

Business Case

Business Case

Project Title: Asset-Base Area Approach to Commissioning & Delivery

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Project Manager: TBC

Approvals:

1. COVID Resilience

Distribution:

1. Adult Social Care Commissioning (Shauna Torrance)
2. Think Communities (Matt Oliver)
3. Joint Operations & Commissioning Call (Charlotte Black)

VERSION HISTORY		
Version	Date	Comments/evidence of decision

		(hyperlink to document)
1.0		Final Version for Sign-off
2.0		Updated version following changes posts sign-off

DRAFT

1) Introduction

This business case seeks £268,671 over a 3 year period to fund the development of an Asset-Based Area (ABA) approach to commissioning and delivery of support services across Cambridgeshire.

It forms part of the People & Communities Recovery Plan and sits under the umbrella of Think Communities.

The business case requests the resources necessary to develop and test the concept of ABA commissioning and delivery as well as the models which underpin it. Through the creation and development of an early adopter site, the programme will seek to generate sustainable, affordable commissioning and delivery models supported by clear evidence of cost avoidance and return on investment.

Upon successful proof of concept, learning from the early adopter site will be used to drive strategic development of place-based commissioning and practice in Cambridgeshire through an ABA approach. The intention is to expand the approach across remaining areas of the county and to wider population groups.

The business case has been developed by Adult Social Care commissioning in collaboration with the following:

Jo Melvin, Senior Commissioner, Adult Social Care
Matt Oliver, Head of Service for Think Communities
Elaine Matthews, Strengthening Communities Manager
Louise Tranham, Adult Social Care
Wendy Lansdowne, Locality Coordinator, Think Communities
Karen Chambers, Homecare Commissioner

It has been informed by the attached proposal to develop the Asset-Based Area approach, developed through a series of workshops and meetings with:

Wendi Ogle-Welbourn, Executive Director People & Communities
Charlotte Black, Director of Adult Social Care
Jo Brookes, Chief Executive of East Cambridgeshire District Council
Cllr Anna Bailey, Council Leader of East Cambridgeshire District Council and Chair of Adults Committee, CCC
Representatives from Parish Councils
Healthwatch
Representatives from a range of voluntary and community organisations and home care providers

2) Background

Across the county there is a strong desire to build upon the success of the Community Hubs developed in response to COVID-19 with a focus on mobilising local volunteers, third sector groups and local businesses into a sustainable model for the future; a model that aligns with and enhances statutory services such as health and adult social care and incorporates a strong preventative focus. Such a model makes good use of community assets and supports the local authority (LA) in managing demand for adult social care (ASC).

The initial idea was to explore how community assets could be used to support older people to remain living well at home, delaying the need for long term care. Workshops were held with third

sector organisations, home care providers, operations, Think Communities staff and commissioners in August and September to explore this. Similarly, conversations were held in East Cambridgeshire to determine how the Community Hubs could be sustained and learning from the Neighbourhood Cares pilot embedded. Including community assets as part of a strategy to manage demand for ASC requires new ways of commissioning and delivering services.

At the same time, political appetite for a place-based approach continues to grow across Cambridgeshire with the emergence of Place-Based Boards. Again, the ability to design services around local needs on both a macro and micro scale has significant implications for how we commission and deliver services going forward.

There is also widespread recognition of the need to move towards outcome-based commissioning and delivery in ASC, away from traditional 'time and task', particularly though not exclusively in home care.

Collectively, these local drivers challenge us to update and refine how we both commission and deliver ASC and early intervention provision. The Asset-Based Area provides a concept through which locally identified priorities can be progressed and the relationships, processes and practices required across the system can be developed to deliver it.

What is an [Asset-Based Area](#)?

It is a vision for future social care in which services are co-designed by service users, communities, third sector, health, social care, providers and LA. Where best use of resources is made by integration and coordination of services around a shared strategic understanding of needs and assets of individuals and communities, rather than organisational silos.

