute services (including fragile ones such as emergency medicine, acute paediatrics, stroke, and others) will be clinically sustainable 7 days a week. People will receive consistent urgent and emergency care in the right place, as quickly as possible. More routine urgent and planned care will be managed, with support, within community and primary care, for example by being able to access consultants' opinions without referral.
- *Sustainable together:* We will exploit our collective buying power to get reduced prices, through a common approach to Procurement. The west Pathology Hub will be operational. The merger of PSHFT-HHC (subject to FBC) will be fully embedded, and the start of consideration of other organisational consolidation will have commenced. Papworth will have successfully moved onto the Cambridge Biomedical Campus.
- *Enablers:* There will be single 10 year plan for estates and workforce, a five year plan for the digital roadmap, and a quality improvement (learning) culture. Local

community estates are being modernised. Our workforce recruitment, retention and reported staff satisfaction will be improved. The first new roles will be in the training pipeline. Patient records securely accessible by any clinician anywhere, where appropriate and relevant to patient care, and a person level linked data set will form the foundation for population health improvement analytics. Staff will have been trained in a common C&P improvement methodology and will have been involved in a system wide improvement project.

Taken together, the Partners believe that these actions give the system the best possible chance of returning to financial balance by 2021. However, capturing the savings opportunities identified will require certain assumptions to be true – for example achieving sustainable DTOC levels consistently below 2.5%. Addressing structural system deficits by securing additional system income by, for example, MFF recalculations and specific structural deficit funding (PFI support, CCG allocation increases, etc.) will also be key to system financial balance.

In many cases bringing about the changes envisaged by the STP can only be achieved with the support of local people and staff, including on occasion, through formal consultation. Therefore the exact shape of the solutions may change to reflect the feedback and views of local people and staff, the STP is a starting point not fixed destination.

Commitment 4: One programme of work: all System projects will be agreed by the HCE, and under the supervision of a CEO sponsored Delivery Group. HCE will agree what needs to be done to what end, by who, by when – be they projects done independently or as a System.

- The agreed Delivery Plan identifies the following work streams to be done as a System:
    i. Primary Care & Integrated Neighbourhoods: translating the proactive & preventative care schematic into operational practice, supporting sustainable general practice
    ii. Urgent & Emergency Care: achieving best practice non-elective bed-days per capita
    iii. Elective Care: standardising referral and treatment protocols in line with best practice
    iv. Women & Children: holistic, family-centred care, in line with iThrive, the maternity taskforce and peri-natal mental health
    v. Shared services (including estates): minimising the costs of over-heads
    vi. Digital: implementing the local Digital Roadmap, sharing data and information in a manner consistent with local and national policies and consent
    vii. Workforce & Culture: [leadership], [planning], [skills development], [recruitment & retention]
    viii. System Delivery: [system strategy], [system behaviour change / improvement culture], [supporting delivery to stay on track], [spread what works (locally & elsewhere)]
- The proposed split of work between System and organisational business will be agreed by the HCE, with new work not starting without HCE ratification.
- The proposed split of System work between what is undertaken once across Cambridgeshire & Peterborough, and what is undertaken on an area basis will be according to:
    - Phase of project life cycle: design projects must be done once across C&P
    - Locus of relationships: delivery projects should be local where vertical relationships dominate, and C&P wide where horizontal (across acutes) relationships dominate

    - Subsidiarity: change happens bottom up, and neighbourhoods across C&P differ significantly
- Each System project will have a CEO Sponsor and a named SRO (Exec level).
- Each System project will have a delivery objective – a savings, activity shift or quality improvement target (or a combination) and delivery date. Some System projects will have an agreed investment plan.
- The collective impact of System projects will be measured against an agreed definition of success (see Appendix II)

Commitment 5: One budget: in line with developing the positive behaviours of an accountable care system, and in recognition of the fact that one organisation's decisions about the level of service may impact another's costs, the Partners agree they will collectively focus on activities that take cost out, make agreed investments in order to save elsewhere, and move deficits to where they should most appropriately fall. System costs may be reduced by activity reductions and by unit cost reductions, and we recognise that all System Partners can influence both. Acting in this way requires:

- Financial incentive design: two year contracts for 2017/18 and 18/19 contracts will neutralise perverse financial incentives and aim to return the C&P System to financial balance. The Partners agree that the key aim of any incentives will be to focus on addressing the drivers of the system deficit. Financial incentive design options ***may***, therefore, include a combination of:
    - the inclusion of multilateral loss / gain sharing arrangements, for some aspects of C&P CCG commissioned activity;
    - a single System control total which has been negotiated with regulators;
    - alignment of all quality based payments to delivering System priorities (including CQUINs and following agreement with primary care, changes to local enhanced services and/or a local substitute for the QOF);
    - a suspension of non-value adding adjustments to basic cost & volume arrangements such as fines, marginal rates and 30 day readmissions rule (noting that some of these funds currently cover the costs of some community services, which would need alternative funding to be agreed if the services are to continue);
    - a cost plus based approach to local prices for service developments (eg ambulatory care)

