

ADULTS COMMITTEE



Thursday, 12 September 2019

Democratic and Members' Services

Fiona McMillan

Monitoring Officer

14:00

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

1. Apologies for absence and declarations of interest

Guidance on declaring interests is available at

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

2. Minutes - 4 July 2019

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3. Petitions and Public Questions

DECISIONS

4. Finance Monitoring Report – July 2019

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5. Performance Report – Quarter 1 2019-20

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6. Business Planning

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KEY DECISIONS

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| 7. | Adult Social Care Charging Policy Review | 75 - 86 |
| 8. | Cambridgeshire Mental Health Section 75 Partnership Annual Report 2018-19
DECISION | 87 - 96 |
| 9. | Customer Care Annual Report | 97 - 130 |

INFORMATION AND MONITORING

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| 10. | Adults Committee Agenda Plan - September 2019 | 131 - 134 |
| | Adults Committee Training Plan 2019-20 | 135 - 138 |
| 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 Paragraph 3 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 be disclosed - Information relating to the financial or business affairs of any particular person (including the authority holding that information).

KEY DECISIONS

- | | | |
|-----|--|--|
| 12. | Care Home Development - EXEMPT | |
| | <ul style="list-style-type: none">Information relating to the financial or business affairs of any particular person (including the authority holding that information); | |
| 13. | Ditchburn Place Contract - EXEMPT | |
| | <ul style="list-style-type: none">Information relating to the financial or business affairs of any particular person (including the authority holding that information); | |

Date of Next Meeting

10 October 2019, 2pm - Kreis Viersen Room, Shire Hall, Cambridge

The Adults Committee comprises the following members:

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

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

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

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<https://tinyurl.com/CommitteeProcedure>

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ADULTS COMMITTEE: MINUTES

Date: Wednesday 4 July 2019

Time: 2.00 pm to 4.10 pm

Present: Councillors A Bailey (Chairwoman) A Costello, S Crawford, J French, M Goldsack, M Howell (Vice-Chairman), B Hunt (Substituting for Councillor D Wells), S van de Ven (Substituting for Councillor N Harrison) and G Wilson.

In attendance: Councillor A Taylor (Item 191)

Apologies: Councillors N Harrison, D Giles and D Wells.

188. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

Apologies received from Councillor Harrison (Councillor van de Ven Substituted) , Councillor Giles and Councillor Wells (Councillor Hunt substituted).

No declarations of interest were received.

189. MINUTES AND ACTION LOG – 22 MAY 2019

The minutes of the meeting held on 22 May 2019 were agreed as a correct record and signed by the Chairwoman. Members noted the completed actions on the action plan.

190. PETITIONS AND PUBLIC QUESTIONS

The Chairwoman notified the Committee that one request to speak had been made by the Local Member for Queen Edith's. The Chairwoman clarified that the request to speak would be heard as part of item nine on the agenda, and that item nine would now be taken as the next item on the agenda.

191. THE HAVEN – MENTAL HEALTH SUPPORTED ACCOMMODATION FOR OLDER PEOPLE JUNE 2019

The Committee received a report that gave an update on the Mental Health Supported Accommodation Service at the Haven and sought approval for exploration of future commissioning arrangements and proposals.

The Chairwoman explained that there was an exempt appendix to the report. This was due to the small number of people that were supported at the Haven, and as a result, it would be difficult not to identify individuals in a detailed report. She asked the Committee to be mindful of the content of the exempt appendix during the discussion so that the debate could be heard in public.

In presenting the report officers explained that the report gave the Committee an update to the ongoing review of arrangements for individuals at the Haven following the update at Committee in January 2019. Officers had reviewed the needs of the individuals residing at the Haven since the end of last year. Social Workers had carried out assessments and as a result of this a number of individuals had now moved out of the Haven into alternative accommodation, to suit their ongoing mental health and physical needs. The current contract held by Metropolitan was due to end on 31 July 2019 and it was proposed not to renew the contract. Commissioners had explored the option of support being provided by Cambridge Housing Society, who provided the Extra Care service at Dunstan Court located over the road from the Haven. Provision had been made in the service specification at Dunstan Court for the provider to offer support to residents at the Haven at an hourly rate. Conversations continued with the remaining residents regarding their future needs which included looking at alternative accommodation or continuing to reside at the Haven with a change in support arrangements. Officers explained that if, in the long term the accommodation did become vacant then Commissioners had been considering exploring the potential to make use of the accommodation for young adults with learning disabilities.

A number of questions of clarification on the report were sought by the Committee.

One member questioned the requirement to go into a confidential session as the Committee were discussing an eight bedded unit. Officers explained, that on the advice of the Monitoring Officer, as there were fewer than five individuals residing in the accommodation, there was a risk individuals would potentially be identified so the detailed update was exempt from publication. The Chairwoman reiterated that the only time the Committee would go into confidential session was if the individuals would become identifiable from the discussion.

One member questioned what had happened to the individuals that had left the Haven and if the individuals were content with their move and if there were any additional costs who would pay them. He stated that there had been a lot of concern that individuals had been moved against their will, and that these were elderly frail people. Officers explained that the individuals had moved to a variety of other settings including nursing and residential care, all agreed moves for residents were dependant on their care and support needs. The costs were still born where applicable by the County Council and the Clinical Commissioning Group (CCG).

The Chairwoman invited Councillor Taylor the Local Member for Queen Edith's Ward to speak.

Councillor Taylor addressed the Committee and explained that she had been the County Council for Queen Edith's for over 20 years and had been the Councillor since the Haven was first built back in 2005. She was

speaking on behalf of her constituents and the residents and their families residing at the Haven about their concerns in relation to the closure of the Haven. She had attended Committee back in January and expressed her concerns about the closure of the Haven, which had been raised in the local press and there had been a petition objecting to the closure. She explained that residents' anxiety levels had risen sharply as it appeared that they might have to move. At that time, the Chairwoman of the Committee had assured her that the Haven would not be closing and members of the Committee had asked her if she was assured of this. She stated that she had not been assured as no public signal had been given to the community that the Haven was staying open. She stated that she was speaking to Committee six months later and still found the situation gave her cold comfort and that her scepticism about the Council's intentions towards the Haven had been fully justified by the report in front of Committee, encouraging the remaining residents to move out and changing the level of support and care that they were receiving. She stated that officers had stopped nurturing the Haven and that residents were still in talks about moving on to more suitable accommodation. She stated that officers might call that encouraging and advising but that residents and their families had called it bullying and they felt that pressure was being put on them to move. One resident had told her that they did not want to move and that they would be upset if they had to move elsewhere. She explained that officers had stated that there were no referrals but that she understood from the community that the book was closed and that staff were told not to take any new referrals and that demand had been suppressed. She commented that the contract with Metropolitan would end at the end of July and that alternative provision would be provided by the contract at Dunstan Court but that this was a different type of support. Concerns had been raised by residents and their families that they would not receive adequate care such as accompanying individuals to the doctors and checking their medications. Since 2005 residents had received 24 hour care and this would not be provided by the new arrangements. It was important that there was support at night time as the residents were a group of very vulnerable elderly people. She stated that it was bad enough that people were being hounded out of their home and being bullied into leaving and that taking away their support in this way was putting them at risk of coming to harm. She explained that if something were to happen that the Council would be negligent.

A Member sought clarification from Councillor Taylor as to what was being provided to the individuals 'care' or 'support' as both terms were very different. The Chairwoman stated that this was a question for officers and would be taken after questions of clarification for Councillor Taylor.

A Member commented that Councillor Taylor had used some strong phrases 'hounded out' and 'bullied'. He asked Councillor Taylor if she had documented evidence from individuals on these statements or if it was hearsay. Councillor Taylor stated that she had conversations with all of the residents about the situation, she had no written evidence, just oral evidence.

Another Member also raised the use of the words 'hounded out' and 'bullied' and asked Councillor Taylor again whether this was hearsay or something that Councillor Taylor had evidence of. He asked if Councillor Taylor had made a formal complaint. Councillor Taylor explained that she had visited the Haven on various occasions and had spoken to the residents and families. Some of the correspondence had been by email as some family members did not live locally. Councillor Taylor stated that individuals had said that they felt bullied into moving out and that mental health workers had been putting pressure on them to find alternative accommodation. She stated that elderly residents were not in a position to write formal statements but that she had emails from relatives of the residents on the subject.

The Chairwoman stated that she was very concerned about the strong comments made. She sought clarification from Councillor Taylor that when issues had been raised with her as Local Member by the families and the residents and that they articulated to her that they were feeling 'bullied' and 'hounded out', had she raise these concerns at any point with any of the social care officers as it was a very serious complaint?

Councillor Taylor stated that originally she had found out about the situation at the Haven through the local press. She then took up her concerns and had a meeting with Sarah Bye and other officers and had told them that residents felt 'bullied', the word 'hounded out' was her word but residents had used the word 'bullied'. She stated that she took the complaint to the Chief Executive when she heard one resident had very serious concerns. Their mental state was serious enough for her to raise this with the Chief Executive.

The Chairwoman sought further clarification from Councillor Taylor regarding the need for individuals to move to suitable accommodation. She sought clarification from Councillor Taylor that she understood that the building had been deemed by social workers to be unsuitable for the current residents as the owners of the accommodation had not been prepared to adapt the accommodation to suit their changing physical needs, and that it was the Council's duty to ensure that the residents lived in a safe environment suitable to their changing needs. She stated that many people as they got older faced this situation where they could not, for example, live in a house that only had a toilet upstairs, but that many people would articulate that they would not want to move as they did not want change. She reiterated that the Council were not closing the Haven as the Council had no right to do this. The Council were talking about the best way to support people as individuals in whatever accommodation they were in which could include the Haven.

Councillor Taylor explained that she had been given three reasons why the changes were deemed necessary. One reason was that officers had stated that the accommodation was not suitable for peoples changing needs but that she had struggled to get any further details on this. She explained that the lift in the building was fully functioning and the individuals in the building did not currently have ambulatory needs that would stop them using the lift.

The other reasons given were that there was not enough people there because there have not been any recent referrals and that the service was expensive for the low number of people.

A Member asked if Councillor Taylor had been given any details of the alternative accommodation that individuals had moved to and any information on how much the material changes to the building would cost. Councillor Taylor explained that she had not been given any information on the accommodation that individuals had moved to and had not received any information in relation to how much it would cost to make the changes which she had asked for back in January.

The Chairwoman asked the officers to come back to the table so that the Committee could ask further questions of clarification.

The Service Director for Adults and Safeguarding addressed Members queries in relation to how the potential changes had been raised with residents. She stated that the Council had a responsibility to work with individuals and, where possible, find out what their needs and preferences were and then put in place arrangements that met those needs and preferences. Advocates had been used to support individuals at the Haven. The Council had a responsibility to ensure their practices were followed correctly and each individual had a named social worker and that if any issues had been raised that they would be taken very seriously.

The Chairwoman asked officers to respond in relation to the queries around the referrals and adaptations that would be required to the building. Officers confirmed that there had been no new referrals to the Haven over the last two years. They clarified that even before the review took place the Council had not stated that the Haven would close and any referrals were able to be accepted if they had been made. The Haven had always been available as an option to social workers. The landlord had tenancy agreements with each of the residents and were responsible for the communal areas within the building. The building was over three floors and there was a lift that went between the floors. The lift was described by the landlord as a service lift and not a passenger lift and although it was functional it has not been reviewed in the light of the changing needs of the residents. The landlord did not want to carry out a full structural survey. As there had been no new referrals they would not make any recoup on their investment. They had stated that if they were to put in a passenger lift this would cost in the region of £200,000 and they would expect the Council to pay a contribution towards this. Officers clarified that they had only been able to have this conversation with the landlord in the last couple of weeks.

A Member sought further clarification from officers on the issue of the use of the terms 'Care' and 'Support' and what they both entailed? Officers explained that the commissioned service that the Council had at the Haven was for support only. There were however some additional care packages that were commissioned to go into the Haven from other providers. Under the service specification that the Council had with Metropolitan, support

included helping residents attend appointments, helping them to look at the best way to live their lives and prompting them in relation to medication. Officers reiterated that the on-site support contract commissioned by the Council did not provide care, but that this was commissioned from other providers as necessary according to the needs of individuals at the Haven. A Member sought clarification from officers on whether there was someone on site 24 hours a day providing support and whether this would be provided by the new arrangements proposed from Dunstan Court. He also sought clarity on the extent that individuals that had moved out, felt that they were bullied or harassed into doing so and were they happy with their new accommodation and did they have to pay any additional costs. He concluded by asking what the indications from staff were that currently worked at the Haven. Officers explained that there were currently four members of staff on site and that the service also provided a sleep-in provision. There had been no incidents overnight for a significant period of time. There were a number of interventions that the Cambridge Housing Society could provide. There was a member of staff sited at Dunstan Court 24 hours a day, there was also emergency response provision if a resident raised the alarm. There was also the option of a sleep-in provision at the Haven. Officers clarified that the indications were that individuals had been happy to go to new accommodation after being shown a number of options and they had not been forced into making a decision. Where individuals had not shown a preference for an alternative placement then they were continuing to reside at The Haven. Where individuals had moved into a new placement, they had been supported with their transition and had not had to pay any additional costs. The service provider had been in consultation with staff regarding the changes and potential redundancies.

A Member sought clarification from officers on whether the sleep-in provision that had been mentioned could be provided by Cambridge Housing Society. Officers confirmed that this could be provided.

A Member asked what had changed over the last six months and could officers clarify what financial contribution the Council would have to make if adaptations were made to the building. She highlighted that she had experienced a similar situation in her division and when the people moved out they had not lived for very long after the move. She sought clarification on whether there would be any tracking on individuals following their move to see if there had been any impacts. The Chairwoman reiterated that the Council had no ability to close the Haven and that there had been ongoing work with individuals to ensure that their changing physical needs were being met. There had already been clarification that it would cost up to £200,000 to replace the lift but that the landlord had refused to allow any adaptations to the building. Officers explained that all current residents had a social worker to work with them to make the transition as easy as possible and support workers were available to help manage the practical and emotional needs and review the risks associated with the move. All residents were offered a choice including to remain at the Haven.

A Member queried whether there had been any safeguarding issues raised

with officers in relation to residents of the Haven. The Service Director: Adults and Safeguarding confirmed that she had not been made aware of any safeguarding issues.

A Member queried whether due to the increasing elderly population were there enough venues available to accommodate their needs and did the current available venues have the correct infrastructure? Officers explained that the pressure on social care was about having the right venues and that places like Dunstan Court that had been built for extra care were kept up to date under the relevant regulations.

A Member commented that there would always potentially be a time when an individual would need to move as their current accommodation was not suitable for their needs and that officers would then work with that individual to understand their changing needs. She sought clarification on how officers would manage that process? Officers reiterated that a review would take place with the individuals and their families/or advocate to look at suitable alternative accommodation taking into account any risks associated with moving the individual.

A Member queried why the Council were not using the Haven if the building was in a reasonable condition. Officers explained that the Haven was a support service. This cohort of people would normally require care and support needs and support accommodation was not widely used. So this tier of support was now not a step that was being used within the pathway. Officers were therefore proposing an alternative use of the accommodation for younger people with learning disabilities.

The Chairwoman brought the debate to a close and reiterated that the Council had no powers to close the Haven and that there were still individuals living there that the Council were supporting.

It was resolved by majority that:

- i) The Council continued to work with all remaining residents living at the Haven, monitoring any changes in need and, where applicable, waiting for each individuals' preferred placement to become available
- ii) The support contract with Metropolitan should cease on 31st July and new individual spot purchased arrangements put in place with Cambridge Housing Society to be managed from Dunstan Court.
- iii) The potential to use the accommodation for young people with a learning disability would be explored, with further discussions between the Learning Disability Commissioning Manager, Landlord, local Councillor and community representatives.

192. ADULT POSITIVE CHALLENGE REABLEMENT WORKSTREAM

The Committee received a report that provided an update on the Adult

Positive Challenge programme with an in-depth look at the Targeted Reablement work stream, and gave an update on the development of key metrics to monitor progress.

In presenting the report officers acknowledged that the reablement workstream had been as success story and that officers continued to look for opportunities to increase the cost avoidance contribution to the Adults Positive Challenge Programme, which currently stood at £1.3 million.

Officers gave examples of ongoing work on targeting reablement including total mobile solutions which had seen a productivity gain of 16% as support workers were able to make more visits. Officers highlighted the Enhanced Response Service that was now available 24 hours a day.

In discussing the report Members:

- Queried when information on the Learning Disability developing and enablement approach workstream would be available. Officers explained that this was a medium term workstream and a report and that joint work was ongoing with Children's services as outcomes would be achieved from taking a different approach when people were still in Children's services. Outcomes were likely to be seen in year two of the programme and a report would be scheduled to come to Committee when there was a more detailed plan- this was likely to relate to business planning 2020/21 **ACTION**
- Praised the calibre of people that the Council had been able to recruit through the programme and explained that they would like to see this continue through the promotion of the reablement career pathway. Officers explained that the reablement recruitment campaign had been successful because it was open to people with no experience in care, targeting people with the right values that wanted to make a difference.
- Questioned why the reablement recruitment programme had initially lost some people to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and had the risks been factored into planning for the future. Officers explained that this had been a short term issue and that they did not see this as an ongoing challenge.
- Queried why there was a significantly lower proportion of people receiving reablement in Cambridgeshire that already received Council funded care support (4%) than in statistically neighbouring areas. Officers explained that this was due to the significant opportunities to work with an increased number of existing clients to maximise their independence and reduce current or future dependency on adult social care. There had been a significant increase in the input around equipment and technology which had met people's needs before they needed any hands on care. This had also allowed staff to work in a mobile way. The Chairwoman acknowledged that Cambridgeshire had a higher proportion of people receiving reablement than their statistical

neighbours (23% compared to comparators 10%). She highlighted that Cambridgeshire had a lower spend per head of population than its comparators and still had good outcomes.

- Sought clarity from officers on what the 'Changing the Conversation' element of the workstream involved. Officers explained that the standard process would be to carry out an assessment, but now the focus was on identifying and articulating what was important to the individual and find a solution that build on their strengths and assets and met their needs instead of drawing them in to a statutory process. This required respecting their capacity to make decisions about risk and put in technology and other changes in order to mitigate the risks. The Chairwoman drew the Committees attention to the examples given in relation to the changing conversations approach on page 36 of the papers. She highlighted that the approach acknowledged peoples strengths and took a positive approach.

It was resolved unanimously to:

consider the content of the report and note the work underway in the reablement work stream.

note the progress on tracking the impact of the programme and benefits achieved so far.

193. ADULT SOCIAL CARE INDEPENDENT SECTOR - LABOUR (WORKFORCE) MARKET UPDATE REPORT

The Committee received a report that provided an update on the social care labour (workforce) market across the Independent Sector.

In presenting the report officers explained that across the Eastern Region, the number of adult social care jobs had increased by 8.6% since 2012 (13,500). There was a turnover rate of 33.9% which was in line with the national and regional average and a vacancy rate of 8.4%. With future population growth the workforce would still continue to be a challenge with one in eight nursing places vacant, which equated to a shortage of 36,000 nurses. There was a drop of 18% of individuals applying for nursing courses.

Cambridgeshire had a slightly higher EU population than average and the feedback from providers was that the EU exit was having a drip feed effect and it was still difficult for providers to put any plans in place to mitigate impacts. The Local Authority was in constant communication with providers and the oversight and management of risks at a health and care system wide level were being managed via the Local Health Resilience Partnership. Alternative models of delivery had been utilised including reablement, domiciliary care, the Direct Payments Service and neighbourhood place based care provision. Key recent developments to support workforce development had included the implementation of the Social Work Degree Apprenticeship. The Department of Health and Social Care had also

launched a national recruitment campaign in February with the aim to driving applications into the adult social care sector.

In discussing the report Members:

- highlighted the need to have a longer term strategy that linked into the education system. A member commented that there was no synergy and that currently it was difficult to find teachers that had any social care knowledge. She acknowledged the work of the Health and Social Care Academy but acknowledged that the education needed to start earlier. She highlighted the need for joined up thinking with the Children and Young Peoples Committee on how this strategy could be taken forward. **ACTION.** She explained that she would raise this at the Combined Authority Skills Committee. A Member suggested that her colleagues lobby Government to reinstate the nurse's bursary as the removal of the grant had affected the number of people applying for nursing courses.

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

194. SERVICE DIRECTORS REPORT: ADULTS AND SAFEGUARDING AND COMMISSIONING

The Committee received a report providing an update on progress on Adult Social Care across commissioning and operational delivery.

In presenting the report officers highlighted the main issues and key developments covered in the report.

In discussing the report Members:

- Raised concerns in relation to the CCG review of funding and the implications for the Council and the proposed loss of funding to the voluntary sector. Officers explained that they had regular meetings with the CCG and were working hard to influence and support them in decision making. Officers explained that cuts in funding could potentially increase hospital admissions, increasing demands on hospitals and the reablement services. Officers were particularly concerned about the Carers Trust Contract as this was a jointly commissioned service. Members noted the CCG review of funding would be scrutinised through the Health Committee.
- Noted that lobbying for Fairer Funding continued. One Member queried what information was being given to MPs about the CCG funding. The Chairwoman explained that there was continued lobbying of MPs and the situation was serious. Her group were inviting Cambridgeshire MPs to come and hear about it and the Leader of the Council lobbied Westminster on a regular basis.