The Asset-Based Area empowers communities, providers and commissioners to develop solutions to meet local needs, offering more flexible commissioning practices which promote innovation and entrepreneurship and places greater value on the assets of communities in management of ASC demand. It encapsulates the key principles of place-based commissioning, Neighbourhood Cares, a Think Communities approach, outcomes and resilience based commissioning and early intervention/prevention.

Implementing an Asset-Based Area approach to commissioning and delivery will require significant transformations in behaviours, relationships, processes and practices both internally within the council and partner organisations and externally, between organisations. New commissioning and delivery models, underpinned by a shared strategic understanding of need and assets of a given place or community will be needed, co-designed with stakeholders.

3) Project Drivers

There are 5 primary drivers behind the project;

- a. Increasing demand for ASC and the need to reduce and delay that demand
- b. Recognition that investment to meet increasing demand is unlikely; we need to make best use of the resources already available in the system
- c. the need and political desire to make better use of community and third sector assets in managing ASC demand
- d. the need to develop sustainable commissioning and delivery models to achieve the above
- e. Improve outcomes and quality of care

Demand for local authority (LA) funded adult social care is rising along with the cost of care, placing a significant pressure on LA budgets. Horizon scanning suggests the current funding gap will grow, driven by forecasts of an ageing population and further austerity in public spending post-Covid. Increases in new types of demand are also projected as a result of Covid arising from

increased hospital discharges, changes to people's conditions and low-level dependence created by services that did not exist pre-Covid.

Additional investment from central government to meet this rise in demand is uncertain at best, unlikely at worst. The requirement to prevent and delay the need for long term adult social care and develop sustainable, affordable and quality care solutions has never been more pressing.

The LA cannot achieve this on its own. If we are to meet the challenges of future demand we must join up and coordinate with partners across social care, local businesses, health, third sector and local communities and make best use of the resources we already have. Empowering communities and coproducing services around the needs of an area, group or individual is key to removing the duplication and organisational silos we currently have.

The Community Hubs demonstrated the positive impact coordinated community resources can have upon the lives of vulnerable people in our communities, providing informal support and friendship and reducing the need for more formal care. They also demonstrated the scale of change possible when all parties commit to it. The emerging place-based agenda across Cambridgeshire and Peterborough is well placed to take this forward.

A significant amount of work has been undertaken via the Adults Positive Challenge Programme, driving a cultural shift towards asset-based approaches. However, there is still more we can do. New commissioning and delivery models will be needed to develop a sustainable model for the future; a model that aligns and coordinates resources from across the system around an individual, group of people or within a given place - a model that empowers communities to develop local solutions to meet local needs. Accordingly, this will require a shift in our commissioning approach to one that is

- more collaborative and inclusive, coproducing solutions and enabling outcome-based approaches with the market and community assets
- Focused on systems leadership, driving transformation across systems and partners around a strategic vision and shifting away from sporadic, disparate and siloed working
- Preventative and resilience building in ethos, recognising the importance of community and individual assets in prevention and self management
- Evidence based, maximising opportunities for efficiency, value for money and return on investment
- Able to support new, innovative ways of commissioning, contracting and delivery

The resource requested within this business case is necessary to set up an early adopter site and pump prime the development and refinement of this new approach to commissioning and delivery. Without it, commissioning and delivery models will remain as is. Opportunities to harness community and partner assets in a sustainable way will be missed and services will continue to operate in silos with gaps and duplications persisting. Efficiency and return on investment of LA commissioned spend will be limited and opportunities for upstream prevention will not be progressed.

Project Scope

The scope of transformation and development necessary to set up the first Asset-Based Area is such that it risks becoming too large, complex and very slow to deliver. By initially focusing on a specific group of service users and locality area, the programme remains manageable and deliverable. It will quickly provide the learning necessary to inform a second phase of development which can expand to cover whole populations and range of services across the rest of the county.

Adults on the edge of care or in receipt of LA funded home care have been selected due to the specific challenges the LA face in managing demand for ASC. A shortage of LA funded home care

capacity is evident in the local market, reducing choice and flexibility and increasing waiting times for homecare. This impacts the wider system, slowing hospital discharges and encouraging unnecessary flow into more expensive bed-based care. There is a pressing need to release capacity within the existing homecare market and develop new and diverse capacity to support more older people to remain living at home for longer.