  Within this framework and in recognition of the importance of gathering timely and accurate cost data, providers will be paid for the activity they under-take, against an agreed activity trajectory, and commissioners will be responsible for taking decisions about what services can be provided affordably, in line with their legal duties. Due to the lack of incentive to do more activity, even where this would be desirable as it would reduce overall system costs, block contracts should be avoided for all services.
- For the remainder of 2016/17, parties will exhibit win-win-win behaviours (for patients, providers and commissioners) – the financial recovery plan is a *System* financial recovery plan.
- Contract mechanics for 2017/18 and 18/19: the least required effort will be dedicated to contract negotiations, with early collective CEO engagement to agree key investment priorities and risk sharing parameters at the outset (rather than at the end). Contract management meetings will be replaced with place or care programme based financial assurance, performance and planning meetings.

- Commissioning intentions will be based on a clinically led, evidence-based and person-focussed appraisal of how best to meet local people's need. Once developed, Partners will discuss openly within HCE any new service developments, closures or relocations prior to public and staff engagement and consultation as required. The HCE and the System Delivery Groups will be the fora for agreeing commissioning intentions, including those of the Joint Commissioning Unit.
- Financial and operational plans will be aligned across health and social care: the Partners agree to plan finances and operational capacity together, neutralising any inclination to cost shift or not invest in one part of the system to save elsewhere. This will involve working from common assumptions, producing plans for regulators that are not works of fiction and doing our best to ensure there are no in-year surprises. Where appropriate, this will also include greater use of pooled budgets between NHS and council commissioners, which will be determined on a case by case basis.
- Savings: Savings will be calculated on the basis of resource utilisation across the entire patient pathway, including all points of care and Partner organisations – thereby capturing direct and indirect savings. Delivery Groups will track savings against pre-determined trajectories in a robust and timely manner, with the Programme Director's guidance and SDU support. A named AO Sponsor for each project is responsible for making sure savings trajectories are met and / or securing recovery proposals where implementation is not on track.
- Investment: an agreed 'pot' for System wide investments will be agreed up front. In 2017/18 it is likely that this will require a System bid to NHS England, due to cash constraints. Decisions on how to spend this System wide investment and re-investment pot will be taken collectively. Analysis will be under-taken first to ensure existing resources cannot be safely redeployed /or productively improved before investment can be made. The investment pot will come from any STF funds, recycled savings and the CCGs 1% hold-back. Before funding is agreed, everyone will be completely clear on recurrent vs non-recurrent investment requirements.

Commitment 6: One set of governance arrangements: the HCE and the groups reporting to it (Area Executive Boards, the Care Advisory Group (and strategic sub-committees), the FD Forum and the eight Delivery Groups), will be the vehicle through which System business is conducted. All existing arrangements will either be dissolved (eg SRGs) or aligned. The Area Executive Boards will offer the two Health & Wellbeing Boards a delivery vehicle for local health and well-being strategies.

As much business as possible that pertains to the system will be conducted via the system governance described in Appendices 3-7. However it is recognised and accepted that some decisions will need to be referred back to Partners' Boards / Governing Bodies for ratification. Given this may add time before implementation can commence, the limits to the HCE's powers must be anticipated, and accommodated in planning.

Commitment 7: One delivery team: resources are in place to deliver the STP. This means:

- System Delivery Unit: A new SDU led by an Independent Chair and Programme Director will be created from October 2016. The Independent Chair and Programme Director will be invited to attend Partners' Boards regularly to provide updates on the STP. The SDU will have a budget agreed by HCE to employ staff, funded jointly by NHS Partners (see Appendix). The SDU will be responsible for:
    - Finance, Evaluation & Analytics

- System Strategy, Planning and Development

The System Delivery Unit is primarily envisaged as adding much needed analytics, project management, quality improvement and problem solving capacity to the system. However, it will be responsible for giving assurance to the HCE that the STP plan and its future modifications is being appropriately delivered, on budget and to planned timelines.