A Member commented that under 2.2.2 in the report under Technology Enabled Care there was a reduction of 10% in forecast homecare activity and 11% in residential due to the use of Technology Enabled Care. He

commented that this was a generalisation and queried whether this could be linked to the Neighbourhood Cares pilot. Members requested further information on how the reductions were achieved. **ACTION** Officers commented that an element of the reduction was due to the work of the Neighbourhood Cares team and other changes that had been made by the Huntingdon Locality Team and that in the Huntingdon area there was a good Providers Forum that was well engaged. Members queried whether more work could be done with staffing in terms of the extra sheltered housing provision to embed the technology. Officers explained the 'Changing the Conversation' workstream was a key factor in this work.

A Member commented that at a previous Committee there had been an action on what the Voluntary Sector could provide in terms of day care provision. Members requested a further update on any findings from this work as part of the Day Services Review which will be reported to Committee.

The Chairwoman concluded the discussion by highlighting the new Guide to Independence' that was highlighted in 2.3.10 of the report and congratulating officers on the improvement to Delayed Transfers of Care (DTC) numbers.

It was resolved unanimously to note and comment on the contents of this report.

195. FINANCE AND PERFORMANCE REPORT – MAY 2019/20

The Committee received the May 2019/20 Finance and Performance report for the People and Communities Service.

In presenting the report it was noted that at the end of May 2019, People and Communities were forecast to overspend by £3.7million (1.4% of the budget). Within the Adults services the forecast overspend was £2.4 million (1.5% of the budget), with a forecast overspend of £4.9 million on budgets relating to care provision, with £2.5 million applied from grants to mitigate the overspend. The pressures forecast at this stage were predominantly in Older Peoples services, along with Physical Disability services to a lesser extent.

In discussing the report Members:

- Noted that it was not clear whether the same grants from Government would be granted for the next financial year. The Chairwoman commented that she would be lobbying Government on ensuring that the grants were repeated for at least the next financial year.

The Chairwoman commented on the improvements to the set of Key Performance Indicators (KPIs) and acknowledged there was a need to continue to closely monitor the system wide Delayed Transfers of Care and the Learning Disability Employment figures.

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

196. DATE OF NEXT MEETING

Members agreed to cancel the August reserve meeting and noted the date of the next meeting as Thursday 12 September 2019.

Chairwoman

ADULTS COMMITTEE

Minutes Action Log



Agenda Item No: 2a

**Cambridgeshire
County Council**

Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **4 July 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 3 September 2019

Meeting 4 July 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
192.	ADULT POSITIVE CHALLENGE REABLEMENT WORKSTREAM	Jackie Galway	Queried when information on the Learning Disability developing and enablement approach workstream would be available. Officers explained that this was a medium term workstream and a report and that joint work was ongoing with Children's services as outcomes would be achieved from taking a different approach when people were still in Children's services. Outcomes were likely to be seen in year two of the programme and a report would be scheduled to come to Committee when there was a more detailed plan- this was likely to relate to business planning 2020/21.	<p>The LD Enablement work stream has been renamed "Preparing for Adulthood" to reflect the key focus on children and young adults.</p> <p>Currently audits of cases for young people who recently transitioned from children to adults support services are being undertaken to identify what the opportunities might have been to change the outcomes for the better.</p> <p>This is expected to feed into a more detailed and intensive programme for 20/21.</p>	Action Completed	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
193.	ADULT SOCIAL CARE INDEPENDENT SECTOR - LABOUR (WORKFORCE) MARKET UPDATE REPORT	Caroline Townsend	Highlighted the need to have a longer term strategy that linked into the education system. A member commented that there was no synergy and that currently it was difficult to find teachers that had any social care knowledge. She acknowledged the work of the Health and Social Care Academy but acknowledged that the education needed to start earlier. She highlighted the need for joined up thinking with the Children and Young Peoples Committee on how this strategy could be taken forward.	Schools have a responsibility for delivering Careers Information Advice and Guidance. Their duty is tested as part of the Ofsted framework and is delivered in different ways in individual schools. The Local Authority retains a degree of oversight and support as part of the skills agenda and social mobility work. Janet Harris, Careers Education Information Advice and Guidance Manager, will distribute information to the key leads in schools and encourage them to engage with suitable advice on accessing careers in care.	Action Completed	
194.	SERVICE DIRECTORS REPORT: ADULTS AND SAFEGUARDING AND COMMISSIONING	Charlotte Black	A member commented that under 2.2.2 in the report under Technology Enabled Care there was a reduction of 10% in forecast homecare activity and 11% in residential due to the use of Technology Enabled Care. He commented that this was a generalisation and queried whether this could be linked to the Neighbourhood Cares pilot. Members requested further information on how the reductions were achieved.	Reviewing what actions lead to reduced care needs and costs is one of the key elements of the Adults Positive Challenge Programme. Individual work streams have performance indicators and modelled savings to assess where to have greatest impact. Actual care activity (numbers of people receiving care) can vary for a large number of reasons – some of these will be under our control, such as through the use of TEC and Reablement or the benefits of being in a Neighbourhood Cares pilot area, but equally some will be due to factors outside of our control such as number of deaths. The regular updates that committee receives on the APCP will provide further information about the impact of all components of APC Programme on care costs.	Ongoing	

FINANCE MONITORING REPORT – JULY 2019

To: **Adults Committee**

Meeting Date: **12 September 2019**

From: **Chief Finance Officer**

Executive Director: People and Communities

Electoral division(s): **All**

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

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

The report is presented to provide the Committee with the opportunity to comment on the financial position as at the end of July 2019.

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

<i>Officer contact:</i>	
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1.0 BACKGROUND

1.1 Previously the Finance & Performance Report for P&C was produced monthly and the most recent available report presented to the Committee when it met, in common with the approach for other services and committees. At the General Purposes Committee meeting on 16 July 2019 it was agreed to revise the reporting of financial information to committees:

- a) Finance Reports – to be produced monthly and published online (May - Year End)
- b) Reported to Committees – to be presented at all scheduled substantive Committee meetings (but not reserve dates)
- c) Savings Tracker – to be presented 3 times per annum

1.2 In respect of Performance data, Service Committees will receive a separate quarterly performance report, based on a set of KPIs determined by the Committee which relate to the areas the Committee is responsible for, and organised by outcome area. The remaining Finance aspects of what was the F&PR will now be titled the Finance Monitoring Report (FMR). July's FMR is Appendix B.

1.3 The report is presented to provide the Committee with the opportunity to comment on the financial position of the services for which the Committee has responsibility which are detailed in Appendix A:

Forecast Variance Outturn (Previous)	Directorate	Budget 2019/20	Actual July 2019	Forecast Outturn Variance
£000		£000	£000	£000
5,605	Adults & Safeguarding	148,078	58,109	5,629
104	Adults Commissioning (including Local Assistance Scheme)	14,269	-2,690	2
5,709	Total Expenditure	162,347	55,419	5,631
0	Grant Funding (including Improved Better Care Fund, Winter Pressures Grant etc.)	-15,163	-1,243	0
-4,536	Expected deployment of grant and other funding to meet pressures			-4,539
1,173	Total	147,185	54,176	1,092

Note: Strategic Management – Commissioning covers all of P&C and is therefore not included in the table above. The Executive Director and Central Financing budgets are reported to CYP Committee as they contain items material to services under the oversight of that committee.

1.4 Financial Context

1.4.1 As previously discussed at Adults Committee the major savings agenda continues with £75m of savings required across the Council between 2019 and 2024. People and Communities budgets are facing increasing pressures from rising demand and changes in legislation, with the directorate's budget increasing by around 3% in 2019/20.

1.4.2 Within Adults services, key demand areas are:

- In Older People's services where prices of residential and nursing care are increasing at above the rate of inflation, and where rising demand is being seen from the NHS as a result of improving performance in reducing delayed transfers of care.
- In Learning Disability services and Mental Health services where the needs of relatively static groups of mostly working-age people are continuing to increase.

- 1.4.3 These pressure areas are similar to those seen in previous years. Central government has continued to recognise pressures in the social care system through a number of temporary grants given to local authorities. For 2019/20, these are principally the Improved Better Care Fund and the Winter Pressures Grant (both part of the Better Care fund and therefore requiring a joint spending plan with the NHS), as well as the Social Care Support Grant which is un-ringfenced but has been allocated by General Purposes Committee (GPC) to People & Communities.
- 1.4.4 These grants are able to be used to offset pressures, make investments into social care to bolster the social care market or reduce demand on health and social care services. A substantial amount is spent in partnership with the NHS in reducing delayed transfers of care. Some of these grants were used in 2018/19 to directly mitigate increasing cost of and demand for care, and it is anticipated that the same will be the case in 2019/20, as well as continuing to spend in partnership with the NHS. These grants have not been confirmed beyond 2019/20.
- 1.4.5 In addition, in July GPC allocated £1.35m from corporate funds to partially mitigate an opening pressure within the Older People's service resulting from price increases in the last half of 2018/19 being substantially higher than expected.

2.0 MAIN ISSUES IN THE MAY 2019/20 P&C FINANCE & PERFORMANCE REPORT

2.1 Revenue

- 2.1.1 At the end of July, People and Communities is forecast to overspend by £3m (1.2% of budget).
- 2.1.2 Within that, Adults services are forecast to overspend by £1.1m (0.7%), with budgets relating to care provision forecasting a £5.6m overspend and mitigated by around £4.5m of additional funding from grants, in line with their intended purpose, and corporate funding referenced in 1.4.4 and 1.4.5 above. The pressures forecast at this stage are predominantly in Older People's services, along with Mental Health services to a lesser extent. The other key care budgets – Learning Disabilities and Physical Disabilities – are forecasting a balanced, or close to balanced, position.
- 2.1.3 The overall forecast position is essentially unchanged from June's FMR, and very similar to the position last reported to committee (May).
- 2.1.4 The key changes since the previous position reported to committee have been:
- An increase in the forecast overspend in Older People's services, as a result of revising the projections of unit costs increase through to the end of the year, and an increase in the number of people in residential and nursing care in the first quarter above the level expected
 - A reduction in the forecast for Physical Disabilities back to an almost balanced position
 - A variance emerging within Mental Health services mainly due to pressures within the older cohort, which faces many of the same market conditions for bed based care as the Older People's service

2.2 Older People's Forecast Variance

- 2.2.1 As mentioned above in 2.1.2, the forecast variance for Adults Services is mainly within Older People's Services, as a result of higher than expected costs of bed based care compared to when budgets were set.
- 2.2.2 A detailed explanation of the pressures due to prior-year activity was provided to Adults Committee and GPC in the first reports of the financial year, and much of the further in-year pressure is due to the trends in price increases continuing.
- 2.2.3 An additional source of pressure is an ongoing focus on discharging people from hospitals as quickly as is appropriate, which can result in increasing numbers of people in expensive types of care, at least in the short-term. This has the further impact of increasing cost as supply in that sector is limited, exacerbated by competing in some areas with the NHS for similar types of high cost care placements.

Mitigations

- 2.2.4 There is a framework for monitoring care activity within Adults Services, and the increasing unit cost of care was identified and reported towards the end of the last financial year, enabling a mitigation plan to be in place. In particular, the extension of the Integrated Brokerage Service to cover care homes is key – the service currently commissions domiciliary care for Cambridgeshire, Peterborough and the local NHS and has been instrumental in keeping costs of that type of care down and preventing competition across the system. Discussions with the NHS about establishing this service are ongoing.
- 2.2.5 In addition:
- The Reablement service continues to operate at its expanded level, providing capacity for additional short-term care and maintaining people's independence
 - Additional block capacity is being identified through the care homes project, both in the short- and long-term, and plans are in development for a major expansion of block capacity
 - Winter Pressures funding is expected to continue to be spend on a large amount of block domiciliary care capacity, again ensuring people have the best chance of remaining independent in their own home

2.3 Savings Tracker

- 2.3.1 The Savings Tracker is a central process for monitoring deliver of all business plan savings within the Council. It is reported to committees three times per year, and is colour-rated to show the level of variance of each saving line against target. Along with the standard RAG ratings, a black rating highlights where a saving has not been made in its entirety, and a blue rating highlights where the savings is expected to over-deliver.
- 2.3.2 The Savings Tracker up to the end of July for People and Communities is included as Appendix C. It shows that, of £10.8m planned savings for P&C included in the 2019/20 Business Plan, £10.6m is expected to be delivered.
- 2.3.3 The only predicted variance within Adults Services at this stage is:
- The Supported Housing Commissioning review (partly within the remit of C&YP Committee) – the reviews of contracts and service re-design needed to deliver this saving are now expected to take place over two years, into 2020/21, still delivering in full overall. In 2019/20, other mitigations within the Commissioning Directorate have been identified to offset the in-year impact.

3.0 ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

3.1.1 There are no significant implications for this priority.

3.2 Thriving place for people to live

3.2.1 There are no significant implications for this priority

3.3 The best start for Cambridgeshire's Children

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 P&C Service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

4.2.1 There are no significant implications within this category.

4.3 Statutory, Risk and Legal Implications

4.3.1 There are no significant implications within this category.

4.4 Equality and Diversity Implications

4.4.1 There are no significant implications within this category.

4.5 Engagement and Consultation Implications

4.5.1 There are no significant implications within this category.

4.6 Localism and Local Member Involvement

4.6.1 There are no significant implications within this category.

4.7 Public Health Implications

4.7.1 There are no significant implications within this category.

Source Documents	Location
As well as presentation of the FMR to the Committee at substantive meetings, the report is made available online each month.	https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&-performance-reports/

Appendix A

Adults Committee Revenue Budgets within the Finance & Performance Report

Adults & Safeguarding Directorate

Strategic Management – Adults
Principal Social Worker, Practice and Safeguarding
Autism and Adult Support
Carers

Learning Disability Partnership

Head of Service
LD - City, South and East Localities
LD - Hunts & Fenland Localities
LD – Young Adults
In House Provider Services
NHS Contribution to Pooled Budget

Older People and Physical Disability Services

Physical Disabilities
OP - City & South Locality
OP - East Cambs Locality
OP - Fenland Locality
OP - Hunts Locality
Neighbourhood Cares
Discharge Planning Teams
Prevention & Early Intervention

Mental Health

Mental Health Central
Adult Mental Health Localities
Older People Mental Health

Commissioning Directorate

Strategic Management – Commissioning – *covers all of P&C*
Local Assistance Scheme

Adults Commissioning

Central Commissioning - Adults
Integrated Community Equipment Service
Mental Health Commissioning

Executive Director

Executive Director - *covers all of P&C*
Central Financing - *covers all of P&C*

Grant Funding

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

From: Martin Wade and Stephen Howarth
 Tel.: 01223 699733 / 714770
 Date: 13th August 2019

People & Communities (P&C) Service

Finance Monitoring Report – July 2019

1. SUMMARY

1.1 Finance

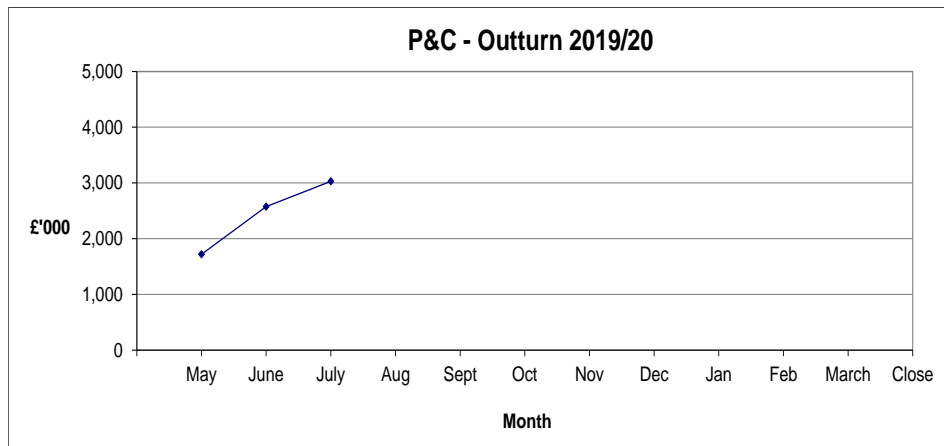
Previous Status	Category	Target	Current Status	Section Ref.
Red	Income and Expenditure	Balanced year end position	Red	2.1
Green	Capital Programme	Remain within overall resources	Green	3.2

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual £000	Outturn Variance £000	Outturn Variance %
1,069	Adults & Safeguarding	148,078	58,109	1,090	0.7%
454	Commissioning	41,584	4,877	652	1.6%
-0	Communities & Safety	12,426	4,121	235	1.9%
750	Children & Safeguarding	57,357	19,638	750	1.3%
6,300	Education	89,835	27,483	7,300	8.1%
0	Executive Director	1,943	250	0	0.0%
8,573	Total Expenditure	351,223	114,479	10,027	2.9%
-6,000	Grant Funding	-88,495	-25,169	-7,000	7.9%
2,573	Total	262,728	89,310	3,027	1.2%

The service level finance & performance report for June 2019 can be found in [appendix 1](#). Further analysis of the outturn position can be found in [appendix 2](#).



2.2 Significant Issues

At the end of July 2019, the overall P&C position is an overspend of £3,027k.

Significant issues are detailed below:

Adults

Cost pressures continue in Adult Services similar to reports from Councils nationally. These pressures are addressed partly through application of grant funding received from central government, shown against the Strategic Management – Adults line. One of the specific purposes of these grants is to mitigate pressures in the adult social care system. In addition, further corporate mitigation was agreed by General Purposes Committee in July 2019. In total, £4.5m of these mitigations have been applied.

At the end of May, Adults Services are forecasting an overspend of £1.1m, which is 0.7% of budget. *Older People's and Physical Disability Services (OP/PD)* have experienced increases in the unit costs of, and the number of people in, the most expensive types of care since the start of the previous financial year. This has resulted in both an opening pressure, as costs by the start of 2019/20 were higher than assumed when budgets were set in the third quarter of 2018/19, and a projected increase in that pressure in-year as the number of people in care homes has increased and the unit cost trend is expected to continue. The PD position has improved, however, as the trend of increasing numbers of people receiving care has slowed. The overall position for OP/PD is a projected overspend of £5.35m (8%).

Part of this pressure is as a result of a continuing focus on discharging people from hospitals as quickly as is appropriate, which can result in increasing numbers of people in expensive types of care, at least in the short-term. This has the further impact of increasing cost as supply in that sector is limited, exacerbated by competing in some areas with the NHS for similar types of high cost care placements. Improving discharge processes and integrated commissioning are key mitigations being worked on, along with an increased use of block contracts and the adults Positive Challenge Programme work aimed at enabling people to live at home for longer.

An overspend is also forecast in Mental Health Services (including *Mental Health Commissioning*) totalling £158k, where similar pressures are affecting the costs of elderly people in receipt of mental health care.

Children's

Children in Care is anticipating a pressure of c£350k across Staying Put (£133k) and Unaccompanied Asylum Seeking Children (Over 18) budgets (£300k). In both areas the central government grant does not match anticipated expenditure. These pressures are offset in part by a forecast underspend across Fostering, Supervised Contact and the Corporate Parenting Teams. The service is working to mitigate these pressures by reviewing all applicable arrangements in order to attempt to bring into line with the amount of government funding available.

Children in Care Placements is forecasting a year end overspend of £650k, following an additional budget allocation of £350k as approved by GPC and the application of £400k of additional social care grant. Recent activity in relation to gang related crime has resulted in additional high cost secure placements being required. In addition, the numbers of children in care are yet to decrease to budgeted levels; though this is still expected in-year. In the last couple of months 16 unaccompanied asylum seekers have needed to be accommodated. Current commitments are in the region of £1.7m and as such significant work is underway to reduce high cost placements, however the placement market is saturated, with IFA providers having no vacancies which results in children going into higher cost residential placements. We are seeing a net increase in, in-house fostering placements which is contributing towards planned savings.

Legal Proceedings is forecasting a £400k overspend. This is directly linked to the number of care proceedings per month which increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. There are currently 183 live care proceedings and whilst we have seen a reduction in new cases in May/June 19 legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget. The spike in proceedings is related to the new model of specialist teams, and greater scrutiny and management oversight. This has resulted in the identification of children for whom more urgent action was required. This is an illustration of the way in which the new model will improve services and outcomes in general. Following legal orders we are able to move to securing permanency for children.

Education

Home to School Transport – Special is forecasting an overspend of £300k. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs.

SEND Specialist Services has previously forecast an over spend of £300k within the Statutory Assessment Team due to the ceasing of a grant that has funded additional capacity in previous years. GPC has now approved an allocation of £300k to meet this shortfall alongside an additional £360k to invest in SEND Services to provide capacity to meet statutory deadlines for EHCP assessments and reviews.

Dedicated Schools Grant (DSG) – Initial in-year pressures have been forecast for a number of DSG funded High Needs Block budgets including funding for special schools and units, top-up funding for mainstream schools and Post-16 provision, and out of school tuition. As previously reported In 2018/19 we saw a total DSG overspend across SEND services of £8.7m which, combined with underspends on other DSG budgets, led to a deficit of £7.2m carried forward into 2019/20. Given the ongoing increase in numbers of pupils with EHCPs it is likely that a similar overspend will occur in 2019/20, however this will become clearer as we move towards the start of the new academic year and planned actions to deliver savings are implemented. Current estimates forecast an in-year pressure of approximately

£7m. This is a ring-fenced grant and as such overspends do not currently affect the Council's bottom line but are carried forward as a deficit balance into the next year.