Research undertaken for Nottinghamshire County Council by the Oxford Brookes Institute of Public Care identified key factors and sequences in the community which trigger an older person's need for long term care and support from the LA. Incorporating this research into our community care provision could help manage future demand for long term care.

Targeting adults on the edge of care fits with the Recovery and Resilience Framework to prevent, reduce and delay demand for ASC illustrated below.

Figure 1: Recovery and Resilience Framework



4) Project Overview

Please refer to the attached proposal to develop Asset-Based Areas in Cambridgeshire and Peterborough.

In short, the project will implement a sustainable model of community-based care and support for adults using an Asset-Based Area (ABA) approach to commissioning and delivery for the first time. This is with the strategic aim of delaying demand for long term adult social care and improving outcomes of adults with care and support needs in the community.

This will be enabled through realignment of existing LA spend on home care and VCS provision to the Asset-Based Area and the localised commissioning and delivery model developed through the programme.

It sets out the first steps to develop an Asset Based Area approach to commissioning and delivery, recognising the scope, outcomes and objectives will continue to be refined as progress is made.

Learning from this project is intended to drive wider strategic developments of place-based commissioning and delivery in Cambridgeshire and Peterborough under the ABA approach.

5) Project Objectives

The project objectives, outcomes and outputs (extracted from the accompanying proposal) are summarised below.

<h3>Key Objectives</h3>	<ul style="list-style-type: none"> • Reduce and delay demand for long term adult social care • Improve wellbeing and outcomes of adults with care and support needs living at home • Inform the development of the Area-Based (ABA) approach to commissioning and delivery • Rationalise and improve efficiency/ value for money of system resources • Progress outcome-based commissioning and care planning • Accelerate the realisation of benefits from the Adults Positive Challenge Programme (APCP)
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The key outcomes of the programme are illustrated below, recognising these will evolve and expand as the scope is refined.

<h3>Key Outcomes</h3>	Demand for long term care is reduced or delayed
	Individual and community resilience, independence and wellbeing is increased
	More people fulfil their wish to remain living at home for longer, enjoying a good quality of life and wellbeing
	Efficiency, impact and value for money of commissioned and non-commissioned services are improved
	Best use is made of system resources and assets
	A vibrant, diverse market of care and support is available for those wishing to remain living at home that is easy to access and navigate
	The realisation of APCP benefits is accelerated
	Services are co-designed with stakeholders and enabled by flexible, innovative commissioning and delivery solutions

The outputs of the programme and specifically the early adopter site are summarised below. As above, this is an initial high-level view and detailed outputs will be developed as part of the programme set up and evaluation.

Outputs
Comprehensive system mapping of needs, assets and resources within a level of place undertaken
Opportunities for integration, alignment and shared resources with partners to reduce duplication, gaps and silo working are identified
A network of services based upon a shared strategic vision is co-designed by community, third sector and partner agencies
Commissioning solutions are developed which are flexible, promote innovation and entrepreneurship, deliver best value and balance the needs and assets of a place and its population
Commissioning processes to enable the ABA approach are developed and implemented
Community assets and resources are harnessed in delivery of services
A sustainable model to maintain the work of the COVID hubs is created
An expanded, diverse care and support market in the community is delivered
The role of LA as system leader is tested
The extent to which integration and alignment with health, partner agencies and local businesses can be achieved is explored
Appropriate levels of commissioning within an ABA approach (macro/micro) are established, continuing to ensure commercial robustness
Governance and decision-making processes for an ABA approach across partners and departments are established
Clarity on which needs/services can be safely diverted to community resources and which require statutory provision is reached
Holistic, outcomes-based care and support replaces time and task in commissioning and delivery models

6) Key Benefits

There are several key benefits for numerous stakeholders. These are extracted and summarised below.