- Alignment of resources: We recognise the scale of change required to deliver the STP, and all Partners commit to align our staff and, by prior HCE agreement, funds to deliver these changes. This may include prioritising the availability of staff for STP planning and implementation, the voluntary secondment/loan of staff and other such pragmatic arrangements – in recognition that delivering the STP is essential to each organisation's individual sustainability strategy. Through the delivery planning process, each prioritised project will be allocated staff, from across Partners. These, 'aligned' staff will be expected to dedicate the bulk of their time to the system work – with up front negotiations about what may need to be stopped as a result. SROs and if necessary CEO sponsors will be expected to escalate to the employer if they feel staff are not being released as agreed. The employing Partner will be expected to rectify the situation within [2 weeks]. The SDU will make transparent the relevant wte contributions (clinical and managerial) from each Partner organisation, to ensure the burden of effort is fairly shared.
- Assets: in addition to Partners' employees we agree there are other assets which can help deliver the STP, including local communities and Health and Wellbeing Boards. Partners will explore how existing relationships with the Universities, Charitable trusts, local business, informal carers and other public services (like the Fire Service) can be exploited for the benefit of the System. All Partners will highlight opportunities for leveraging these assets for the benefit of the System and will represent the System's interests as well as their own.
- Skills development: where our staff don't have the required skills and expertise to deliver the scale and nature of the change required, we will recognise and address this. It's important that our people are in the right roles.

Commitment 8: One assurance and risk management framework.

- Crucial to strengthening trust and creating a sense of shared accountability, will be evolving the HCE from a forum for making strategic decisions, to one where Partners can be assured of the delivery of System wide improvements. The System Delivery Unit is responsible for monitoring implementation of the STP plan and giving such assurance to the HCE about delivery of the plan. The SDU will provide timely, and regular reporting to the Delivery Groups, Area Executive Boards, the CAG, the FD Forum and the HCE to give mutual assurance that the Delivery plan is on track. A small number of new monitoring dashboards will be developed by the SDU for this purpose, subject to the agreement of the HCE and/or relevant CEO sponsor. In exceptional circumstances new data items may be collected, but the default presumption is that existing data items will be used (even if these are not normally shared beyond organisations). Once the data collection is agreed, accurate data will be supplied on time.
- Inevitably, things will not go as planned, and there are already many risks that planned impacts will not be realised. Some of these risks will be best managed individually, but many can only be effectively managed by the Partners together. The Partners therefore agree that mitigations will be more effective if they are done together. Transparency around risk / risk mitigation is non-negotiable. Whilst it is difficult to specify in advance the actions that may be required to address risks to delivering the STP, we agree about the process:

    - A HCE Risk Register maintains emerging risks to both the agreed delivery plan and agreed mitigations;
    - System Delivery Groups, Area Executive Boards, the CAG and the FD Forum may raise with the Programme Director an emerging risk and a written Requirement for Risk Mitigation by the HCE. This requirement will reflect a perceived risk that the Sponsor CEO considers he/she are unable to mitigate within the Group.
    - Project SROs are expected to deliver all actions to the pre-agreed time-table of milestones – repeated risks and issues regarding process delays due to poor project management and oversight, which are within the control of the SRO will be escalated by the Programme Director to the employing CEO.
- For the purposes of this agreement, risk is not narrowly defined; examples include reputational, clinical, governance, performance against targets and financial risks.
- Select risks will be reviewed by Boards each month, as determined by the Programme Director and Independent Chair.

Annexes

I. Local Authorities and the C&P Sustainability & Transformation Plan.
II. Delivery plan October 2016 – March 2019
III. STP Measures (One year health check, Quarterly performance tracking)
IV. ToR for HCE, including
    a. Delegation of decision-making – for example relating to contract design, (dis) investments, STP implementation risks & mitigations, activity assumptions, service developments/ reductions/ significant changes
    b. Relationship to Partners' Boards – including which decisions rest with Boards, which must have Board support pre-HCE agreement and which Boards can be informed about after the event
    c. How decisions are made – for example, voting, whether decisions are binding, limits of deputies, withholding of consent, etc
    d. Stakeholder engagement approach
    e. Bipartite reporting
V. ToR for Delivery Groups, including:
    a. Chairing: a CEO
    b. Membership: a clinical lead, an FD, an HRD + SROs
    c. Meeting frequency
    d. Escalation either to PD, another CEO or the HCE
VI. ToR for Area Executive Boards, which will also encompass the national responsibilities for A&E Delivery, for:
    a. Greater Cambridge & Ely (Papworth to be included)
    b. Huntington & Fens (Papworth to be included)
    c. Greater Peterborough
VII. ToR for Care Advisory Group, and Strategic sub-committees for:
    a. Frailty/ Ageing / BCF
    b. Mental Health
    c. Sustainable General Practice
VIII. ToR for Financial Performance & Planning Group (formerly the FD Forum)
IX. SDU Financing: Funding split (%); Initial budget for the SDU; legally binding arrangements for sharing SDU costs (expected and unexpected)