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 July 2019 for Children in Care Placements is shown below:

Service Type	BUDGET				ACTUAL (July)				VARIANCE		
	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements July 19	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	3	£425k	52	2,980.70	3	2.94	£379k	2,618.15	-0.06	£46k	-362.56
Residential - secure accommodation	1	£376k	52	5,872.95	4	3.23	£1,216k	6,249.93	2.23	£840k	376.98
Residential schools	19	£2,836k	52	2,804.78	16	16.45	£1,910k	1,691.18	-2.99	£925k	-1,113.60
Residential homes	33	£6,534k	52	3,704.67	39	36.04	£6,640k	3,779.07	3.04	£106k	74.40
Independent Fostering	240	£11,173k	52	798.42	315	308.73	£13,225k	829.01	68.85	£2,052k	30.59
Supported Accommodation	26	£1,594k	52	1,396.10	22	20.60	£1,544k	1,393.04	-5.68	£50k	-3.06
16+	7	£130k	52	351.26	10	5.61	£263k	566.20	-1.51	£133k	214.94
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Additional one off budget/actuals	-	£750k	-	-	-	-	£144k	-	-	£894k	-
Mitigations required	0	£k	0	0.00	0	0.00	£565k	0.00	-	£565k	0.00
TOTAL	330	£23,819k			409	393.60	£24,469k		63.87	£650k	
In-house fostering - Basic	205	£2,125k	56	179.01	205	200.71	£2,006k	180.72	-4.29	£118k	1.71
In-house fostering - Skills	205	£1,946k	52	182.56	216	205.69	£1,936k	193.08	0.69	£11k	10.52
Kinship - Basic	40	£425k	56	189.89	40	42.60	£449k	183.48	2.6	£24k	-6.41
Kinship - Skills	10	£35k	52	67.42	9	9.26	£33k	66.37	-0.74	£2k	-1.05
TOTAL	245	£4,531k			245	243.31	£4,424k		-1.69	£108k	
Adoption Allowances	107	£1,107k	52	198.98	106	106.60	£1,158k	200.76	-0.4	£51k	7.45
Special Guardianship Orders	307	£2,339k	52	142.30	268	265.00	£2,055k	141.48	-42	£284k	-3.08
Child Arrangement Orders	88	£703k	52	153.66	89	89.00	£717k	155.02	1	£14k	1.36
Concurrent Adoption	5	£91k	52	350.00	0	0.27	£2k	140.00	-4.73	£89k	-210.00
TOTAL	507	£4,240k			463	462.76	£3,931k		-0.4	£308k	
OVERALL TOTAL	1,082	£32,590k			1117	1,099.67	£32,824k		61.78	£234k	

2.5.2 Key activity data to the end of July 2019 for SEN Placements is shown below:

BUDGET				ACTUAL (July 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements July 19	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	102	£6,218k	£61k	108	93.72	£5,739k	£61k	6	-8.28	£-479k	£k
Hearing Impairment (HI)	3	£117k	£39k	3	3.00	£120k	£40k	0	0.00	£3k	£1k
Moderate Learning Difficulty (MLD)	10	£200k	£20k	7	5.59	£339k	£61k	-3	-4.41	£139k	£41k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£-75k	£k
Physical Disability (PD)	5	£89k	£18k	5	4.94	£198k	£40k	0	-0.06	£109k	£22k
Profound and Multiple Learning Difficulty (PMLD)	1	£68k	£68k	1	1.00	£67k	£67k	0	0.00	£-1k	£-1k
Social Emotional and Mental Health (SEMH)	45	£2,013k	£45k	44	37.01	£2,054k	£55k	-1	-7.99	£41k	£11k
Speech, Language and Communication Needs (SLCN)	3	£138k	£46k	4	4.00	£156k	£39k	1	1.00	£18k	£-7k
Severe Learning Difficulty (SLD)	5	£445k	£89k	6	5.34	£431k	£81k	1	0.34	£-14k	£-8k
Specific Learning Difficulty (SPLD)	4	£138k	£35k	4	3.07	£181k	£59k	0	-0.93	£42k	£24k
Visual Impairment (VI)	2	£73k	£36k	2	2.00	£78k	£39k	0	0.00	£5k	£3k
Growth	-	£k	-	-	-	£212k	-	-	-	£212k	-
Recoupment	-	-	-	0	0.00	£k	£k	-	-	£k	£k
TOTAL	181	£9,573k	£53k	184	159.67	£9,573k	£59k	3	-21.33	£k	£6k

2.5.3 Adult Social Care

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

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

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

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

2.5.3.1 Key activity data to end of July 2019 for the Learning Disability Partnership is shown below:

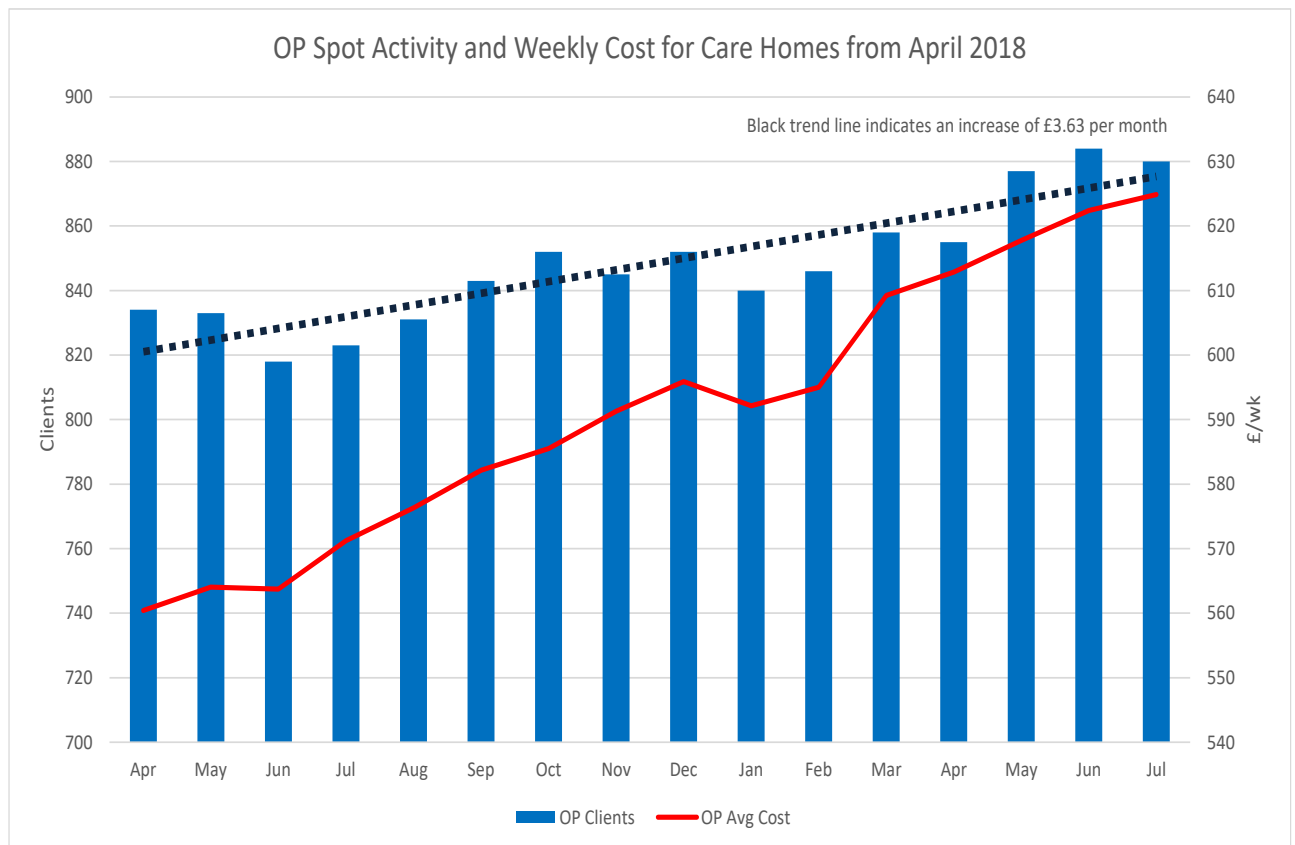
Learning Disability Partnership	BUDGET			ACTUAL (July 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D T	Current Average Unit Cost (per week)	D T	Forecast Actual	D T	Variance
Accommodation based										
~ Residential	274	£1,510	£22,161k	279	↑	£1,494	↓	£23,057k	↓	£895k
~Residential Dementia										
~Nursing	7	£1,586	£427k	5	↔	£1,585	↔	£428k	↓	£1k
~Nursing Dementia										
~Respite			£425k					£404k		-£21k
Community based										
~Supported Living	411	£1,202	£26,434k	406	↑	£1,213	↓	£26,946k	↑	£512k
~Direct payments	415	£404	£9,272k	413	↔	£403	↓	£9,311k	↑	£39k
~Live In Care	14	£1,953	£k	14	↔	£1,943	↔	£k		£k
~Day Care	469	£136	£3,442k	457	↓	£139	↔	£3,472k	↑	£30k
~Other Care	175	£68	£754k	174	↓	£76	↑	£760k	↓	£7k
~Homecare	474		£10,442k	447				£10,058k	↓	-£385k
Total In Year Expenditure			£73,358k					£74,436k		£1,078k
Care Contributions			-£3,407k					-£3,445k	↓	-£38k
Health Income										
Total In Year Income			-£3,407k					-£3,445k		-£38k
Further savings included within forecast										-£727k
Forecast total in year care costs										£313k

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

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

Appendix B – Agenda Item: 4

Older People	BUDGET			ACTUAL (July 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	446	£551	£11,432k	435 ↓		£558 ↑		£12,988k ↓		£1,555k
~Residential Dementia	432	£586	£12,884k	396 ↓		£598 ↑		£12,661k ↓		-£222k
~Nursing	289	£643	£9,948k	285 ↓		£648 ↑		£10,139k ↓		£191k
~Nursing Dementia	113	£753	£4,391k	109 ↑		£780 ↑		£4,671k ↑		£280k
~Respite			£1,733k					£1,905k ↓		£171k
Community based										
~Supported Living	116		£4,632k	110 ↑				£4,870k ↑		£238k
~Direct payments	208	£287	£3,185k	198 ↓		£285 ↑		£3,010k ↓		-£175k
~Live In Care	27	£779	£1,101k	28 ↔		£801 ↑		£1,183k ↓		£82k
~Day Care	43	£82	£833k	25 ↑		£95 ↑		£683k ↓		-£150k
~Other Care	6	£31	£57k	3 ↓		£32 ↓		£261k ↓		£204k
~Homecare	1,127	Per Hour £16.43	£11,127k	1,090 ↔		Per Hour £16.34	↓	£11,526k ↑		£399k
Total In Year Expenditure			£61,323k					£63,895k		£2,572k
Care Contributions			-£17,857k					-£17,864k ↓		-£7k
Health Income			-£86k					-£86k ↔		£k
Total In Year Income			-£17,943k					-£17,950k		-£7k
Inflation and uplifts			£1,607k					£1,607k ↔		
Forecast total in year care costs			£44,987k					£47,552k		£2,566k



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

Physical Disabilities	BUDGET			ACTUAL (July 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D T	Current Average Unit Cost (per week)	D T	Forecast Actual	D T	Variance
Accommodation based										
~Residential	41	£786	£1,679k	34	↑	£1,063	↑	£1,772k	↑	£93k
~Residential Dementia	1	£620	£32k	1	↔	£620	↔	£32k	↔	£k
~Nursing	31	£832	£1,350k	24	↓	£997	↓	£1,237k	↓	-£113k
~Nursing Dementia	1	£792	£41k	1	↔	£792	↔	£41k	↔	£k
~Respite			£220k					£175k	↑	-£45k
Community based										
~Supported Living	7	£774	£258k	6	↓	£722	↑	£258k	↓	£k
~Direct payments	288	£357	£4,908k	272	↓	£359	↑	£4,602k	↓	-£306k
~Live In Care	29	£808	£1,269k	27	↓	£846	↑	£1,220k	↓	-£50k
~Day Care	48	£70	£177k	44	↓	£70	↑	£164k	↑	-£13k
~Other Care	4	£39	£4k	1	↓	£60	↑	£11k	↑	£8k
~Homecare	257	Per Hour £16.37	£2,659k	258	↓	Per Hour £16.33	↓	£2,675k	↓	£15k
Total In Year Expenditure			£12,597k					£12,188k		-£409k
Care Contributions									↑	£k
Health Income									↓	£k
Total In Year Income										£k
Inflation and Uplifts									↑	£263k
Forecast total in year care costs			£11,237k					£10,828k		-£409k

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

Older People Mental Health	BUDGET			ACTUAL (July 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D T	Current Average Unit Cost (per week)	D T	Forecast Actual	D T	Variance
Accommodation based										
~Residential	25	£528	£691k	24	↑	£612	↓	£773k	↑	£82k
~Residential Dementia	23	£539	£648k	25	↑	£578	↑	£761k	↑	£113k
~Nursing	25	£638	£833k	26	↑	£659	↓	£890k	↓	£57k
~Nursing Dementia	80	£736	£3,079k	73	↑	£764	↑	£2,897k	↑	-£182k
~Respite	1	£137	£7k	0	↔	£0	↔	£k	↔	-£7k
Community based										
~Supported Living	5	£212	£55k	4	↔	£482	↑	£101k	↑	£46k
~Direct payments	7	£434	£149k	8	↑	£326	↓	£150k	↑	£1k
~Live In Care	2	£912	£95k	3	↓	£1,161	↑	£218k	↓	£123k
~Day Care	2	£37	£4k	2	↑	£48	↓	£4k	↑	£k
~Other Care	0	£0	£k	0	↔	£0	↔	£k	↔	£k
~Homecare	42	Per Hour £16.49	£406k	39	↑	Per Hour £17.08	↓	£392k	↑	-£14k
Total In Year Expenditure			£5,967k					£6,184k		£217k
Care Contributions			-£851k					-£852k	↓	-£1k
Health Income			£k					£k	↔	£k
Total In Year Income			-£851k					-£852k		-£1k
Inflation Funding to be applied			£184k					£184k		£k
Forecast total in year care costs			£5,300k					£5,516k		£216k

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

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Adult Mental Health	BUDGET			ACTUAL (July 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D T	Current Average Unit Cost (per week)	D T	Forecast Actual	D T	Variance
Accommodation based										
~Residential	58	£654	£1,984k	57	↔	£678	↑	£2,032k	↑	£48k
~Residential Dementia	5	£743	£194k	5	↔	£744	↔	£205k	↔	£11k
~Nursing	16	£612	£512k	14	↔	£650	↔	£454k	↔	-£58k
~Nursing Dementia	1	£624	£33k	1	↔	£629	↔	£33k	↔	£k
~Respite	0	£0	£k	0	↔	£0	↔	£k	↔	£k
Community based										
~Supported Living	123	£162	£1,041k	121	↓	£167	↑	£1,039k	↓	-£2k
~Direct payments	9	£355	£167k	11	↑	£321	↓	£224k	↑	£57k
~Live In Care	0	£0	£k	1	↑	£900	↑	£9k	↑	£9k
~Day Care	2	£77	£8k	3	↓	£47	↓	£49k	↑	£41k
~Other Care	1	£152	£8k	0	↓	£0	↓	£k	↓	-£8k
~Homecare	140	£80.00	£586k	140	↓	£104.03	↓	£628k	↑	£42k
Total In Year Expenditure			£4,533k					£4,674k		£141k
Care Contributions			-£396k					-£448k	↓	-£52k
Health Income			-£22k					£k		£22k
Total In Year Income			-£418k					-£448k		-£30k
			£k					£k		
Inflation Funding to be applied			£134k					£134k		£k
Forecast total in year care costs			£4,249k					£4,360k		£112k

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

2019/20 In Year Pressures/Slippage

At the end of July 2019 the capital programme forecast underspend continues to be zero. The level of slippage and underspend in 2019/20 is currently anticipated to be £3.43m and as such has not yet exceeded the revised Capital Variation Budget of £13.4m. A forecast outturn will not be reported unless this happens.

Details of the currently forecasted capital variances can be found in appendix 6

APPENDIX 1 – P&C Service Level Budgetary Control Report

Forecast Outturn Variance (June) £'000	Service	Budget 2019/20	Actual July 2019	Outturn Variance	
		£'000	£'000	£'000	%
Adults & Safeguarding Directorate					
-4,536	1 Strategic Management - Adults	-1,443	2,213	-4,539	-315%
0	Principal Social Worker, Practice and Safeguarding	1,592	581	11	1%
0	Autism and Adult Support	1,015	239	0	0%
0	Carers	416	184	0	0%
<u>Learning Disability Partnership</u>					
0	Head of Service	5,399	2,702	-0	0%
0	LD - City, South and East Localities	35,304	12,019	-0	0%
0	LD - Hunts & Fenland Localities	28,298	9,481	0	0%
0	LD - Young Adults	7,921	2,351	0	0%
0	In House Provider Services	6,276	2,202	-0	0%
0	NHS Contribution to Pooled Budget	-19,109	-4,777	-0	0%
0	Learning Disability Partnership Total	64,089	23,977	-0	0%
<u>Older People and Physical Disability Services</u>					
286	2 Physical Disabilities	11,932	4,865	32	0%
1,889	3 OP - City & South Locality	20,648	7,708	1,890	9%
1,094	3 OP - East Cambs Locality	6,456	2,500	1,093	17%
1,188	3 OP - Fenland Locality	7,977	3,300	1,188	15%
1,128	3 OP - Hunts Locality	10,736	4,441	1,128	11%
19	3 Neighbourhood Cares	748	214	19	3%
0	Discharge Planning Teams	1,868	740	0	0%
0	Prevention & Early Intervention	8,837	3,382	-0	0%
5,605	Older People's and Physical Disabilities Total	69,204	27,150	5,351	8%
<u>Mental Health</u>					
0	4 Mental Health Central	1,973	280	-165	-8%
0	4 Adult Mental Health Localities	5,445	1,518	215	4%
0	4 Older People Mental Health	5,788	1,967	217	4%
0	Mental Health Total	13,205	3,765	267	2%
1,069	Adult & Safeguarding Directorate Total	148,078	58,109	1,090	1%
Commissioning Directorate					
0	Strategic Management –Commissioning	11	338	0	0%
0	Access to Resource & Quality	1,795	484	0	0%
-6	Local Assistance Scheme	300	68	-6	-2%
<u>Adults Commissioning</u>					
110	5 Central Commissioning - Adults	11,095	-4,240	118	1%
0	Integrated Community Equipment Service	1,024	768	0	0%
0	6 Mental Health Commissioning	3,696	1,300	-110	-3%
110	Adults Commissioning Total	15,814	-2,171	8	0%

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Forecast Outturn Variance (June) £'000	Service	Budget 2019/20 £'000	Actual July 2019 £'000	Outturn Variance	
				£'000	%
	<u>Childrens Commissioning</u>				
350	7 Children in Care Placements	23,419	6,156	650	3%
-0	Commissioning Services	245	3	-0	0%
350	Childrens Commissioning Total	23,664	6,159	650	3%
454	Commissioning Directorate Total	41,584	4,877	652	2%
	Communities & Safety Directorate				
0	Strategic Management - Communities & Safety	15	45	0	0%
0	Youth Offending Service	1,784	592	0	0%
0	Central Integrated Youth Support Services	1,399	385	0	0%
0	Safer Communities Partnership	880	467	0	0%
0	Strengthening Communities	495	291	0	0%
0	Adult Learning & Skills	2,438	584	0	0%
0	Trading Standards	694	296	0	0%
0	Community & Safety Total	7,705	2,660	0	0%
0	Strategic Management - Cultural & Community Services	163	55	-0	0%
0	Public Library Services	3,409	1,122	0	0%
0	Cultural Services	107	-59	0	0%
0	Archives	440	147	0	0%
-0	Registration & Citizenship Services	-516	-225	0	0%
0	8 Coroners	1,117	421	235	21%
-0	Cultural & Community Services Total	4,721	1,461	235	5%
-0	Communities & Safety Directorate Total	12,426	4,121	235	2%
	Children & Safeguarding Directorate				
0	Strategic Management – Children & Safeguarding	3,355	1,062	0	0%
-0	Partnerships and Quality Assurance	2,241	638	-0	0%
350	9 Children in Care	15,760	5,256	350	2%
0	Integrated Front Door	1,974	743	0	0%
0	Children's Disability Service	6,590	3,030	0	0%
0	Children's Centre Strategy	29	43	0	0%
0	Support to Parents	1,749	455	0	0%
-0	Adoption Allowances	5,772	1,830	-0	0%
400	10 Legal Proceedings	1,970	716	400	20%
	<u>District Delivery Service</u>				
0	Safeguarding Hunts and Fenland	3,710	1,233	0	0%
-0	Safeguarding East + South Cambs & Cambridge	4,247	1,445	-0	0%
0	Early Help District Delivery Service –North	5,345	1,554	0	0%
-0	Early Help District Delivery Service – South	4,616	1,633	-0	0%
0	District Delivery Service Total	17,917	5,864	-0	0%
750	Children & Safeguarding Directorate Total	57,357	19,638	750	1%