For the local authority

- Released domiciliary care capacity will reduce Reablement bridging and pending lists, supporting hospital discharges and reducing spend on more expensive alternatives to domiciliary care
- Reduce demand for long term residential care as the community market is better placed to support more people to remain at home
- Develops response for management of latent demand and new demand identified via the work of the Covid Hubs
- Improve knowledge and use of block funded commissioned Early Intervention and Prevention services such as Volunteer Visitors or Handyperson Services to achieve outcomes and create capacity within other areas of ASC
- Assurance of impact, efficiency and ROI from commissioned provision

For the individual

- Joined up, holistic packages of care and support which meet individuals' needs and wishes not just for personal care but also their social and emotional needs too
- Enables more people to fulfil their wish to remain living well at home for longer (fewer falls, slow progression of dementia etc)
- Ensures vulnerable older people remain connected to their communities rather than living in isolation
- Co-design services with those who use them
- Offer greater choice and flexibility and reduce waiting times for provision
- A diverse range of care and support available in the community that is easier to navigate to find the support a person needs
- Enables more people to return home after hospital

For local communities and VCS

- Recognises and values the contributions of local citizens in coproducing informal care and support
- Empowers local communities to be self-reliant and take on some responsibility for supporting its most vulnerable
- Flexible commissioning practices better able to
 - support community organisations, social enterprise and mutual aid
 - Reward innovation and enterprise
- Establishes a sustainable model to continue the work established through the Hubs during the pandemic

For local businesses

- Continued meaningful contribution to the most vulnerable in our local communities
- Allows local businesses to continue to associate their brand with community support

7) Project Interdependencies

People & Communities Recovery Plan- The programme aligns to the Prevent-Reduce-Delay Framework and will make a key contribution to the recovery and resilience of ASC services.

Adults Positive Challenge Programme - The Programme aims to ensure ASC effectively manages current and future demand for services through the adoptions of outcome focused approaches which recognise and build on the strengths of individuals and their communities. ABA will have a positive impact on several workstreams within this programme including changing the conversation, carers support, day opportunities and connecting people and places.

Homecare Vision and Commissioning Strategy – sets out the direction of travel and actions necessary to build a sustainable, affordable home care market across Cambridgeshire and Peterborough. Development and implementation of the place-based pilots is one of the actions within the strategy, intended to manage future demand for home care and release market capacity through more integrated working with local VCS resources based on learning gained from the COVID 19 Volunteer Hubs.

Microenterprise Transformation Bid – building a network of micro enterprises over the next 2 years will contribute to the work of early adopter area in developing a diverse care and support market in the community.

Providers on the Homecare DPS and Framework across Cambridgeshire and Peterborough will be key to coproducing new ways of working which support more people to remain at home for longer

Direct Payments Strategy – action to increase uptake of direct payments and number of Personal Assistants available will contribute to the work of the early adopter area in building a diverse and affordable care and support market in the community.

Early Intervention & Prevention: The EIP Framework provides a commissioning mechanism for the VCS which will be able to be used by Districts as well. Key benefits of the EIP Framework include quality assured providers, strategic, avoid duplication for best use of assets

Adult Early Help: The programme will support the work of Adult Early Help with a coordinated and easy to navigate offer of community-based care and support for adults on the edge of care or who require early help.

Think Communities - aims to create a shared vision, approach and priorities for building Community Resilience across Cambridgeshire and Peterborough partner organisations. The vision for this programme focuses on:

- People: Resilient communities across Cambridgeshire where people can feel safe, connected and able to help themselves and each other.
- Places: New and established communities that are integrated, possess a sense of place, and which support the resilience of their residents.
- System: A system wide approach in which partners listen, engage and align with communities and with each other, to deliver public service and support community-led activity.

Commissioned provision from all areas of LA including Public Health and Community Safety should be considered to identify opportunities for alignment in support of the place-based approach.

8) Key Stakeholders

In producing the overarching scope of the pilots several key stakeholders have been included. This includes homecare providers, Healthwatch, several commissioned providers, charitable organisations, representatives from parish and district councils along with commissioners, Locality Coordinators, Think Communities and colleagues from operations.