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Forecast Outturn Variance (June) £'000	Service	Budget 2019/20	Actual July 2019	Outturn Variance	
		£'000	£'000	£'000	%
Education Directorate					
0	Strategic Management - Education	3,763	-2,206	0	0%
0	Early Years' Service	1,338	415	0	0%
0	Schools Curriculum Service	166	-15	0	0%
-0	Schools Intervention Service	1,097	415	-0	0%
-0	Schools Partnership Service	537	662	-0	0%
0	Teachers' Pensions & Redundancy	2,910	681	0	0%
<u>SEND Specialist Services (0-25 years)</u>					
0	SEND Specialist Services	9,723	3,606	0	0%
2,500	¹¹ Funding for Special Schools and Units	16,489	7,266	3,000	18%
2,000	¹¹ High Needs Top Up Funding	17,094	6,303	2,500	15%
0	Special Educational Needs Placements	9,973	4,216	0	0%
1,500	¹¹ Out of School Tuition	1,519	871	1,500	99%
6,000	SEND Specialist Services (0 - 25 years) Total	54,797	22,262	7,000	13%
<u>Infrastructure</u>					
0	0-19 Organisation & Planning	3,940	668	0	0%
0	Early Years Policy, Funding & Operations	94	-1	0	0%
0	Education Capital	178	-188	0	0%
300	¹² Home to School Transport – Special	9,821	1,966	300	3%
0	Children in Care Transport	2,005	490	0	0%
0	Home to School/College Transport – Mainstream	9,189	2,334	0	0%
300	0-19 Place Planning & Organisation Service Total	25,227	5,269	300	1%
6,300	Education Directorate Total	89,835	27,483	7,300	8%
Executive Director					
0	Executive Director	1,852	234	0	0%
0	Central Financing	91	16	0	0%
0	Executive Director Total	1,943	250	0	0%
8,573	Total	351,223	114,479	10,027	3%
Grant Funding					
-6,000	¹³ Financing DSG	-60,969	-20,323	-7,000	-11%
0	Non Baselined Grants	-27,526	-4,846	0	0%
-6,000	Grant Funding Total	-88,495	-25,169	-7,000	8%
2,573	Net Total	262,728	89,310	3,027	1%

APPENDIX 2 – Commentary on 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	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
1) Strategic Management - Adults	-1,443	2,213	-4,539	-315%
<p>Around £3m of grant funding has been applied to partially mitigate opening pressures in Older People's and Physical Disabilities Services detailed in note 2 and 3 below, in line with one of the purposes of the grant funding, in addition to a number of other underspends in the services within this budget heading.</p> <p>A further £1.35m of in-year funding was agreed by GPC in July 2019 and applied to this line to provide further mitigation to cost pressures.</p>				
2) Physical Disabilities Services	11,932	4,865	32	0%
<p>An overspend of £32k is forecast for Physical Disabilities services. The improvement of £254k from the position reported last month is due to a reduction in the number of clients receiving community based care. This is offsetting the carried forward pressure from 2018/19 relating to increases in client numbers and the number of people with more complex needs requiring more expensive types of care.</p> <p>The total savings expectation in this service for 2019/20 is £269k, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain service user independence.</p>				
3) Older People's Services	57,271	22,285	5,319	9%
<p>An overspend of £5,319k continues to be forecast for Older People's Services. This reflects the full-year effect of the overspend in 2018/19 and additional pressures expected to emerge over the course of 2019/20.</p> <p>It was reported during 2018/19 that the cost of providing care was generally increasing, with the unit costs of most types of care increasing month-on-month and the number of people requiring residential care was also going up. The focus on discharging people from hospitals as quickly as possible to alleviate pressure on the broader health and social care system can result in more expensive care for people, at least in the shorter-term, and can result in the Council funding care placements that were appropriate for higher levels of need at point of discharge through the accelerated discharge process. The full-year-effect of the pressures that emerged in 2018/19 is £2.8m.</p> <p>Residential placements are typically £50 per week more than 12 months ago (8%), and nursing placements are typically around £100 per week more expensive (15%). Within this, there was a particularly stark increase particularly in nursing care in the last half of 2018/19 – around 75% of the increase seen in a nursing bed cost came between November and March, and so the full impact was not known when business planning was being undertaken by committees. The number of people in residential and nursing care increased over 2018/19 but around 30% more than anticipated, again concentrated in the second half of the year.</p> <p>This trend is continuing into 2019/20. We are including an estimate in the forecast of the additional pressure that will be seen by year end as a result of the upwards trend in price and service user numbers, particularly in residential and nursing care (£2.2m).</p> <p>The total savings expectation in this service for 2019/20 is £3.1m, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain independence.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
Older People's Services continued				
<p>In addition to the work embodied in the Adults Positive Challenge Programme to intervene at an earlier stage so the need for care is reduced or avoided, work is ongoing within the Council to bolster the domiciliary care market, and the broader care market in general:</p> <ul style="list-style-type: none"> • Further development of the Council's integrated brokerage team to source care packages; • Providers at risk of failure are provided with some intensive support to maximise the continuity of care that they provide; • The Reablement service has been greatly expanded and has a role as a provider of last resort for care in people's homes; • The Care Homes project is working with providers to identify opportunities to increase residential and nursing home capacity across the county, particularly through expanding block capacity • Maintaining investment from money announced for councils in the budget to purchase additional block capacity with domiciliary care and care home providers – this should expand capacity in the market by giving greater certainty of income to providers. 				
4) Mental Health Services	13,205	3,765	267	2%
<p>Mental Health Services are forecasting an overspend of £267k on operational budgets. Rising placement numbers for elderly mental health bed-based care at increasing unit costs is creating a pressure on budgets over and above the level of demand funding allocated.</p> <p>A provision is made in the forecast for a potential backdated recharge for a high cost service user in Adult Mental Health.</p> <p>Further mitigation of £110k has been identified in Mental Health Commissioning.</p>				
5) Central Commissioning - Adults	11,095	-4,240	118	1%
<p>An overspend of £118k is forecast on Central Commissioning Adults.</p> <p>This is due to a delay in the realisation of savings on the Housing Related Support contracts; some contracts have been extended until the service is retendered. The full saving is still forecast to be delivered by 2021/22 and work is ongoing as to how best to deliver this service. The in-year pressure on housing related support is £274k, however, this has been mitigated in part, including a £48k saving from retendering the block cars contract for domiciliary care.</p>				
6) Mental Health Commissioning	3,696	1,300	-110	-3%
<p>Mental Health Commissioning is forecasting an underspend of £110k. There is an in-year windfall as a result of credits due from two external providers relating to prior year activity (£90k). Additionally, a number of efficiencies have been achieved against current year contracts. Whilst these only have a relatively immaterial impact on the 2019/20 financial position, any ongoing efficiencies will be factored in to Business Planning for 2020/21 onwards.</p>				
7) Children in Care Placements	23,419	6,156	650	3%
<p>The revised Children in Care Placements outturn forecast is a £650k overspend. This is following an additional budget allocation of £350k as approved by GPC and the application of £400k of additional social care grant. Actual commitments are currently in the region of £1.7m overspent as a result of:</p> <ul style="list-style-type: none"> • Recent activity in relation to gang related crime has resulted in additional costs and high cost secure placements being required [at an average weekly cost of £7000.00 per child]. • 16 unaccompanied asylum seekers became Looked After in the last two months. • An increase in the number of Children in Care in external placements [+24%] against a projected reduction. In real terms, as at 30th July 2019 we have a +18 number of children in external placements compared to 31 March 2019. 				

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

Children in Care Placements continued

External Placements Client Group	Budgeted Packages	30 June 2019 Packages	31 July 2019 Packages	Variance from Budget
Residential Disability – Children	3	3	3	0
Child Homes – Secure Accommodation	1	5	4	+3
Child Homes – Educational	19	17	16	-3
Child Homes – General	33	34	39	+6
Independent Fostering	240	311	315	+75
Supported Accommodation	26	21	22	-4
Supported Living 16+	7	6	10	+3
TOTAL	329	397	409	+80

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

Mitigating factors moving forward include:

- Monthly Placement Mix and Care Numbers meeting chaired by the Service Director and attended by senior managers. This meeting focuses on activity aimed at reducing the numbers in care, length of care episodes and reduction in the need for externally commissioned provision.
- Reconstitution of panels to ensure greater scrutiny and supportive challenge.
- Introduction of twice weekly conference calls per Group Manager on placement activity followed by an Escalation Call each Thursday chaired by the Head of Service for Commissioning, and attended by each of the CSC Heads of Service as appropriate, Fostering Leads and Access to Resources.
- Authorisation processes in place for any escalation in resource requests.
- Service Director authorisation for any residential placement request.
- Monthly commissioning intentions (sufficiency strategy work-streams), budget and savings reconciliation meetings attended by senior managers accountable for each area of spend/practice. Enabling directed focus on emerging trends and appropriate responses, ensuring that each of the commissioning intentions are delivering as per work-stream and associated accountable officer. Production of datasets to support financial forecasting (in-house provider services and Access to Resources).
- Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.
- Provider meetings scheduled through the Children's Placement Service (Access to Resources) to support the negotiation of packages at or post placement. Working with the Contracts Manager to ensure all placements are funded at the appropriate levels of need and cost.
- Regular High Cost Placement Review meetings to ensure children in externally funded placements are actively managed in terms of the ability of the provider to meet set objectives/outcomes, de-escalate where appropriate [levels of support] and maximizing opportunities for discounts (length of stay/siblings/ volume) and recognising potential lower cost options in line with each child's care plan.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
Children in Care Placements continued				
<ul style="list-style-type: none"> • Additional investment in the recruitment and retention of the in-house fostering service to significantly increase the net number of mainstream fostering households over a three year period, as of 2018. • Access to the Staying Close, Staying Connected Department for Education (DfE) initiative being piloted by a local charity offering 16-18 year old Children in Care Placements the opportunity to step-down from residential provision, to supported community based provision in what will transfer to their own tenancy post 18. • Greater focus on those Children in Care Placements for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care. 				
8) Coroners	1,117	421	235	21%
<p>Coroners is forecasting a pressure of £235k. This is due to the increasing complexity of cases being referred to the coroner that require inquest and take time to conclude, requiring more specialist reports and advice and the recruitment of additional staff to complete investigations and prevent backlogs of cases building up. The cost of essential contracts for body storage, pathology, histology and toxicology has also increased.</p>				
9) Children in Care	15,760	5,256	350	2%
<p>The Children in Care budget is anticipating an over spend of c£350k.</p> <p>The UASC budget is forecasting a pressure of £300k. This is mainly in the over 18 budget due to the increased number of children turning 18 and acquiring care leaver status. The Staying Put budget is forecasting a pressure of £133k as a result of a number of staying put arrangements agreed for Cambridgeshire children placed in external placements. The costs associated with supporting both these groups of young people are not fully covered by the grants from the Home Office and DfE respectively. The above pressures are offset by a forecast underspend of -£83k across Fostering, Supervised Contact and the Corporate Parenting Teams.</p> <p>Actions being taken: For UASC we are continuing to review placements and are moving young people as appropriate to provisions that are more financially viable in expectation of a status decision. We are also reviewing our young people who are appeal rights exhausted. These reviews are likely to see a drop in accommodation spending as CCC discharge their duty to these young people in line with our statutory responsibilities under the immigration act. We also continue review of all staying put costs for young people in external placements to ensure that financial packages of support are needs led and compliant with CCC policy.</p>				
10) Legal Proceedings	1,970	716	400	20%
<p>The Legal Proceedings budget is forecasting a £400k overspend.</p> <p>Numbers of care proceedings per month increased by 72% for the period Feb to Apr 19 compared to the preceding 10 months. The increase was mainly due to care applications made in March, April and May, particularly in the North where four connected families saw 16 children coming into our care with sexual abuse and neglect the main concerns. There are currently (end June) 183 live care proceedings and whilst we saw a reduction in new cases in May/June 19 legacy cases and associated costs are still working through the system and causing significant pressure on the legal budget.</p> <p>Actions being taken: Work is ongoing to manage our care proceedings and CP Plans and better track the cases through the system to avoid additional costs due to delay. However, due to the time lag in cases coming to court it will be a number of months before the increases seen earlier in the year work their way through the system.</p>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
11) Funding to Special Schools & Units, High Needs Top Up Funding and Out of School Tuition	35,101	14,440	7,000	20%
<p>Funding to Special Schools and Units - £3.0m DSG overspend As the number of children and young people with an EHCP increase, along with the complexity of need, we see additional demand for places at Special Schools and High Needs Units. The extent of this is such that a significant number of spot places have been agreed and the majority of our Special Schools are now full.</p> <p>High Needs Top Up Funding - £2.5m DSG overspend As well as the overall increases in EHCP numbers creating a pressure on the Top-Up budget, the number of young people with EHCPs in Post-16 Further Education is continuing to increase significantly as a result of the provisions laid out in the 2014 Children and Families Act. This element of provision is causing the majority of the forecast overspend on the High Needs Top-Up budget.</p> <p>Out of School Tuition - £1.5m DSG overspend There has been a continuing increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement.</p> <p>Several key themes have emerged throughout the last year, which have had an impact on the need for children to receive a package of education, sometimes for prolonged periods of time:</p> <ul style="list-style-type: none"> • Casework officers were not always made aware that a child's placement was at risk of breakdown until emergency annual review was called. • Casework officers did not have sufficient access to SEND District Team staff to prevent the breakdown of an education placement in the same way as in place for children without an EHCP. • There were insufficient specialist placements for children whose needs could not be met in mainstream school. • There was often a prolonged period of time where a new school was being sought, but where schools put forward a case to refuse admission. • In some cases of extended periods of tuition, parental preference was for tuition rather than in-school admission. <p>It has also emerged that casework officers do not currently have sufficient capacity to fulfil enough of a lead professional role which seeks to support children to return to mainstream or specialist settings.</p> <p><u>Mitigating Actions:</u> A SEND Project Recovery team has been set-up to oversee and drive the delivery of the SEND recovery plan to address the current pressure on the High Needs Block.</p>				
12) Home to School Transport – Special	9,821	1,966	300	3%
<p>Home to School Transport – Special is forecasting an £300k overspend for 2019/20. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs. Between April 2018 and March 2019 there was an 11% increase in both pupils with EHCPs and pupils attending special schools, which is a higher level of growth than in previous years. Alongside this, we are seeing an increase in complexity of need resulting in assessments being made by the child/young person's Statutory Assessment Case Work Officer that they require individual transport, and, in many cases, a passenger assistant to accompany them</p> <p>While only statutory provision is provided in this area, and charging is in line with our statistical neighbours, if growth continues at the same rate as in 2018/19 then it is likely that the overspend will increase from what is currently reported. This will be clearer in September or October once routes have</p>				

been finalised for the 19/20 academic year.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
Home to School Transport – Special continued				
<p>A strengthened governance system around requests for costly exceptional transport requests introduced in 2018/19 is resulting in the avoidance of some of the highest cost transports as is the use of personal transport budgets offered in place of costly individual taxis. Further actions being taken to mitigate the position include:</p> <ul style="list-style-type: none"> • An ongoing review of processes in the Social Education Transport and SEND teams with a view to reducing costs • An earlier than usual tender process for routes starting in September to try and ensure that best value for money is achieved • Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently. 				
13) Financing DSG	-60,696	-20,323	-7,000	-11%
<p>Within P&C, spend of £60.7m is funded by the ring fenced Dedicated Schools Grant. Current pressures on Funding to Special Schools and Units (£3.0m), High Needs Top Up Funding (£2.5m) and Out of School Tuition (£1.5m) equate to £7m and as such will be charged to the DSG.</p> <p>The final DSG balance brought forward from 2018/19 was a deficit of £7,171k.</p>				

APPENDIX 3 – Grant Income Analysis

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

Grant	Awarding Body	Expected Amount £'000
Grants as per Business Plan		
Public Health	Department of Health	293
Improved Better Care Fund	Ministry of Housing and Local Government	12,401
Social Care in Prisons Grant	DCLG	318
Winter Funding Grant	Ministry of Housing and Local Government	2,324
Unaccompanied Asylum Seekers	Home Office	2,875
Staying Put	DfE	174
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,693
Opportunity Area	DfE	3,400
Opportunity Area - Essential Life Skills	DfE	1,013
Adult Skills Grant	Skills Funding Agency	2,252
Non-material grants (+/- £160k)	Various	125
Total Non Baselined Grants 2019/20		27,526
Financing DSG	Education Funding Agency	60,969
Total Grant Funding 2019/20		88,495

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

Directorate	Grant Total £'000
Adults & Safeguarding	15,163
Children & Safeguarding	4,913
Education	3,422
Community & Safety	4,028
TOTAL	27,526

APPENDIX 4 – Virements and Budget Reconciliation**Virements between P&C and other service blocks:**

	Eff. Period	£'000	Notes
Budget as per Business Plan		254,936	
Cultural & Community Services	May	4,721	Transfer of Cultural & Community Services from Place & Economy
Children & Safeguarding - Legal Proceedings	May	30	Inflation allocation adjustment for Children's Services Legal from CS&LGSSMgd
Community & Safety – Trading Standards	June	694	Trading Standards moving from P&E
Commissioning - LAC Placements	June	350	Childrens: Exceptional secure accommodation GPC Funding
SEND Specialist Services	June	360	Childrens: SEND Investment GPC Funding
SEND Specialist Services	June	300	Childrens: Loss of grant GPC Funding
Strategic Management - Adults	June	1,350	Adults: Partial impact price pressures GPC Funding
Strategic Management - Adults	July	-12	Transfer P&E bus routes, as Ely Area Dial a Ride scheme now ended
Budget 2019/20		262,728	

APPENDIX 5 – Reserve Schedule as at Close 2019

Fund Description	Balance at 1 April 2019	2019/20		Year End Forecast 2019/20	Notes
		Movements in 2019/20	Balance at July 2019		
	£'000	£'000	£'000	£'000	
General Reserve					
P&C carry-forward	-4,756	4,756	0	-3,027	Overspend £3,027k applied against General Fund.
subtotal	-4,756	4,756	0	-3,027	
Equipment Reserves					
IT for Children in Care Placements	8	0	8	8	Replacement reserve for IT for Children in Care Placements (2 years remaining at current rate of spend)
subtotal	8	0	8	8	
Other Earmarked Reserves					
Adults & Safeguarding					
Hunts Mental Health	200	0	200	200	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
Commissioning					
Mindful / Resilient Together	0	0	0	0	Programme of community mental health resilience work (spend over 3 years)
Home to School Transport Equalisation reserve	116	0	116	116	Equalisation reserve to adjust for the varying number of school days in different financial years
Disabled Facilities	7	0	7	7	Funding for grants for disabled children for adaptations to family homes.
Community & Safety					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	10	0	10	10	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
Education					
Cambridgeshire Culture/Art Collection	153	0	153	153	Providing cultural experiences for children and young people in Cambs
Cross Service					
Other Reserves (<£50k)	0	0	0	0	Other small scale reserves.
subtotal	486	0	486	486	
TOTAL REVENUE RESERVE	-4,262	4,756	494	-2,533	

Appendix B – Agenda Item: 4

Fund Description	Balance at 1 April 2019	2019/20		Year End Forecast 2019/20	Notes
		Movements in 2019/20	Balance at July 2019		
	£'000	£'000	£'000	£'000	
<u>Capital Reserves</u>					
Devolved Formula Capital	1,983	0	1,983	1,983	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire Schools.
Basic Need	27,531	0	27,531	27,531	The Basic Need allocation received in 2018/19 is fully committed against the approved capital plan. Remaining balance is 2019/20 & 2020/2021 funding in advance
Capital Maintenance	0	0	0	0	The School Condition allocation received in 2018/19 is fully committed against the approved capital plan.
Other Children Capital Reserves	5	0	5	5	£5k Universal Infant Free School Meal Grant c/fwd.
Other Adult Capital Reserves	-56	0	-56	-56	Adult Social Care Grant to fund 2019/20 capital programme spend.
TOTAL CAPITAL RESERVE	29,463	0	29,463	29,463	

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

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2019/20						TOTAL SCHEME	
Original 2019/20 Budget as per BP	Scheme	Revised Budget for 2019/20	Actual Spend (July 19)	Forecast Spend – Outturn (July)	Forecast Variance – Outturn (July)	Total Scheme Revised Budget	Total Scheme Variance
£'000		£'000	£'000	£'000	£'000		
51,085	Basic Need – Primary	34,294	5,633	35,423	1,129	273,607	-1,277
64,327	Basic Need – Secondary	51,096	20,658	46,643	-4,452	320,279	-52
100	Basic Need - Early Years	2,173	635	2,173	0	5,718	0
7,357	Adaptations	1,119	760	1,119	0	13,428	0
6,370	Specialist Provision	4,073	246	4,020	-53	23,128	-53
2,500	Condition & Maintenance	3,623	186	3,623	0	27,123	0
1,005	Schools Managed Capital	2,796	0	2,796	0	9,858	0
150	Site Acquisition and Development	150	71	150	0	600	0
1,500	Temporary Accommodation	1,500	135	1,500	0	12,500	0
275	Children Support Services	275	0	275	0	2,575	0
5,565	Adult Social Care	5,565	4,189	5,565	0	30,095	0
3,117	Cultural and Community Services	5,157	885	5,108	-49	10,630	0
-16,828	Capital Variation	-13,399	0	-9,973	3,426	-61,000	0
2,744	Capitalised Interest	2,744	0	2,744	0	8,798	0
129,267	Total P&C Capital Spending	101,166	33,398	101,166	0	677,339	-1,382

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

Revised Budget for 2019/20	Forecast Spend - Outturn (July)	Forecast Spend - Outturn Variance (July)	Variance Last Month (June)	Movement	Breakdown of Variance	
					Under / overspend	Reprogramming / Slippage
£'000	£'000	£'000	£'000	£'000	£'000	£'000
Basic Need - Primary						
Histon Additional Places						
400	3,000	2,600	0	2,600	0	2,600
Although delays were initially anticipated on this project as it involves building a replacement for the current Histon & Impington Infant School on a site in the Green Belt, the Buxhall Farm scheme has accelerated and construction will now take place in year. While the replacement school will not be required until 2021, commencing work at this point will result in lower construction costs than if the project were delayed.						
Bassingbourn Primary School						
2,666	2,400	-266	-266	0	-266	0
Savings made on completion of scheme						
Godmanchester Bridge (Bearscroft Development)						
355	93	-262	-262	0	-262	0
Savings made on completion of scheme						
Gamlingay Primary School						
406	156	-250	-250	0	-250	0
Savings made on completion of scheme						
Basic Need - Secondary						
Fenland Secondary						
5,000	600	-4,400	-400	-4,000	0	-4,400
None of the applications submitted to the Department for Education (DfE) to establish the new secondary as free school were approved. Discussions are on-going over the extent and scale of highways investment necessary to improve access to and from the site. Until these are resolved, the final specification and associated cost of the project cannot be determined						
Other changes across all schemes (<250k)						
-	-	-807	-654	-153	-604	-203

Other changes below £250k make up the remainder of the scheme variances.

P&C Capital Variation

The Capital Programme Board recommended that services include a variation budgets to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been calculated as below, updated for the transfer of Cultural and Community Services. Slippage and underspends expected in 2019/20 are currently resulting in £3.76m of the capital variations budget being utilised.

2019/20					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (July 2019) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (July 2019) £000
P&C	-13,399	-3,426	3,426	25.6%	0
Total Spending	-13,399	-3,426	3,426	25.6%	0

6.2 Capital Funding

2019/20				
Original 2019/20 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2019/20 £'000	Funding Outturn (July 19) £'000	Funding Variance - Outturn (July 19) £'000
6,905	Basic Need	6,905	6,905	0
4,126	Capital maintenance	3,547	3,547	0
1,005	Devolved Formula Capital	2,796	2,796	0
4,115	Adult specific Grants	4,146	4,146	0
14,976	S106 contributions	6,555	6,555	0
2,052	Other Specific Grants	2,576	2,576	0
0	Capital Receipts	131	131	0
10,100	Other Revenue Contributions	10,100	10,100	0
74,390	Prudential Borrowing	51,386	51,386	0
11,598	Prudential Borrowing (Repayable)	13,024	13,024	0
129,267	Total Funding	101,166	101,166	0

Savings Tracker 2019-20

Forecast Savings 2019-20 £000

-10,844 -4,875 -2,021 -1,847 -1,828 -10,567 **277**

Reference	Title	Service	Committee	Original Saving 19-20	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving 19-20	Variance from Plan £000	% Variance	RAG	Forecast Commentary
A/R.6.114	Learning Disabilities - Increasing independence and resilience when meeting the needs of people with learning disabilities	P&C	Adults	-200	-200	0	0	0	-200	0	0.00	Green	Complete
A/R.6.126	Learning Disabilities - Converting Residential Provision to Supported Living	P&C	Adults	-250	-63	-63	-63	-63	-250	0	0.00	Green	On track
A/R.6.127	Care in Cambridgeshire for People with Learning Disabilities	P&C	Adults	-250	-63	-63	-63	-63	-250	0	0.00	Green	On track
A/R.6.128	Better Care Fund - Investing to support social care and ease pressures in the health and care system	P&C	Adults	-1,300	-1,300	0	0	0	-1,300	0	0.00	Green	On track
A/R.6.132	Mental Health Social Work PRISM Integration Project	P&C	Adults	-200	-50	-75	-50	-25	-200	0	0.00	Green	On track
A/R.6.133	Impact of investment in Occupational Therapists	P&C	Adults	-220	-50	-100	-50	-20	-220	0	0.00	Green	On track
A/R.6.143	Review of Support Functions in Adults	P&C	Adults	-150	-150	0	0	0	-150	0	0.00	Green	On track
A/R.6.174	Review of Supported Housing Commissioning	P&C	Adults / C&YP	-583	-80	-80	-80	-81	-321	262	44.94	Red	Expected to be delivered over 2 years into 2020/21
A/R.6.176	Adults Positive Challenge Programme	P&C	Adults	-3,800	-1,349	-983	-884	-584	-3,800	0	0.00	Green	On track
A/R.6.177	Savings through contract reviews	P&C	Adults	-412	-412	0	0	0	-412	0	0.00	Green	Complete
A/R.6.211	Safer Communities Partnership	P&C	C&P	-30	-30	0	0	0	-30	0	0.00	Green	Complete
A/R.6.212	Strengthening Communities Service	P&C	C&P	-30	-30	0	0	0	-30	0	0.00	Green	Complete
A/R.6.213	Youth Offending Service - efficiencies from joint commissioning and vacancy review	P&C	C&YP	-40	-40	0	0	0	-40	0	0.00	Green	Complete
A/R.6.214	Youth Support Services	P&C	C&YP	-40	-40	0	0	0	-40	0	0.00	Green	Complete
A/R.6.252	Total Transport - Home to School Transport (Special)	P&C	C&YP	-110	-28	-27	-28	-27	-110	0	0.00	Green	On track
A/R.6.253	Looked After Children (LAC) - Mitigating additional external residential placement numbers	P&C	C&YP	-500	-125	-125	-125	-125	-500	0	0.00	Green	On track
A/R.6.254	Looked After Children (LAC) - Fee negotiation and review of high cost placements	P&C	C&YP	-200	-50	-50	-50	-50	-200	0	0.00	Green	On track
A/R.6.255	Looked After Children (LAC) - Placement composition and reduction in numbers	P&C	C&YP	-1,311	-336	-325	-325	-325	-1,311	0	0.00	Green	On track
A/R.6.258	Children's home changes (underutilised)	P&C	C&YP	-350	-350	0	0	0	-350	0	0.00	Green	Complete
A/R.6.259	Early Years Service	P&C	C&YP	-200	-50	-50	-50	-50	-200	0	0.00	Green	On track
A/R.6.260	Reduction of internal funding to school facing traded services	P&C	C&YP	-151	-38	-38	-38	-37	-151	0	0.00	Green	On track
A/R.6.261	Schools Intervention Service	P&C	C&YP	-100	-25	-25	-25	-25	-100	0	0.00	Green	On track
A/R.6.263	Term time only contracts	P&C	C&YP	-30	0	0	0	-15	-15	15	50.00	Amber	Work has not yet started on this and as such it is unlikely to be fully achieved in 2019/20
A/R.6.264	Review of Therapy Contracts	P&C	C&YP	-321	0	0	0	-321	-321	0	0.00	Green	On track
A/R.7.101	Early Years subscription package	P&C	C&YP	-16	-4	-4	-4	-4	-16	0	0.00	Green	On track
A/R.7.103	Attendance and Behaviour Service income	P&C	C&YP	-50	-12	-13	-12	-13	-50	0	0.00	Green	On track

PERFORMANCE REPORT – QUARTER 1 2019/20

To: Adults Committee

Meeting Date: 12 September 2019

From: Executive Director – Peoples & Communities

Electoral division(s): All

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

Purpose: To provide performance monitoring information

Recommendation: To note and comment on performance information and take remedial action as necessary

<i>Officer contact:</i>		<i>Member contacts:</i>	
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1 BACKGROUND

- 1.1 This performance report provides information on the status of performance indicators the Committee has selected to monitor to understand performance of services the Committee oversees.
- 1.2 The report covers the period of Q1 2019/20, up to the end of June 2019.
- 1.3 The full report is in appendix 1. It contains information on
- Current and previous performance and projected linear trend
 - Current and previous targets (not all indicators have targets, this may be because they are being developed or because the indicator is being monitored for context)
 - Red / Amber / Green (RAG) status
 - Direction for improvement (this shows whether an increase or decrease is good)
 - Change in performance (this shows whether performance is improving (up) or deteriorating (down))
 - Statistical neighbour performance (only available where a standard national definition of indicator is being used)
 - Indicator description
 - Commentary on the indicator
- 1.4 The following RAG statuses are being used:
- Red – current performance is 10% or more from target
 - Amber – current performance is off target by less than 10%
 - Green – current performance is on target or better by up to 4%
 - Very Green – current performance is better than target by 5% or more
- Red and Very Green indicators will be reported to General Purposes Committee in a summary report.
- 1.5 Information about all performance indicators monitored by the Council Committees will be published on the internet at <https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&performance-reports/> following the General Purposes Committee meeting in each quarterly cycle.

2 CURRENT PERFORMANCE

- 2.1 Current performance of indicators monitored by the Committee is as follows:

Status	Number of indicators	Percentage of total indicators with target
Red	1	10%
Amber	3	30%
Green	2	20%
Very Green	4	40%
No target	0	0%

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

Source Documents	Location
None	

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
6.0%	2.1%	1.4%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)		RAG Rating	
7.2%	6.0%		R	

Indicator Description

The measure is intended to improve the employment outcomes for adults with a primary support reason of learning disability support, reducing the risk of social exclusion. There is a strong link between employment and enhanced quality of life, including evidenced benefits for health and wellbeing and financial benefits.

The measure shows the proportion of adults with a primary support reason of learning disability support who are recorded as being in paid employment. The information would have to be captured or confirmed within the financial year reporting period.

The measure is focused on 'paid' employment. Voluntary work is not collected in SALT and thus, is excluded from the measure. Paid employment is measured using the following two categories:
 - Working as a paid employee or self-employed (16 or more hours per week); and,
 - Working as a paid employee or self-employed (up to 16 hours per week)

Calculation:
 $(X/Y) * 100$

Where:
 X: All people within the denominator, who are in employment. The numerator should include those recorded as in paid employment irrespective of whether the information was recorded in an assessment, review or other mechanism. However, the information would have to have been captured within the financial year.

Y: Number of working-age clients with a primary support reason of learning disability support "known to CASSRs" during the period.

Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

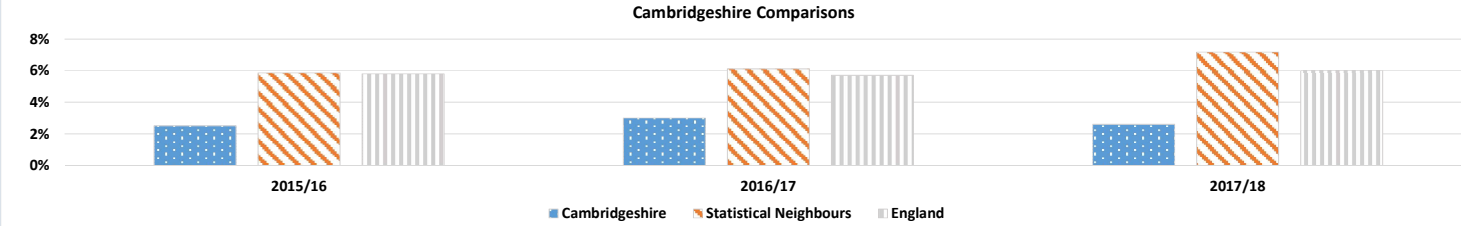
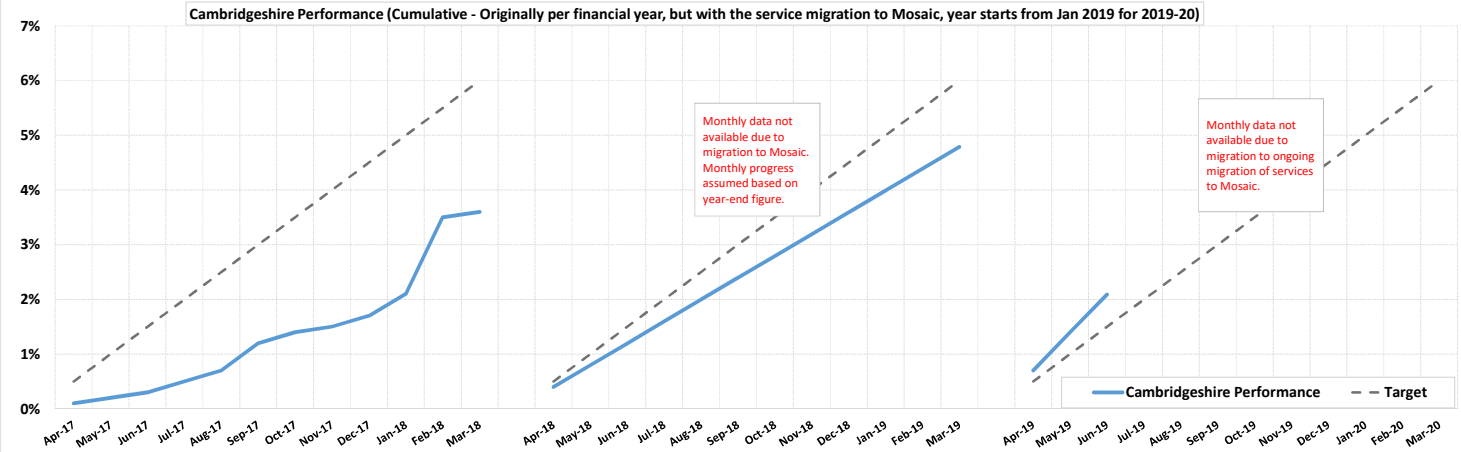
Useful Links

NHS Digital 2017/18 Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:
<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance at this indicator has been improving recently, with the year end figure for 2018-2019 exceeding that of the previous 3 years.

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.

The migration to Mosaic has had a positive impact on performance at this indicator by prompting workers to update of the employment status at each assessment/review.

To support delivery of the LD Employment Strategy a working group has been formed to develop a targeted workplan to improve employment opportunities for this cohort of service users. 16 individuals have been identified for employment support to add to the 50 already in paid employment.

Although performance is above target at the end of Q1, the indicator remains red as there is still a significant risk that the year end target may not be met at year end due to the complexities involved in securing paid employment in the current economic climate. This judgement will be kept under review and will be revised in subsequent reports if the recent trends continue.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
564.0	406.0	370.9	↓	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
535.6	585.6	VG		

Indicator Description

Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency, and the inclusion of this measure in the framework supports local health and social care services to work together to reduce avoidable admissions. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. However, it is acknowledged that for some client groups that admission to residential or nursing care homes can represent an improvement in their situation.

This measure reflects the number of older people whose long-term support needs are best met by admission to residential and nursing care homes relative to the group population. The measure compares council records with ONS population estimates. People counted in this measure should include:

- Users where the local authority makes any contribution to the costs of care, no matter how trivial or location of residential or nursing care
- Supported users and self-funders with depleted funds (set out in The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions)

Calculation:
 $(X/Y) * 100,000$

Where:
 X: The sum of the number of council-supported older people (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care).

Y: Size of older people population (aged 65 and over) in area (ONS mid-year population estimates).

Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

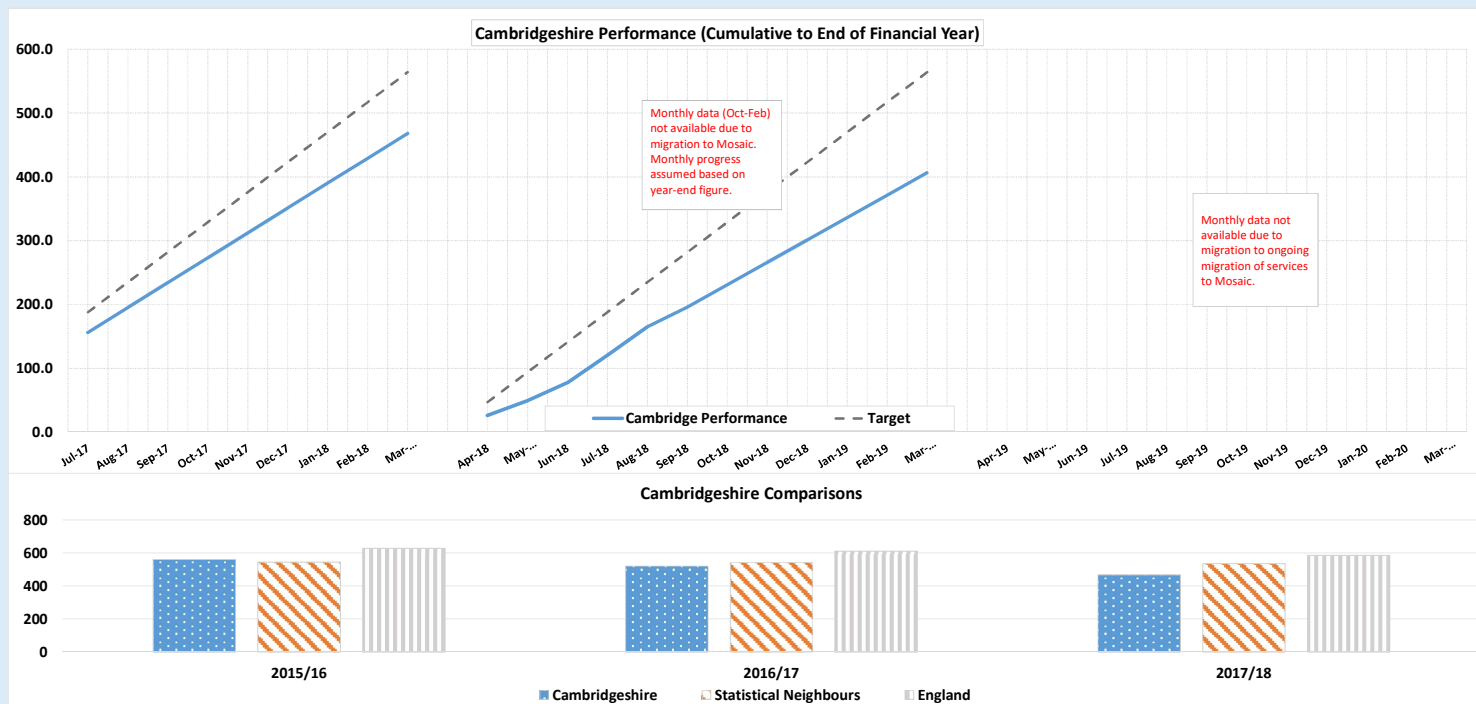
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Final_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

The implementation of the Transforming Lives model, combined with a general lack of available residential and nursing beds in the area has continued to keep admissions below national and statistical neighbour averages.

N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.

No new data is currently available for this measure during ongoing migration of service data to Mosaic system.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
114.0	118.9	117.2	↓	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
194.0	129.0	A		

Indicator Description

This measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care.

This measure reflects the number of delays in transfer of care which are attributable, to social care services. A delayed transfer of care from acute or non-acute (including community and mental health) care occurs when a patient is ready to depart from such care and is still occupying such a bed.

Calculation:
 $(X/Y) * 100,000$

Where:
 X: The average number of delayed transfers of care (for those aged 18 and over) each day that are attributable to Social Care. This is the average of the 12 monthly "DToC Beds" figures calculated from the monthly Situation Report (SitRep).

Y: Size of adult population in area (aged 18 and over)

Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

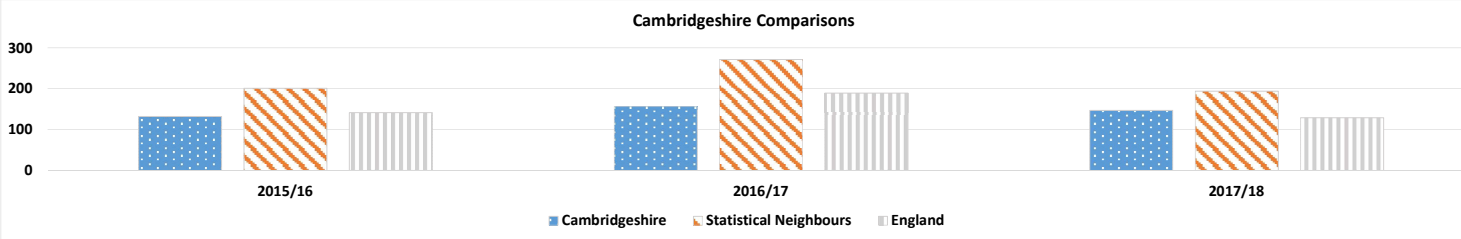
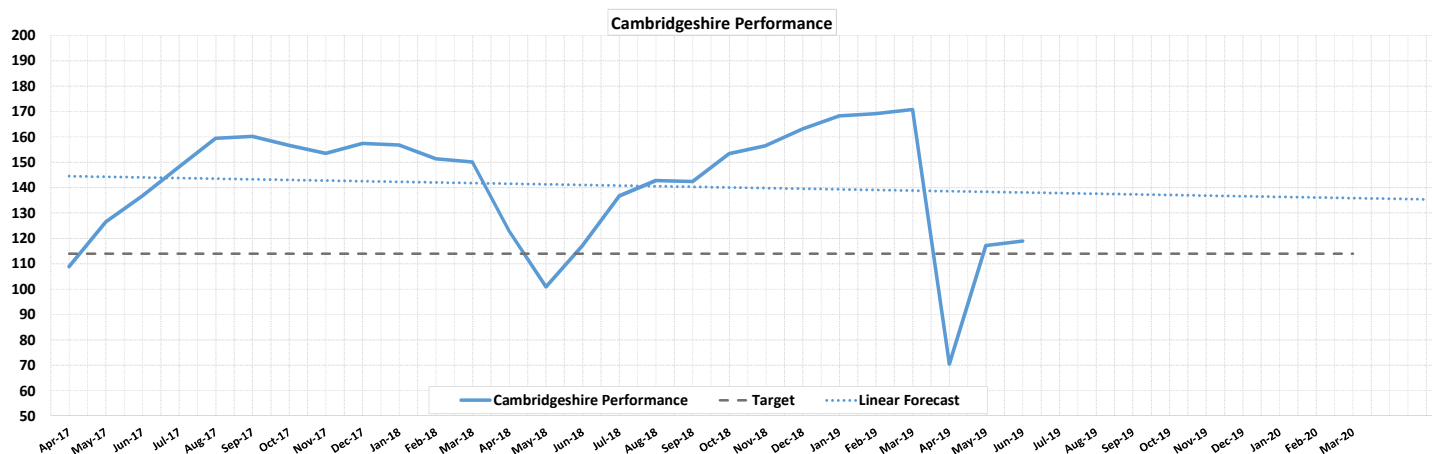
Useful Links

NHS Digital 2017/18 Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

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(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Although recent performance is exceeding the target ceiling, the period from Apr-Jun 19 has seen figures below or within 10% of target, which, relatively speaking is significantly better than at any other 3 month period in recent years.