A full stakeholder map will be required for each pilot area in order to coproduce the final scope. A Community Impact Assessment will also be needed as part of the project development.

9) Delivering the Project

The project will be overseen by a strategic steering group, comprising of senior decision makers from the local authority, district councils and key delivery partners. The steering group will be responsible for ensuring delivery of the project, providing strategic direction and challenge to the delivery groups below. The steering group will remain cognisant of individual partner agencies' governance and decision-making structures. It is envisaged during the lifetime of the programme, the function of the steering group may be taken on by Place-Based Boards or other suitable partnership.

An area-based delivery group will be created to setup and implement the early adopter site. They will comprise of key stakeholders such as providers, partner agencies and volunteer and community groups. The delivery groups will be facilitated by the Locality Coordinator, a Place-Based Commissioning Officer and Transformation Support. It is proposed to embed the Commissioner within local libraries to forge strong links with the local community. Each delivery group will be responsible for co-producing the detailed scope with local stakeholders under the umbrella of the overarching programme aims. This is to ensure the right balance of autonomy and innovation with adherence to the ABA programme. A programme/project lead will be required for this, along with responsibility for driving the delivery of the early adopter site and evaluation methodology.

Consideration will also be given to establishing a stakeholder forum(s) to ensure all VCS and stakeholders have sufficient opportunity to influence and co-design the ABA.

Internal resources

The following internal resources will directly support the programme.

0.5 FTE Think Communities Project Manager – project management during set up/implementation phases

1 x FTE Transformation Project Support Assistant - project support
 0.6 FTE Think Communities Locality Coordinator – facilitation of asset-based community development, co-production and partnership working
 1 x FTE Place-based Commissioner (additional resource requested) - development of localised commissioning and procurement solutions
 0.5 FTE – Social Worker - subject matter expert on safeguarding, social work practice and sharing of Neighbourhood Cares learning

The following will contribute towards the programme as required.

ASC Head of Commissioning and Senior Commissioners – provision of strategic commissioning advice to Programme / Project Manager and strategic steering group
ASC Commissioners – provision of subject specific commissioning and market advice (e.g Home Care, Learning Disability, EIP Framework, Direct Payments)
Adult Early Help Team – links to Adult Early Help Team
LGSS Procurement – specialist procurement advice
CCC Finance – provision of financial information and scrutiny
CCC Commercial Team – provision of specialist advice and scrutiny
Business Intelligence – provision of data relating to service planning
ASC Contracts Team – specialist advice on contracts
ASC Brokerage Team – information and advice on placement processes

Given the scale and complexity of change required and the significant number of internal and external delivery partners, additional resource will be required. This is summarised in the table below.

Additional resource requirements (estimated)

Summary of Expected Project Costs	Resource Required	21/22	22/23	23/24	Total
Project Set Up Costs	1 x FTE Commissioner - P3 (top) + on-costs	£ 64,276.12	£ 66,204.40	£ 68,190.54	£ 198,671.06
Project Evaluation Costs	Independent Evaluation	£ 23,333.33	£ 23,333.33	£ 23,333.33	£ 70,000.00
Procurement Costs	Potential costs arising from contract enhancements/ incentives or procurements (yet to be identified)	£ -	£ -	£ -	£ -
Equipment/Property	None identified	£ -	£ -	£ -	£ -
	Total	£ 87,609.45	£ 89,537.74	£ 91,523.87	£ 268,671.06

**The profiled spend is based upon an April 2021 start for all resources, however this may be brought forward dependent upon the approval timescales and recruitment. Assumes 3% inflation on salary pa*

** Lines with £ - show resource costs being met elsewhere or not yet identified for information purposes*

Project Team Roles

Programme/Project Manager

This role is needed to drive the setup and implementation of both projects, providing robust project management and leadership for the first 12 months. This will be essential to ensure the complex transition to this new way of working across multiple delivery partners and governance channels is setup and running successfully. Once the early adopter site has been successfully embedded, ongoing project leadership can revert to an appropriate internal resource such as commissioning under the direction of a project sponsor such as the Adults Positive Challenge Programme.