Across this period, delays arranging domiciliary care accounted for 62% of social care attributable bed day delays. This reason was the most common cause for ASC delays for the top 4 hospital trusts reporting DToCs in Cambridgeshire, Cambridge University Hospitals FT, North West Anglia FT, Cambridgeshire & Peterborough FT and Queen Elizabeth Hospital.

The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles & responsibilities. We continue to work in collaboration with health colleagues to ensure correct and timely discharges from hospital.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
12.5%	13.5%	13.4%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)		RAG Rating	
9.3%	7.0%		VG	

Indicator Description

The measure is of improved employment outcomes for adults with mental health problems, reducing their risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. Employment outcomes are a predictor of quality of life, and are indicative of whether care and support is personalised. Employment is a wider determinant of health and social inequalities.

The measure shows the percentage of adults receiving secondary mental health services in paid employment at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.

Adults here are defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA). The measure is focused on 'paid' employment. Voluntary work is to be excluded for the purposes of this measure.

Calculation:
 $(X/Y) * 100$

Where:
 X: Number of working age adults (18-69 years) who are receiving secondary mental health services and who are on the CPA recorded as being in employment. The most recent record of employment status for the person during the previous twelve months is used.

Y: Number of working age adults (18-69 years) who have received secondary mental health services and who were on the CPA at the end of the month.

Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

Useful Links

NHS Digital 2017/18 Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

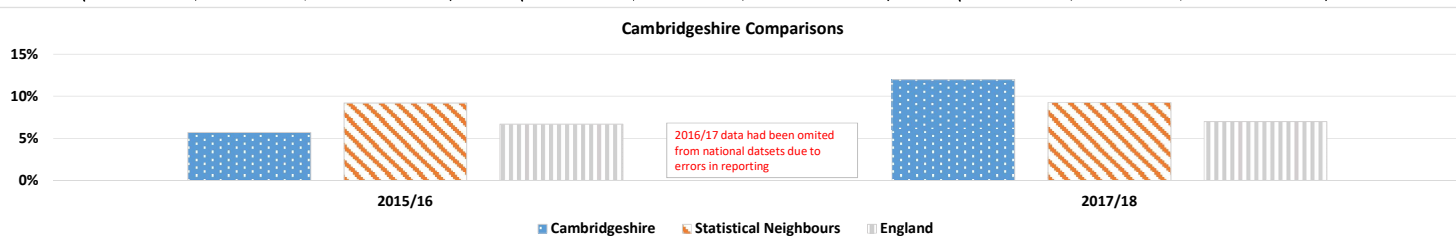
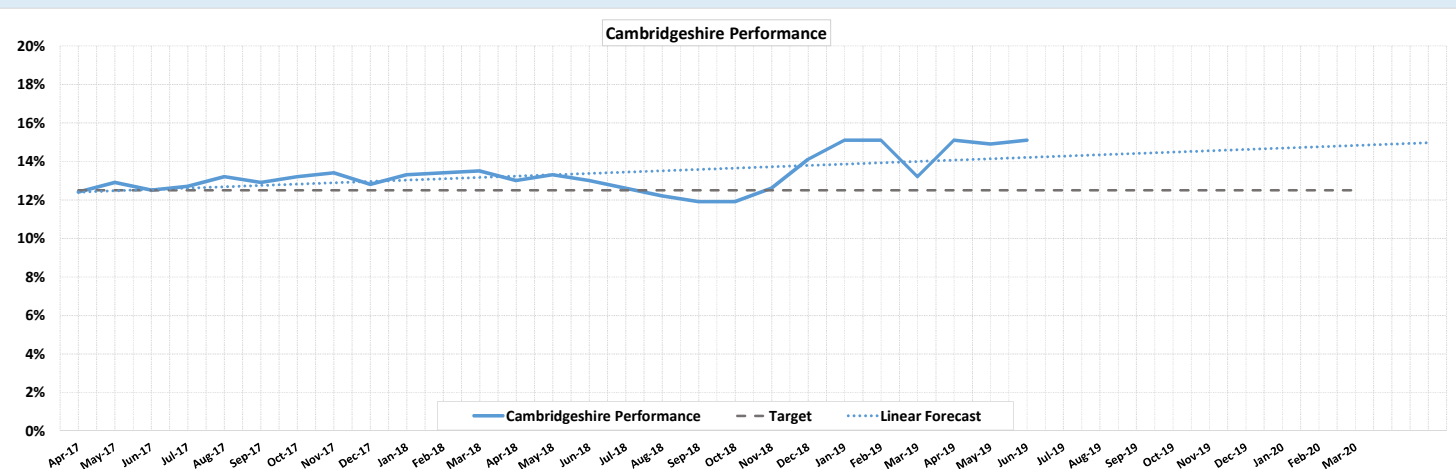
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

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(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance at this measure is above target. Reductions in the number of people in contact with services are making this indicator more variable while the numbers in employment are changing more gradually.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
87.0%	95.3%	94.2%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
96.0%	94.0%	<div style="background-color: green; color: white; padding: 5px; text-align: center; width: fit-content; margin: 0 auto;">VG</div>		

Indicator Description

The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

As part of the statutory reporting of safeguarding cases, those adults at risk may be asked what their desired outcomes of a safeguarding enquiry are. Where desired outcomes have been expressed, upon conclusion of the safeguarding enquiry the achievement of these outcomes is reported.

This data is collected as part of the statutory Safeguarding Adults Collection.

Calculation:
 $(X/Y) * 100$

Where:
 X: The number of concluded enquiries where outcomes were either achieved or partially achieved.
 Y: The number of concluded enquiries where the adult(s) expressed desired outcomes.

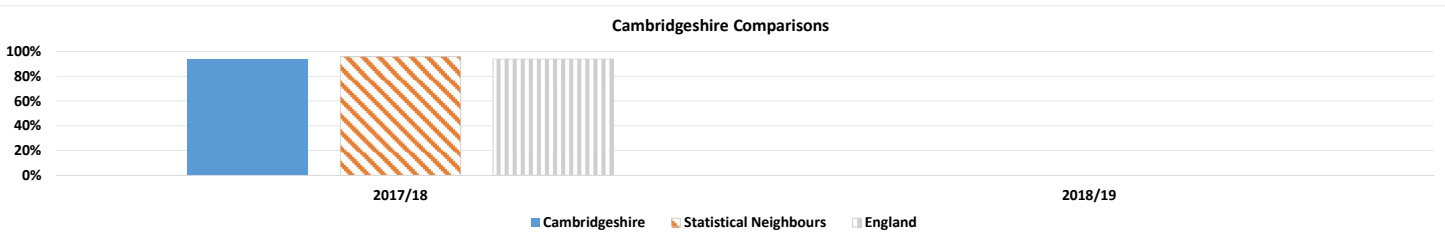
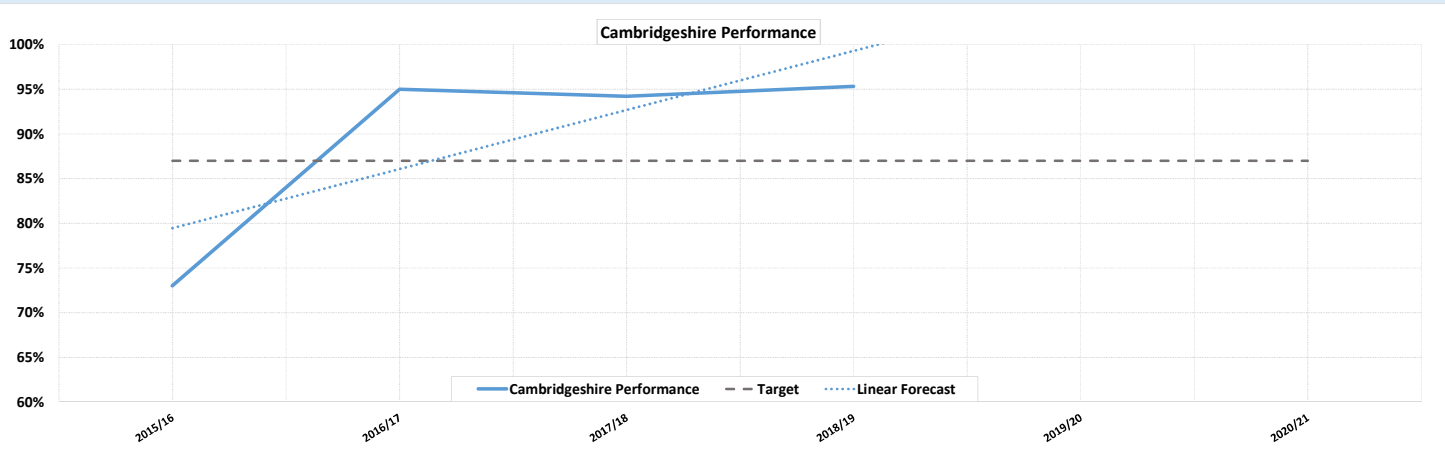
Useful Links

NHS Digital 2017/18 Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

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Commentary

Performance at this measure is strong and remains consistent with national performance and that of statistical neighbours. There is room for improvement in the number of adults at risk being asked to express their desired outcomes. In 2017/18, approximately 17% of adults at risk who were subject to a S42 enquiry were not asked for their desired outcomes.

Target	Current Month	Previous Month	Direction for Improvement	Change in Performance
24.0%	23.5%	23.0%	↑	↑
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
31.7%	28.5%	A		

Indicator Description

Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation. The Care Act places personal budgets on a statutory footing as part of the care and support plan.

In previous iterations of the ASCOF, there were recognised limitations to this measure. The implementation of the SALT return has enabled this measure to be strengthened. Its scope has been limited to people who receive long-term support only, for whom self-directed support is most relevant, and this will better reflect councils' progress in delivering personalised services for users and carers. Both measures for self-directed support and direct payments have also been split into two, focusing on users and carers separately.

This measure reflects the proportion of people who receive a direct payment either through a personal budget or other means.

Calculation:
(X/Y)*100

X: The number of users receiving direct-payments and part-direct payments at the financial year end.

Y: Clients aged 18 or over accessing long term support at the financial year end.

Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

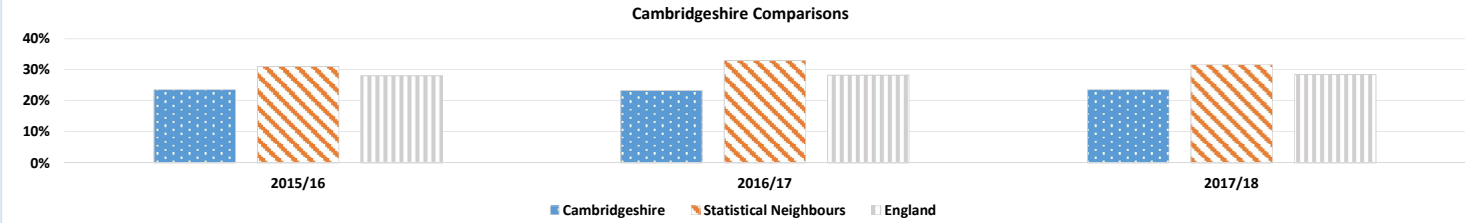
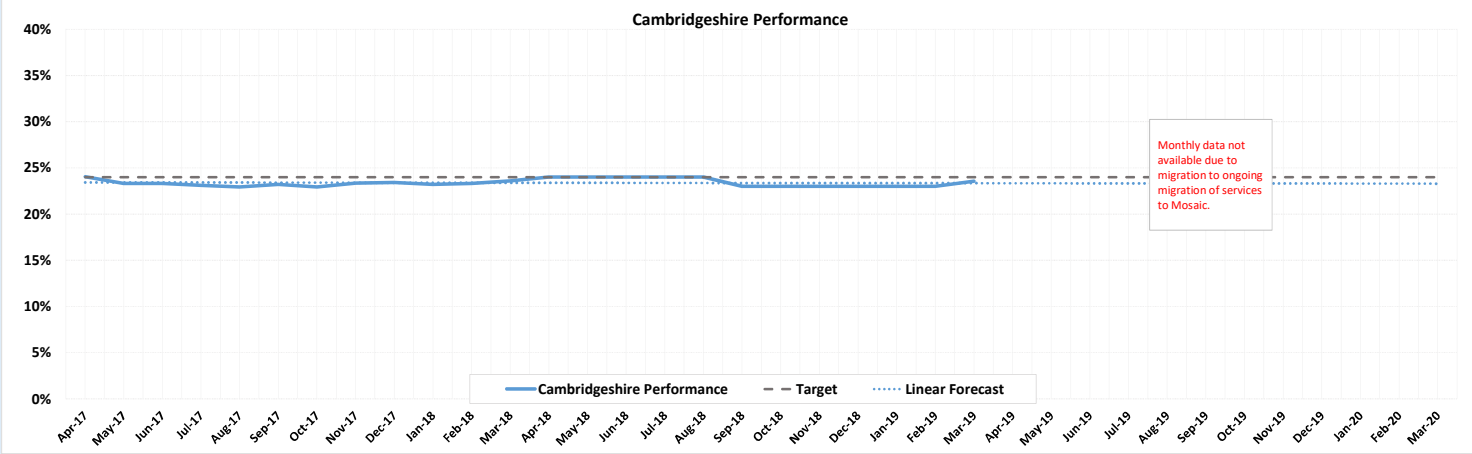
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(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

The proportion of adults receiving Direct Payments increased slightly at the end of 2018/19 bring this indicator to within 10% variance of target. The target for this indicator was increased during 2018 in order to reflect thyeen eastern region average, causing the indicator to be below target.

Work is underway to investigate why uptake of direct payments has reduced and put steps in place to address any issues as we would hope to increase use of direct payments as part of the move towards a more personalised approach.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
77.8%	91.2%	93.0%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
79.5%	77.8%	<div style="background-color: green; color: white; text-align: center; padding: 5px;">VG</div>		

Indicator Description

This measure will reflect the proportion of those new clients who received short-term services during the year, where no further request was made for ongoing support. Since short-term services aim to reable people and promote their independence, this measure will provide evidence of a good outcome in delaying dependency or supporting recovery – short-term support that results in no further need for services.

In this context, short-term support is defined as ‘short-term support which is designed to maximise independence’, and therefore will exclude carer contingency and emergency support. This prevents the inclusion of short-term support services which are not reablement services.

Calculation:
 $(X/Y) * 100$

Where:
 X: Number of new clients where the sequel to "Short Term Support to maximise independence" was "Ongoing Low Level Support"; "Short Term Support (Other)"; "No Services Provided - Universal Services/Signposted to Other Services"; "No Services Provided - No identified needs".

Y: Number of new clients who had short-term support to maximise independence. Those with a sequel of either early cessation due to a life event, or those who have had needs identified but have either declined support or are self-funding should be subtracted from this total.

Source: The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions

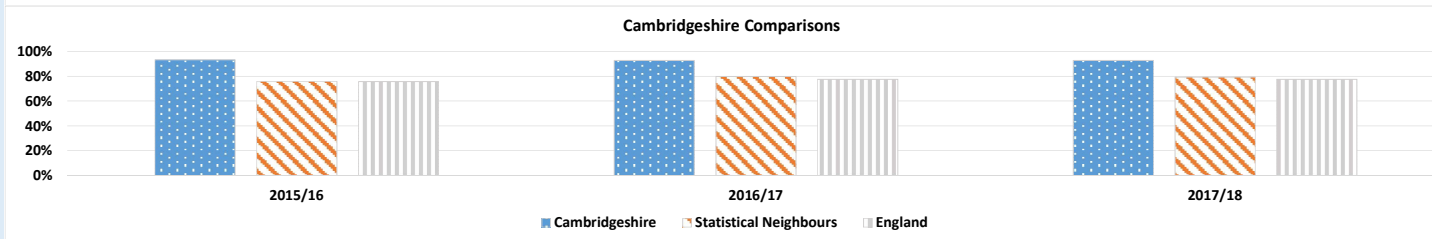
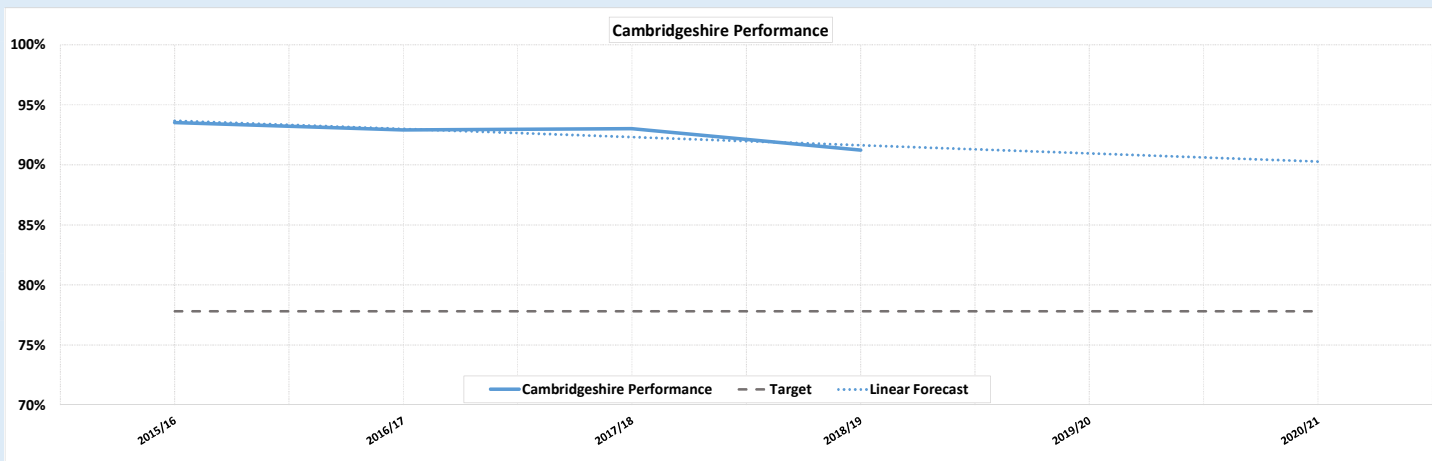
Useful Links

NHS Digital 2017/18 Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:
<https://lginform.local.gov.uk/>

The Adult Social Care Outcomes Framework 2018/19 Handbook of Definitions:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/687208/Enal_ASCOF_handbook_of_definitions_2018-19_2.pdf



(Mean England and Statistical Neighbour data obtained from NHS Digital)

Commentary

Performance has dipped slightly in 2018/19 but is still comfortably above target, as well as the national and statistical neighbour averages.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
804	804	813	↓	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
875	1031	G		

Indicator Description

This will be a metric reported to the Adult Positive Challenge trajectory board. The goal is to minimise the reliance on Council funded support but also to keep the balance of Council funded supported weighted toward community rather than residential settings.

The method used in the calculation of this measure is as follows:

$$R = \frac{X}{Y} * 100000$$

Where R is the rate per 100 000 members of the population.

X is the sum of all clients receiving long-term support in a community setting as defined in the Social Care SALT Return at the end of the period.