This role can be fulfilled through the Partnership Manager role, currently providing project management to Think Communities.

Placed-Based Commissioner

Working under the direction of Senior Commissioners and linked into Adult Social Care Commissioning Teams, these officers will be responsible for developing, implementing and monitoring appropriate, localised commissioning and procurement solutions. Embedded in local libraries and working alongside their Think Communities colleagues, their focus will be on implementing robust commissioning models and practices to deliver impact, cost avoidance and return on investment.

There is no available capacity within ASC Commissioning to fulfil this work alongside business as usual and the ongoing COVID response.

Asset-Based Development Manager

Embedded within Think Communities, this manager will be responsible for building partnerships with organisations, providers and communities in the early adopter site and facilitating collaboration and co-design with communities and service users. Working alongside their Commissioner counterparts they will focus on stimulating and facilitating local communities to develop the localised care and support provision needed.

This role can be fulfilled through an existing Place Coordinator 3 days per week at no extra cost.

Project Support Assistant

This role will be filled by Transformation using existing internal resources at no extra cost upon approval of the business case. It will provide support to the Programme / Project Manager, Place-Based Commissioner and Asset-Based Development Manager across the delivery group and early adopter site.

Sustainability

Assuming the evaluation of the Programme provides robust evidence of impact and ROI, the ABA approach will be expanded across the rest of the county. Accompanying this will be a fully costed, evidence-led business case identifying the resources required to implement the second phase and the expected ROI based on learning from the early adopter site. It is not possible to identify at this stage those resources will be.

10) Financial Benefits

The ABA approach has significant social return on investment potential which should be considered;

- Improvement in individual outcomes (reduced social isolation, improved wellbeing etc)
- A diverse range of care and support available in the community that is easier to navigate and offers greater flexibility and choice
- Enables the contributions of local citizens in coproducing informal care and support
- Empowers local communities to be self-reliant and take on some responsibility for supporting its most vulnerable
- Support and stimulate development of community organisations, social enterprise and mutual aid
- Reward innovation and enterprise
- Contribute to improvements in care workforce opportunities and retention

Not only will the ABA approach improve outcomes for individuals it has strong potential to generate ROI for the LA across several areas. The lack of robust research in Return on Investment (ROI) for adult social care specifically (as opposed to ROI for health, society or Quality Adjusted Life Years for individuals) means we need to undertake and evaluate the work to evidence its impact (both financial and social).

Commercial viability is a key theme to test within the programme, to ensure our future commissioning models manage demand and deliver maximum cost avoidance and ROI. Key programme outputs will include identification of efficiencies within existing commissioned provision. Spend, cost-avoidance and ROI metrics will be established as part of the programme set up, once the detailed scope of each early adopter area is confirmed. Data on these metrics will be collated and reported regularly, as well as informing the learning within the formal evaluation.

The demand management focus of the programme is such that key benefits are likely to be through demand management and reducing the level of demand budget that needs to be factored into the medium term financial plan, rather than cashable savings through cost reduction. There will also likely be social return on investment and improved efficiency of council commissioned provision. Below are the principle areas of cashable and non-cashable benefits to be explored through the programme.

Areas for potential cashable benefits or cost avoidance

The following areas are highlighted for initial exploration for ROI.

1.) Reduction in overall Home care and Supported Living Packages

Cambridgeshire spent just over £62m pa on home care and supported living packages for adults in 19/20. If a small proportion of these packages could be supported by community and voluntary organisations it could yield a number of benefits for the LA whilst also improving the quality of life for those individuals.

A crude illustration of potential savings is provided below, assuming a 5% reduction in spend as a result.

	Num of existing LA home care and supported living clients *	Cost per week (total)	Cost (Full Year Effect)	Potential saving based on 5% reduction (full year effect)	Savings of 5% reduction over 3 year period
East Cambs	469	£ 203,730.00	£10,593,960.00	£ 529,698.00	£ 1,589,094.00
Cambridgeshire	3117	£ 1,208,906.00	£62,863,112.00	£ 3,143,155.60	£ 9,429,466.80

* excludes clients placed out of area

Further modelling is needed to explore the economies of scale that could be realistically achieved by transferring suitable activities from home care and supported living providers to volunteers and community organisations, notwithstanding the associated infrastructure costs that would be needed to maintain a quality volunteer base. As there is no additional LA funding available to expand VCS capacity it is likely that a proportion of existing spend would need to be realigned to towards the VCS sector.

Also to be considered are the costs avoided by operating this model in future years as demand for home care increases with population growth amongst older people. Home care is likely to be an increasing area of spend for both LAs in the next 5-15 years as demand rises as a result of population growth amongst older people and increasing preference for care at home rather than residential care. This trend, identified by Kings Fund in recent years has been compounded by Covid-19 and bad press associated with care homes.

Another avenue to explore is the proportion of current home care and supported living packages that have 'social support' as their primary need. By reviewing these packages and working with VCS partners it is feasible to reduce LA spend in this area by making better use of VCS resources within the community. Whilst in essence similar to the point above, this approach specifically targets an easily definable and identifiable cohort and type of need which may naturally lend itself towards community support.

A crude illustration of the potential savings is provided below. If we were to redirect half of the LA's current 'social support' spend in its home care packages to the VCS in the East Cambridgeshire area it could save £84k pa or £252k over 3 years. Across the whole of Cambridgeshire, it could save £1.5m pa or £4.6m over 3 years.

	Num of existing LA funded home care packages and supported living packages with 'social support element'	Cost per week (total)	Cost (Full Year Effect)	Saving based on 50% reduction (full year effect)	Savings of 50% reduction over 3 year period
East Cambs	17	£ 3,242.00	£ 168,584.00	£ 84,292.00	£ 252,876.00
Cambridgeshire	254	£ 60,135.00	£ 3,127,020.00	£ 1,563,510.00	£ 4,690,530.00

2.) Early Intervention and delaying demand for ASC

The People & Communities Recovery Plan notes how latent demand and low level need identified through the Community Hubs will contribute to demand pressures on the LA. During the workshops to establish the scope of Asset-Based Areas, several third sector and community organisations identified small amounts of help and support are often all that is needed to keep people living well at home but can be the hardest to find.

Developing affordable, sustainable early intervention services is a critical part of effective demand management for ASC, delaying the need for long term care.

The data below illustrates the significant volume of adults potentially in need of early intervention services:

- in Cambridgeshire in 2019/20, 1190 individual requests for support were made (which did not result in long term care, CHC funding or death). Of those, 236 received short term intervention or ongoing low level support, 702 were signposted to universal services and 306 received nothing.

Work is needed to better understand the cohort of adults 'on the edge of care' and what programme of evidence-based early interventions are most appropriate and affordable to put in place (be that a response from the LA or from a robust network of community based services) to delay or reduce that demand.

The Institute for Public Care identified 7 primary risk factors to older people's independence and subsequent institutionalisation to support Nottingham County Council develop an early Warning System¹. The resulting report outlined an evidence based approach of identification, assessment and subsequent interventions to modify the 7 primary risk factors. The programme should give due consideration to including this approach in the design of community based care and support to ensure it focuses sufficiently on resilience and early intervention.

3). Rationalisation/Reductions/Efficiencies in LA commissioned provision

As part of the programme, mapping of assets and resources across the early adopter area should highlight duplication and overlaps in provision. It is likely a proportion of this will apply to LA commissioned services. Therefore, the programme should seek to rationalise existing LA commissioned provision within the context of system resources, increasing efficiency, achieving similar outcomes with fewer resources and decommissioning elements of duplicated services. The work of the programme will identify and quantify these efficiencies.