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS001b, Tables 1a and 1b

Useful Links

NHS Digital 2017/18 Data:

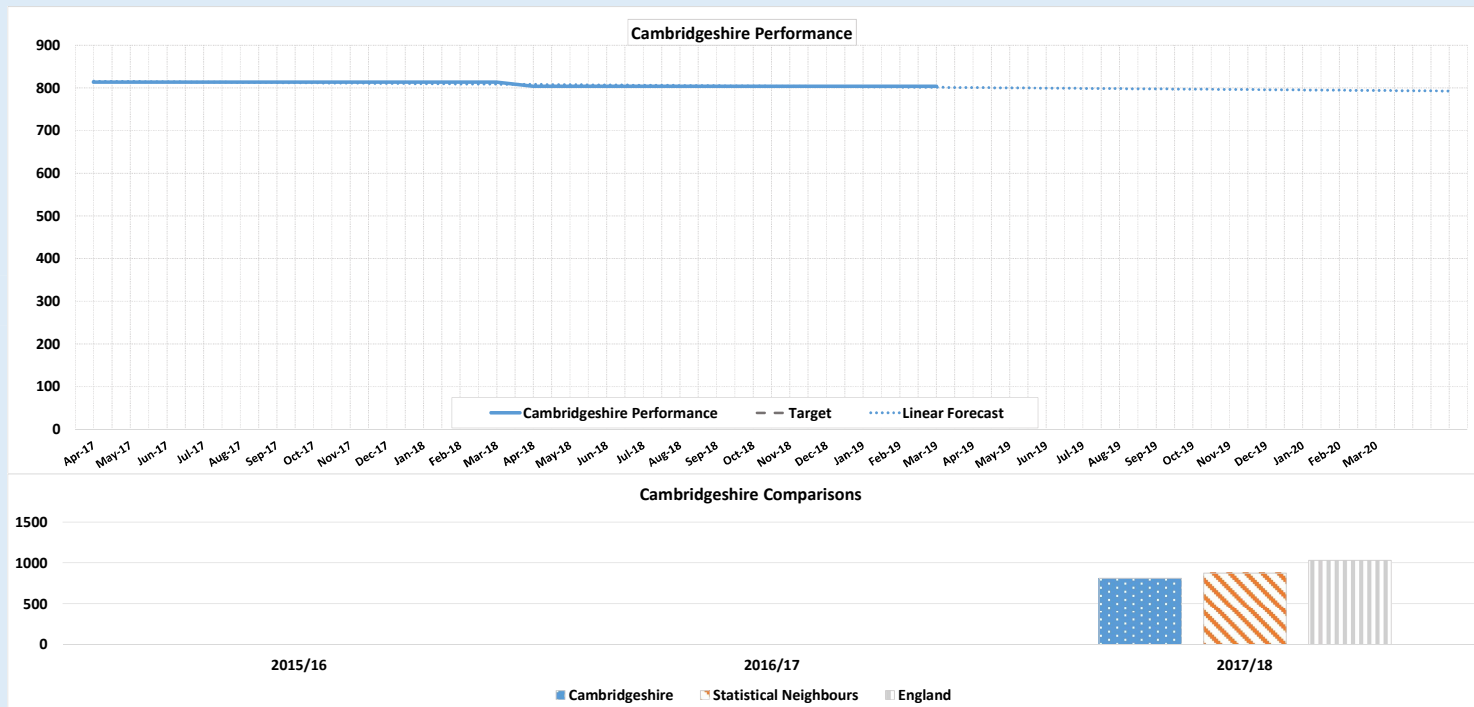
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>

NHS Digital Archived Data:

<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>

LG Inform:

<https://lginform.local.gov.uk/>



Commentary

The number of clients receiving long-term support in the community continues to fall. This is likely to be caused by the success of preventative and early intervention services. The target is set as the 2018/19 baseline with a view to reduce this number further in 2019/20

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
271	517	622	↓	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG rating		
280	249	A		

Indicator Description

Carers assessment and targeted support can enable carers to continue caring for family members in their own homes and prevent carer breakdown.

The method used for calculating this measure is as follows:

$$R = X/Y * 100000$$

Where R is the rate per 100 000 members of the population.

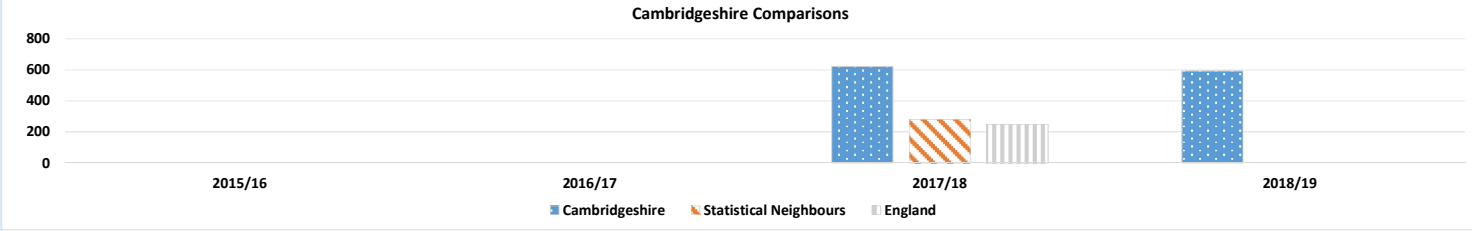
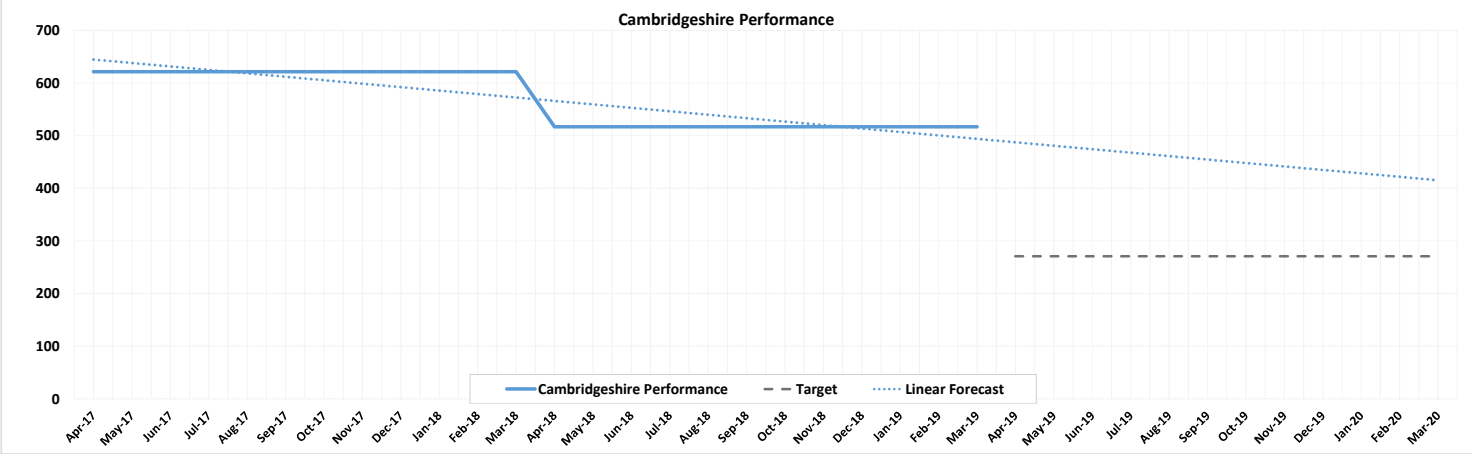
X is the sum of all carers supported by the following the following delivery mechanisms (as defined by the Social Care SALT Return): "Direct Payment only", "Part Direct Payment", "CASSR Managed Personal Budget", "CASSR Commissioned Support only" and "Respite or other forms of carer support delivered to the cared-for-person".

And Y is the adult population of the county based on the relevant mid-year estimate from the Office for National Statistics.

Source: SALT LTS003, Table 1

Useful Links

- NHS Digital 2017/18 Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/current>
- NHS Digital Archived Data:
<https://digital.nhs.uk/data-and-information/publications/clinical-indicators/adult-social-care-outcomes-framework-ascof/archive>
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Commentary

Performance at this indicator appears to be falling, however this does not necessarily mean that fewer carers are being supported. In previous years one-off direct payments were often used as a standard delivery mechanism for support a carer. There is now a greater focus on targeting support to carers in more varied ways which do not necessarily involve one-off grant payments. Recording of these interactions with carers is less robust than those involving a financial transaction and as such, the number of carers being supported appear to be in decline. Target represents a 50% reduction of Carer Direct Payments from the 2018/19 baseline.

Target	Current Year	Previous Year	Direction for Improvement	Change in Performance
12.3%	12.3%	27.5%	↑	↓
Statistical Neighbours Mean (2017/18)	England Mean (2017/18)	RAG Rating		
N/A	N/A	G		

Indicator Description

A metric to measure the promotion of TEC as a means of preventing people from deteriorating and requiring long term care and support.

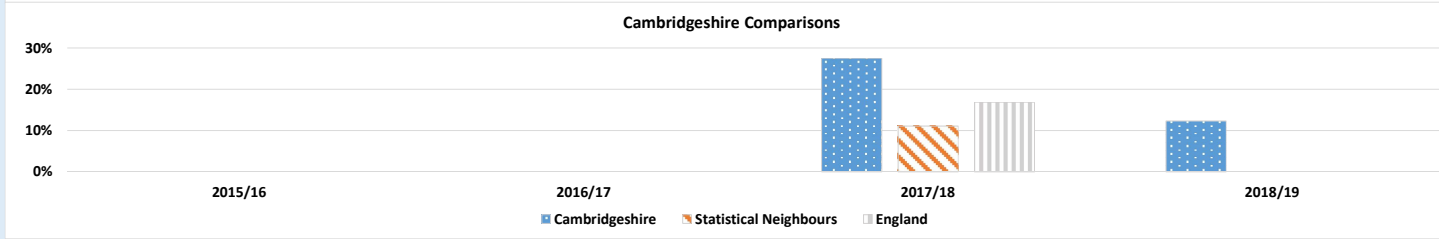
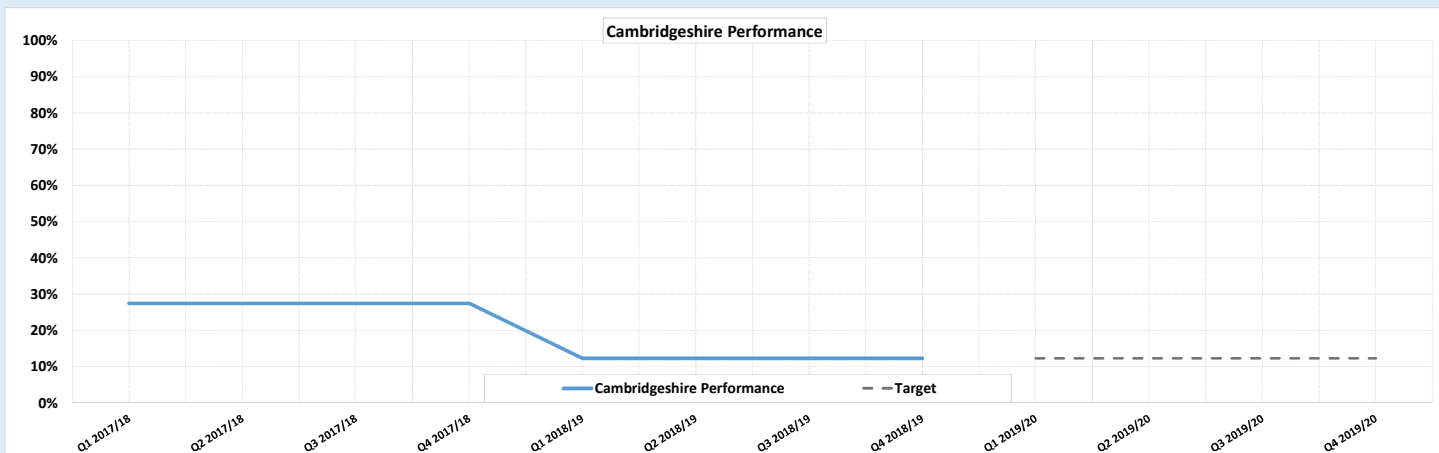
The method used in the calculation of this measure is as follows:

$$\% = X/Y$$

Where X is the number of requests for support received in the period where the sequel to that request was "Ongoing Low Level Support" as defined by the Social Care SALT Return.

And Y is the total number of requests for support received by the county during the period.
Source: SALT STS001, Tables 1a and 1b

Useful Links



Commentary

The number of requests for support resulting in ongoing low-level support was lower in 2018/19 than in the preceding year, however the percentage change was magnified by the fact that there was a significant increase in requests recorded in general. This is due in part to the implementation of more robust recording processes for contacts and Adult Early Help, with a large increase in the proportion of requests resulting in signposting to universal services/information/advice.

It is also important to note, this is a measure of requests resulting in only ongoing low-level support. TEC & equipment will be incorporated into the support plans of clients receiving long term services, and reablement - these outcomes will not be counted here.

The target is set at the 2018/19 baseline with a view to increasing this figure in 2019/20.

BUSINESS PLANNING

To: **Adults Committee**
Meeting Date: **12 September 2019**
From: **Will Patten, Director of Commissioning**
Electoral division(s): **All**
Forward Plan ref: **N/A** *Key decision:* **No**

Purpose: **This report provides an update on the current business planning process for Adults and Safeguarding.**

Recommendation: **To consider and comment on the contents of the report.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Will Patten	Names:	Councillors Anna Bailey and Mark Howell
Post:	Director of Commissioning	Post:	Chair/Vice-Chair
Email:	Will.patten@cambridgeshire.gov.uk	Email:	
Tel:	07919 365883	Tel:	01223 706398

1. BACKGROUND

1.1 This paper provides an update on the business planning process for Adults and Safeguarding.

2. MAIN ISSUES

2.1 BUSINESS PLANNING

Business Planning is a rolling five year process and the Council is currently working on development of the 2020-2025 plan. The purpose of the Business Plan is to provide a summary of the Council's:

- Long term vision
- Medium term financial strategy (MTFS)
- Budget allocations for services
- Capital plan
- Funding estimates
- Priorities and planned activities across the organisation for the next five years

The Business Plan is refreshed every year and formally approved by Full Council each February. During the period of this plan the Council will continue to face financial challenges as the continuing issues with fairer funding formula, coupled with significant growth, affect both demand for services and the level of resources the Council has available to fund their provision.

2.2 FINANCIAL CHALLENGES

The Council is legally required to set a balanced budget each year. In the current year's 2019-24 Business Plan a council wide budget gap for 2020/21 of £14m was identified. The Council continues to face significant financial pressures as a result of increased demand and rising costs of care and within the current years Business Plan we have already proposed £3.8m of demand mitigations through the Adults Positive Challenge Programme in 2019/20. Since the start of the financial year we have been revising costs and demographic pressure forecasts for 2019/20, as well as identifying further savings and efficiencies to mitigate these.

Demand Pressures

Cambridgeshire was the fastest growing county authority between 2001 and 2011 and is expected to continue to grow. The estimated population in 2014 was 639,800, with 17.7% of the population (113,500 people) aged 65 and over, which is in line with the England average. The population of Cambridgeshire is forecast to grow by 23% between 2016 and 2036, an additional 147,700 people. The areas forecast to see the biggest growth are South Cambridgeshire (34%) and East Cambridgeshire (29%). Cambridgeshire's population is also ageing; the population aged 65+ in Cambridgeshire is expected to increase by 64% between 2016 and 2036, an additional 76,300 people. The area forecast to see the biggest increase in people aged 65+ is Huntingdonshire (67%).

In addition to demographic demand, with an increasingly ageing population we are experiencing more complex support needs. The below diagram shows the predicted increase in a range of conditions by 2025.

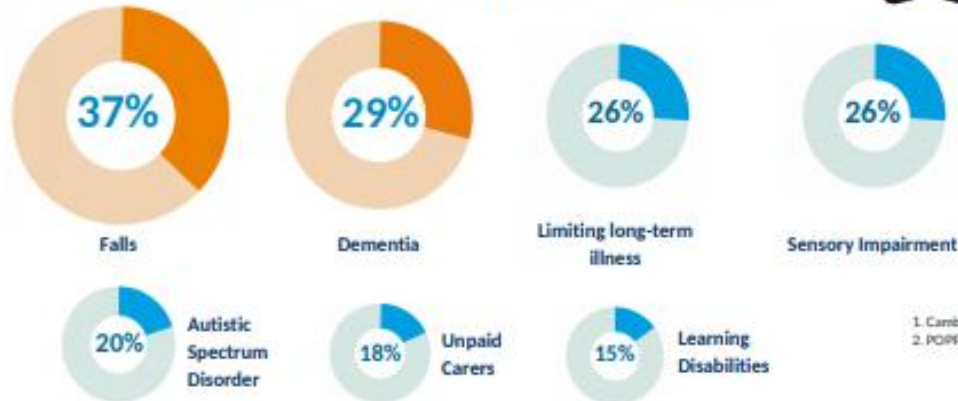
Ageing Population

Our population of older people is increasing at a much higher rate than that of the general population. These increases will mean a much higher demand on our services for older people.

By 2026 the population is projected to increase by ¹



By 2025 people aged 65+ are projected to have an increase in these conditions ²



1. Cambridge Research Group
2. POPPI (<http://www.popp.org.uk/>)

Increasing Costs of Care

In addition, costs of care are rising significantly across Cambridgeshire, a symptom of a supply led market where there is limited supply to meet demand and competition for beds between the local authority, NHS and self-funders inflate market prices. Key reasons for increasing costs, relate to:

- Recruitment and retention of staff, particularly nursing staff (Cambridgeshire has the second lowest ratio of care workers to population – age 65 plus with 919 care workers per 10,000 population).
- Financial pressures for providers - National living wage increases (on 1st April 2019 the national living wage increased by 4.9%), Automatic Enrolment and Care Quality Commission (CQC) fee increases.
- Inflation rates (in November 2018 the RPI inflation rate was 2.9%).
- A market with high demand a low voids
- Available capacity – geographical variances
- Affordability of capacity due to competition with self-funders and NHS commissioners

2.3 PRIORITIES

Business Planning is underpinned by the following vision and strategic priorities for People and Communities.

The vision is outlined below:



The following strategic priorities help us to deliver on this vision:

- A strength, assets based approach to conversations
- Maximisation of community assets to support delivery of place based provision of services
- Emphasise early help to prevent problems escalating to the point of crisis
- Give service users choice and control through self-directed support
- Working with the care market to create sustainable capacity and new models of care, including development of outcomes based commissioning
- Build and use individual and community capacity to create resilience, maintain health and wellbeing, with an increasing focus on delaying the point at which people require additional support and minimising the reliance on public services
- Involve service users in shaping services, and provide individually tailored support for the specific needs of each child, family or adult along with access to quality information and advice
- Ensure services are coordinated (including with partners) and underpinned, wherever possible, by a single assessment and support plan which avoids duplication
- Make sure that all our services and those provided on our behalf meet the quality standards that people have a right to expect
- Follow the commissioning cycle for all services– analysing needs, specifying a service model and continually reviewing outcomes
- Use high quality workforce development to ensure that staff in the Council and across the sector have the right skills, knowledge and qualifications to provide high quality services

2.4 PROCESS AND TIMELINES

To inform the Business Planning process, costs and demographic pressure forecasts have been revised. Part of this process has included the identification of further savings and efficiencies to mitigate these. The formal Business Planning process will go through Committees and Council

throughout the autumn and winter and the below outlines the next steps and milestones associated with this process:

- Business planning strategies discussed at General Purposes Committee – 10th September 2019 (Medium Term Financial Strategy, Capital Strategy, Corporate Strategy)
- Business Planning proposals and reports (capital and revenue) presented to committees – October and December 2019
- Draft business plan and strategies presented to General Purposes Committee – January 2020
- Business Plan approved at Full Council – February 2020

3. ALIGNMENT WITH CORPORATE PRIORITIES

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

3.1 A good quality of life for everyone

Managing the provision of services to support people to access the right care in the right place to support a good quality of life for everyone.

3.2 Thriving places for people to live

There are no significant implications for this priority.

3.3 The best start for Cambridgeshire's Children

There are no significant implications for this priority.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications within this category.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category

4.3 Statutory, Legal and Risk Implications

There are no significant implications within this category

4.4 Equality and Diversity Implications

There are no significant implications within this category

4.5 Engagement and Communications Implications

There are no significant implications within this category

4.6 Localism and Local Member Involvement

There are no significant implications within this category

4.7 Public Health Implications

There are no significant implications within this category

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service Contact?	N/A
Have any engagement and communication implications been cleared by Communications?	N/A
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A
Have any Public Health implications been cleared by Public Health	N/A

Source Documents	Location
None	

ADULT SOCIAL CARE CHARGING POLICY REVIEW

To: **Adults Committee**

Meeting Date: **12 September 2019**

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

Electoral division(s): **All**

Forward Plan ref: **2019/058** *Key decision:* **Yes**

Purpose: **The purpose of this report is to put forward for consideration a number of proposed changes to the Council's adult social care charging policy in order to bring it into line with those of other local authorities following changes arising from the Care Act 2014.**

Recommendation: **The Committee is asked to consider the proposals to change the Council's care charging policy to bring it into line with those of other local authorities following changes arising from the Care Act 2014 and to consent to undertake a full public consultation on these proposals.**

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1. BACKGROUND

- 1.1 Thousands of people in Cambridgeshire currently arrange and pay for their care and support with no involvement from the Council. Of those people in receipt of Council arranged care and support, around 60% contribute financially towards the cost of their care, which significantly reduces the demands on the overall Adult Social Care budget. This allows the Council to invest in prevention services that support people before they become eligible for a formal care package.
- 1.2 Under the Care Act 2014 Local Authorities that provide adult social care services are able to decide whether to charge for certain types of care and support on a means tested basis, but are restricted to only charging people what they can afford to pay, through protected minimum income levels set by national Government. This means that people must be left with a guaranteed minimum income, on which to live, after charging has taken place.
- 1.3 The 2017 Cambridgeshire Budget Consultation Survey found that almost six out of ten (59%) residents supported the Council's proposal to change its charging policy for adult social care to charge for the same things and at similar levels as other Local Authorities.
- 1.4 Many people in receipt of social care support receive disability benefits which are paid specifically to help people pay for their care and support. People can either use their benefits to arrange and pay for care and support privately, or they can use them to pay for care and support arranged for them by the Local Authority. In addition to this, the Council also provides many services free of charge to those in need of care and support, including: reablement, community equipment, minor property adaptations, comprehensive information advice & signposting to a range of community and voluntary sector organisations, carers support, falls prevention services and technology enabled care.
- 1.5 The Care Act 2014 came into force in April 2015, and sets out a single legal framework and associated guidance for charging for care and support services. In response to this, Cambridgeshire's policy on charging for adult social care services was reviewed during 2017, culminating in a report to Adults Committee of 9th November 2017. A number of changes were proposed to the charging policy at this time for consideration (proposals listed at 2.2 i) to iii) in this report). Following a 12 week period of public consultation which ended on 23rd February 2018, these proposals were considered carefully by Adults Committee in March 2018, and after taking into account the consultation responses and the financial position of the Authority at that time, Adults Committee chose not to introduce these changes.
- 1.6 In common with all other Councils with social services responsibilities, Cambridgeshire continues to face significant financial and demographic pressures, particularly in Adult Social Care. Setting the Council's 2019/20 budget proved to be particularly challenging because of continuing and ongoing reductions in Government funding levels and increasing levels of demand. The worsening financial context that Councils now face and the increasing demand for Council arranged care and support has consequently obliged Cambridgeshire to revisit its Adult Social Care charging policy and re-examine the issue in the current and future financial context. Cambridgeshire's charging policy has therefore been carefully reviewed having regard to the Care Act charging legislation and guidance, and through close and detailed comparison with other Councils to identify changes for consideration to how clients contribute towards the cost of their care and support.