¹Whyard, Julia, May 2019, *Nottinghamshire County Council Reducing Older People's Need For Care: Exploring Risk Factors For Loss of Independence*

Potential areas for review include:

- *Commissioned home care provision (see point 1)*
- *Greater use of Personal Assistants and micro enterprises (c.£13p/h versus c.£17-18p/h home care)*
- *Early Intervention and Prevention commissioned provision – VCS contracts to support older people (Current spend - £305,397pa (CCC))**
- *Shift to individual outcomes-based commissioning in place of time and task approach*
- *Other LA spend in Early Adopter Area*
 - *Other commissioned services (e.g. Public Health)*
 - *Other VCS or infrastructure contracts*
 - *Other short term / project based spend in*

4). Demand Management – benefits for other parts of the system

Supporting more adults with care and support needs to remain living well at home is key to reducing demand for long term and bed-based care. A sustainable model of community-based care and support is critical to this providing it promotes independence and resilience. Whilst it may not result in cashable savings it may release capacity, allowing more people to be supported for the same expenditure or enabling people to be access support more quickly. Expected areas of benefit include:

- *Released home care capacity, reduced waiting times for home care*
- *Reductions in Reablement bridging (c.£35p/h compared to c.£17-18p/h home care) and other expensive alternatives to home care*
- *Reduced delayed transfers of care*
- *Avoided cost of residential care (analysis undertaken by commissioners in Peterborough noted people with average home care packages paid at an improved hourly rate of £18.50 cost a quarter of the average residential care placement per annum).*

The ROI for social care interventions is greatly under-research. Accordingly, the programme should attempt to evidence how community-based care and support contributes to a reduction in demand in these areas of the system.

11) Key Risks

Risk	Impact	Mitigation
Additional resources are not made available.	Insufficient capacity to set up and implement programme. Momentum is lost, project stalls. Damage to LA reputation.	Robust business case with clear rationale and scope for ROI. Consider requesting feasibility study prior to full resource request.
Covid cases rise and system returns to emergency footing	Capacity across LA teams and partner organisations is focused on Covid. Insufficient capacity to progress	Place programme on temporary hold during. Continue with programme but adapt scope/timeframes to account for pressures of COVID.
Lack of community and provider interest in ABA approach	Lack of engagement. Limited progress.	Extensive coproduction and stakeholder engagement. Capitalise on existing momentum and mood.

Size and scale of transformation is too large/complex	Limited progress. Programme stalls.	Dedicated additional resources including programme / project manager to drive set up. Limit scale to 1 early adopter area
Reluctance or complexity prevents VCS from taking on personal care	Limited progress. Partial delivery of outcome	Incremental approach codesigned with VCS and home care providers E.g. First phase focus on social support needs and nonregulated activities, subsequent phases build upon this. Development of alternative localised models of homecare and regulated activities such as local carer recruitment, greater use of PAs
ABA approach doesn't deliver impact or ROI	Inefficient use of resources	Robust evaluation criteria. Robust commissioning and commercial input into programme set up and delivery models. Regular monitoring and review points.

12) Key Milestones - High Level Plan

Milestone Point/ Task/Phase	Date	Dependency/ Interface	Overall Responsibility
Resources approved	Feb/March 21	Business case approval	Oliver Hayward
Staffing resources sourced and in post	April 21	Recruitment approvals. Suitable candidate availability.	Matt Oliver, Jo Melvin, Sarah Bye
Independent evaluation procured	April 21	Business Case approval	Programme / Project Manager
Programme planning and set up: <ul style="list-style-type: none"> Governance processes and reporting mechanism Stakeholder engagement Asset & resource mapping Co-design of commissioning and delivery models 	April-Sept 21	Potential procurement requirements	Programme / Project Manager

Implementation of ABA delivery solutions (Go Live)	October 21	Potential procurement processes	Programme / Project Manager & Strategic Steering Group
Monitoring and evaluation • Identification of outcomes measures	Go Live + 2 years		Strategic Steering Group
Final evaluation	Jan 2024	Any delays to Go Live	Strategic Steering Group
Business Case for ABA Phase 2	Jan 2024	Any delays to evaluation	Strategic Steering Group

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