- 1.7 The charging policy changes proposed have been agreed and implemented by many other Councils (including Peterborough and most other neighbouring Councils – see Appendix 1) in response to the scale of the financial pressures now being faced by Local Authorities, and they provide an opportunity to limit and offset the impact of these pressures without reducing or withdrawing services. The Council is obliged to publicly consult on any proposals where it exercises its discretion to change its care charging policy.
- 1.8 The scope for such changes has however now become more limited as successive year's savings and efficiency measures have been applied across all key areas of adult social care business - and the Council's statutory duty of care obligations as prescribed by the Care Act are minimum requirements that cannot be compromised. The choice facing the Authority is therefore between increasing charges for people who have incomes that are deemed to be above Government defined minimum levels in line with the majority of other Councils with social services responsibilities, or reducing the extent and reach of Cambridgeshire's adult social care offer- which would be likely to impact negatively on outcomes and be increasingly challenging to deliver successfully. Particularly so if additional revenue opportunities afforded by a fair and reasonable change to the charging policy were not adopted.

2. ADULT SOCIAL CARE CHARGING POLICY REVIEW

- 2.1 Following a comprehensive recent review of Cambridgeshire's charging policy, a total of five proposed changes have been identified. These proposed changes will increase the contribution made by many Adult Social Care service users, but a number of established key protections are in place to ensure that everyone is able to afford their contribution towards the cost of their care. In summary these protections are:
- Financial assessment – if implemented, everyone would receive a new financial assessment to ensure their income (after charges have been paid) meets the Government's Minimum Income Guarantee (see below)
 - Minimum Income Guarantee – protected income levels set by Government and reviewed annually, and below which no person's income is permitted to fall after care charges have been paid
 - Disability Related Expenditure – allowance must be made within the means-test calculation for the reasonable cost of any additional items or expenses incurred by a service user as a result of their disability
 - The Care Act 2014 statute and charging guidance sets out a range of income types and capital that must be disregarded in the financial assessment (e.g. the mobility component of both Disability Living Allowance and Personal Independence Payment, and also earnings from paid employment)
 - Councils continue to retain discretionary powers to set charging levels for individuals - taking into account their personal and individual financial circumstances and other relevant factors to ensure that the contribution they are assessed as needing to make is reasonable, fair and affordable.
- 2.2 The five proposed changes to the charging policy to bring it into line with guidance and common practice, and the estimated additional charging income arising from these are:
- i) Disability benefits review – Disability benefits are paid by central Government to help people pay for their care and support - including towards the cost of care where it is

arranged and funded by the Council. Cambridgeshire's charging policy has previously included only the lower and middle rates of these benefits, based on historic charging rules and guidance - however the Care Act charging and assessment guidance allows Local Authorities to include all rates. It is therefore proposed to now include all rates (low, middle or high) of the following disability benefits in the financial assessment calculation:

- Attendance Allowance (AA)
- Care component of Disability Living Allowance (DLA Care)
- Care component of Personal Independence Payment (PIP Care - Enhanced rate)

These changes could increase charges for some clients by up to £28.95 per week, resulting in estimated additional income from contributions of £1.2m per annum. See Appendix 2 for a worked example of this proposed charging change.

- ii) Respite care contributions – the Council currently calculates the client contribution for people accessing short term / respite care using 'non-residential' care charging rules, however the Care Act allows financial assessments to be calculated using 'residential' care charging rules. It is proposed to financially assess short term / respite care home stays using 'residential' charging rules.

Subject to the outcome of individual financial assessments, individual client contributions for around 90 clients could potentially increase by up to £140 per week, resulting in estimated additional income from contributions of up to £50k per annum. This is based on the current average of four weeks respite taken by a service user in a year.

- iii) Appointee charges – introduce a new charge to Adult Social Care service users whose social security benefits and finances are managed by the Council acting as their DWP corporate appointee (because these individuals lack the mental capacity or physical ability to undertake this themselves). Although the Council does not have a statutory obligation to provide an appointeeship service, it chooses to do so in some cases because it fulfils an important need for vulnerable people, and helps significantly to combat financial abuse. The proposal is to charge only those who have a capital balance above £1000 – applying a weekly charge of £10 for those in residential care, and £12.50 for those living in the community. These charges are broadly comparable with neighbouring and other Councils, but are significantly lower compared to the charges made for the appointeeship service by external not-for-profit organisations (around £16 per week) and independent private sector organisations (such as solicitors), where charges are considerably higher. Around 40 clients will be affected by this proposal.

Subject to confirming the individual levels of capital held by appointee clients, this proposal could result in an estimated additional income from contributions of £20k per annum, which would help enable the service to be made available to more people in the future.

- iv) Minimum Income Guarantee (MIG) – Cambridgeshire has previously used a higher MIG protected level of income in its financial assessment calculations, but is permitted to use a slightly lower figure, which would in turn increase the level of contribution

made by individuals towards the cost of their care. The proposal therefore is to change the MIG figure used to the level permitted by the Department of Health & Social Care. This proposed change will affect approximately 1150 clients, who could experience a contribution increase of up to £5.50 per week.

Subject to the outcome of individual financial assessments, this proposal could result in an estimated additional income from contributions of £328k per annum.

- v) Care arrangement fees - increase the current care arrangement fee applied to those people living in the community who are able to afford the cost of their own care but have chosen the Council to arrange this for them - from the existing one-off fee of £75, to an annual (recurring) fee of up to a maximum of £400 (dependent on the actual cost of arranging care – to be determined after detailed analysis of the actual cost is identified). People in this position typically have capital above the Government funding threshold (£23,250), and choose to have the Council arrange their care for them for convenience and security – and often benefit from favourable rates of care. In turn the Council sources and arranges the care provision, contracts with care providers, makes payment, reviews provider performance, monitors quality levels and produces invoices for the care delivered. Around 200 people have been charged the one-off arrangement fee so far in Cambridgeshire, but there is potential to apply the proposed annual charge to around 800 people in total.

Subject to the outcome of individual financial assessments, this proposal could result in an estimated additional income from contributions of £320k per annum.

2.3 Overall impact of these proposals

If all the proposals were to be fully adopted and implemented, some 800 people could experience a weekly increase in the share of their homecare costs that they contribute of up to £35. These individuals will have higher incomes that will not previously have been taken into account in the financial assessment – but after paying their increased share towards the cost of their care and support will nevertheless be left with income levels that are above protected minimum income levels after care charges. In addition to this cohort of 800 people, a further c.500 will face lesser increases of varying levels, dependent on individual incomes and circumstances identified within their financial assessment. If approved and implemented, the Council's revised care charging policy will be aligned to changes arising from the Care Act and have parity with Peterborough's charging policy and many other neighbouring and other Local Authorities.

2.4 Options

Members have the following options to choose from in respect of the charging policy proposals:

- a) Publicly consult on all the proposed changes
- b) Publicly consult on some of the proposed changes
- c) Leave the Council's charging policy unchanged

Option a), if adopted post consultation, will bring the Council's Charging Policy into line with neighbouring and other Local Authorities following the changes in the Care Act 2014 and will

allow the Council to continue to invest in prevention services that support people before they become eligible for a formal care package,

Option b), if adopted post consultation, will partially bring the Council's Charging Policy into line with neighbouring and other Local Authorities following changes in the Care Act 2014, but will require the Council to consider changes elsewhere in the Adult Social Care budget to meet short, medium and long term financial challenges.

Option c), if no changes are made post consultation, this will see the Council retaining a different, more generous charging policy to other Local Authorities, but will require the Council to consider changes elsewhere in the Adult Social Care budget to meet short, medium and long term financial challenges.

2.5 If approved, the charging policy changes can be applied as follows:

- On an immediate basis across all affected cohorts from the earliest date possible (January 2020) by the application of changes to the financial assessment computer system.
- To all new clients from January 2020 onwards, and on a rolling basis from this date to all existing clients - offering the option of a new financial assessment taking into account individual client financial circumstances, and to be completed for all affected cohorts by the end of the 2020/21 financial year where practicably possible.
- Phased application of the charge increases across the County over a longer period of time (e.g. 2 years) commencing from April 2020, and limiting the charge increase that would apply to each individual to, for example, half of the total increase figure in the first year of application and increasing this to the full increased cost in the second year.

Implementation in the way described in the last two bullet points will adversely impact on revenue levels generated. The recommended option is the second bullet point – if the changes are approved following consultation.

2.6 **Consultation**

As the proposals and the clients who are affected by these have changed since the charging policy was last considered in 2017/18, a full and comprehensive public consultation that captures the views of all the community will be required - this will include liaison and close engagement with Partnership Boards and other relevant service user fora as well as the wider general public. Concerted efforts will be made through the development of a comprehensive communications and consultation plan to reach all audiences with a range of different opportunities and ways for people to make their comments known. This will include targeting specific communities of interest (particularly those with protected characteristics in line with the Equality Act 2010), and engaging the support of Healthwatch and the Voluntary and Community Sector. In addition, consultation currently being undertaken around the Council's 'Think Communities' approach will provide valuable insight as it includes broader general questions about where responsibility lies for making provision for care costs in older age - and a county-wide Council Tax consultation commencing in October and concluding in early December should also reveal a wider understanding of the general public's views on care affordability and paying for care. If Members agree to proceed, the public consultation must run for at least 12 weeks, commencing at the earliest after the Adults Committee meeting of 12 September 2019, and ending in January 2020. Feedback from the charging consultation itself and from other relevant consultations will be collated and will form part of

the report to return to Adults Committee on 16 January 2020 for final consideration and decision.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 Developing the local economy for the benefit of all

There are no significant implications for this priority.

3.2 Helping people live healthy and independent lives

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

3.3 Supporting and protecting vulnerable people

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

- Financial contributions made by people in receipt of care and support services help to protect, sustain and enhance essential care services for vulnerable adults in the county
- Comprehensive statutory protections are in place to ensure that care charges are reasonable and affordable for people who receive care and support services, and that individual circumstances are fully considered and taken into account when determining the level of charge.
- Care charging policies must comply with statute and guidance which ensures that people continue to be charged in a fair, reasonable, consistent and equitable way.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

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

- The overall net Adult Social Care budget for 2019/2020 is approximately £150m and in 18/19 Cambridgeshire had the lowest budgeted Adult Social Care spend per head of its statistical neighbours.
- Adult social care has delivered around £25m of savings over 2017/18 and 2018/19, mainly by reducing spend and making efficiencies, rather than through increased income generation.
- The Adult Social Care budget needs to grow by around 5% each year just to stand still and without making savings, due to demographic, legislative and market pressures – in that context additional revenue generated through changes to the care charging policy significantly help to offset the pressures faced in a way that doesn't reduce services.
- Within the proposals there are some risks that will have associated costs, particularly where additional resources may be required - such as financial assessment staffing resource costs. Overall revenue levels from care charges could be adversely impacted by this.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications within this category.

4.3 Statutory, Legal and Risk Implications

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

4.4 Equality and Diversity Implications

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

4.5 Engagement and Communications Implications

The report proposes a 12 week public consultation, in line with the Cambridgeshire Compact, with feedback to the Adults Committee in January 2020.

4.6 Localism and Local Member Involvement

There are no significant implications within this category.

4.7 Public Health Implications

There are no significant implications within this category.

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

Source Documents	Location
N/A	

Appendix 1

This table shows the charging practices and rates that have been confirmed by other local authorities.

Local Authority	Increased amount of disability benefits included in financial assessment	Respite charged under residential rules	Appointee charging
Cambridgeshire County Council	No	No	No
Northamptonshire County Council	Yes	Yes	Yes £10 / £12.50 per week
Milton Keynes Council	Yes	Yes	Yes £12.50 per week
Peterborough City Council	Yes	Yes	Yes £8 per week
Nottinghamshire County Council	Yes	Yes	Yes £12 per week
Oxfordshire County Council	Yes	No	No
Hertfordshire County Council	No	Yes	No
Buckinghamshire County Council	Yes	Yes	Unknown
Leicestershire County Council	Yes (PIP only)	Yes	No
Gloucestershire County Council	Yes (PIP only)	Yes	No
Hampshire County Council	Yes (New PIP only)	No	No
East Sussex	Yes	Yes	Yes
West Sussex County Council	Yes	Yes	No
Cumbria County Council	Yes	Yes	No
Isle of Wight	Yes	Unknown	Unknown
Essex County Council	Yes	No	Unknown
Somerset County Council	No	Yes	Unknown
Sussex County Council	Yes	Yes	Unknown

Appendix 2

Example of financial assessment calculation (2019/20) taking into account higher rate of disability benefits (Personal Independence Payment [PIP] – Enhanced Rate)

Weekly income:

Employment & Support Allowance (ESA): £128.45

PIP (Enhanced rate) £87.65

Total weekly income: £216.10

Current Policy	Weekly	Proposed Policy	Weekly
Total assessable income (£216.10 - £28.95)	£187.15	Total assessable income (£216.10)	£216.10
Less protected income allowance (minimum income guarantee)	-£151.45	Less protected income allowance (minimum income guarantee)	-£151.45
Less disability related expenditure standard allowance	-£20.00	Less disability related expenditure standard allowance	-£20.00
Remaining income or weekly care contribution	£15.70	Remaining income or weekly care contribution	£44.65

CAMBRIDGESHIRE MENTAL HEALTH SECTION 75 PARTNERSHIP: ANNUAL REPORT 2018-19

To: **Adults Committee**

Meeting Date: **12 September 2019**

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

Electoral division(s): **Countywide.**

Forward Plan ref: **2019/042** *Key decision:* **Yes**

Purpose: **The purpose of this report is to update the Committee on service and financial performance, activity and outcomes under the Mental Health Section 75 Partnership Agreement 2018-19. As a significant focus for the year was to review and renew the Partnership Agreement, a report on the outturn of this work and the new Agreement is included.**

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

i) Agree the report as a full account of service and financial performance, activity and outcomes under the Agreement 2018-19.

ii) Approve the revised Agreement 2019-20.

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1. BACKGROUND

- 1.1 Cambridgeshire County Council (CCC) has delegated the delivery of mental health services and specified duties, for people with mental health needs aged 18 years and over, to the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) through a Partnership Agreement under Section 75 of the National Health Service Act 2006. This is known as 'The Mental Health Section 75 Partnership Agreement'/'The Agreement'. The intention is to enable delivery of an integrated health and social care mental health service which is so well co-ordinated that it appears to services users and carers it is being delivered by one organisation - seamlessly.
- 1.2 This report updates the Committee on service and financial performance, activity and outcomes under the Agreement between Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

2. MAIN ISSUES

- 2.1 This section of the report covers the following areas:
- Service Activity 2018/19
 - Adults and Older Peoples Mental Health Staffing
 - Care Packages Budgetary Performance
 - Review Of The Mental Health Section 75 Partnership Agreement And Work Plan
- 2.2 **Service Activity 2018/19**
- 2.2.1 The backlog of NHS Continuing Health Care (CHC) cases is now updated and processes are in place to enable effective monitoring of case activity. This confirmed monitoring arrangement will enable both more effective case management and that of financial performance.
- 2.2.2 Delayed Transfers of Care (DTC): Attributable days to Older People Mental Health (OPMH) and Adult Mental Health (AMH) Mental Health Social Care were 28 in November, 31 in December 2018 and 28 in January 2019. There were none in February or March 2019.
- 2.2.3 The percentage of adults aged between 18 – 69 years in contact with secondary mental health care services who are on the Care Programme Approach (CPA), and in paid employment was 13.4% in March 2019 against a target of 12.5%. This is an increase in performance of 0.4%.
- 2.2.4 The proportion of adults aged between 18 and 69 years in contact with secondary mental health care services on CPA living independently with support, in March 2019 was 82.5% against a target of 75%. Performance has been maintained above target for 3 years.

2.3 Adults and Older Peoples Mental Health Staffing

2.3.1

	Total Vacancies December 2018	Total Vacancies March 2019
Professional Lead	0.71	0.71
Senior Social Workers	1.0	2.6
Senior Social Worker (AMHP* only)	0.6	0.6
Social Workers	1.0	2.0
Support Workers	4.5	3.7
Resource Workers	1.0	1.0
Admin Support	0.5	0.5
Total	9.31	9.51

**Approved Mental Health Professional*

2.3.2 The new post of Professional Lead for Social Work (contained within the table above) was successfully appointed to, with the postholder commencing employment within CPFT from the beginning of July 2019.

2.3.3 The Mental Health Social Work Service remains under pressure because of the small number of Approved Mental Health Professionals (AMHPs) practising in CCC. This small cohort of staff have to cover a duty roster 24/7 with 2 AMHPs on duty at all times. AMHPs can be either CCC or NHS employees and NHS employees have played an important part in providing cover. Three AMHPs have been newly warranted and the new recruitment process within the CCC has already had a positive outcome in attracting a part time AMHP (substantive). However, the previously reported reduction in the number of NHS AMHPs has continued and there has been a reduction in OPMH Senior Posts. This means that pressure on the rota continues, and a full time AMHP locum has been required to ensure that the rotas are covered. In terms of ensuring that the rota is covered in the future, the lack of senior social worker vacant posts means that further training and warranting of AMHPs will put pressure on the staffing budget.

2.4 Feedback from Service Users

The Mental Health Social Work service has received strong, positive feedback over the year. Some of the comments received are listed below:

2.4.1 Adult Mental Health (AMH)

- i) A social worker working for the Adult Cambridge Community Team (CALT) was nominated and won the first Adult Social Work Star Award. This was in acknowledgement of the work that she has done with a service user with a 20+ year history of non-engagement with services and for whom concerns had been expressed by a number of organizations including Health, Housing and the Police. Over a 2 year period, and using her skills along with a lot of resilience, commitment and professionalism, the Social Worker established a working relationship with the Service User. This is the first effective professional relationship the Service User has had. The Service

User had to be taken through a complex court of protection application. Despite this, the Social Worker has been able to work with the Service User sensitively, ensuring their relationship continues to develop. In a recent court hearing the judge made particular reference to the Social Worker's outstanding and intensive work with the Service User.

2.4.2 Older People's Mental Health (OPMH)

- i) 'I just wanted to say a massive thank you from all of us for your hard work and support since you took over my Dad's case. You have been absolutely great in explaining all the things that needed explaining and how you interacted with Dad. We really appreciate this'. This was a complex situation in which the views of the family (including Lasting Power of Attorney) were different to that of the Service User about what was needed. The Social Worker worked really hard with the family to increase their understanding of the support options and spent a lot of time with the Service User considering his capacity and supporting his decision making in creative ways. It was a really positive outcome that both the family and the service user were pleased with the plans made'.
- ii) A complex situation for an individual and family members emerged that led to a highly stressful situation that the Social Worker and Support Worker navigated and supported with a high level of skill and compassion. Feedback from the carers was that 'sometime things were very difficult for Dad. We managed to get through it with your help and guidance'.

2.4.3 In addition, CPFT have presented a PRIDE award to one of the Social Work Managers I Older People's Mental Health services. The award recognised the sensitive, proactive and tenacious handling of the situation in which the service user found themselves.

2.5. Care Packages Budgetary Performance

2.5.1 For 2018/19, Mental Health had a total budget for cost of care of £10.116m. The final position across Mental Health cost of care was an underspend of £9k.

2.5.2

Mental Health Activity	Budget	Q1	Q2	Q3	March	Variance
AMH	4,448	4,385	4,696	4,580	4,488	40
OPMH	5,668	5,596	5,570	5,571	5,619	-49
Total	10,116	9,981	10,266	10,151	10,107	-9

2.5.3 Adult Mental Health

2.5.4 The year-end position was an overspend of £40k against a budget of £4,448k. Efficiencies of £91k were achieved. The overall position was £217k worse than at the start of the year. A significant underspend on residential care (-£327k) was offset by overspends on nursing (£158k) and Supported Living (£163k). Gross cost of care was underspent by £143k. However, contributions from Health to funded packages of care, Funded Nursing Care (FNC) and client contributions all came in

below target. See table below.

2.5.5	AMH Activity	Budget	Q1	Q2	Q3	March	Variance
	Residential	2,628	2,474	2,435	2,321	2,301	-327
	Nursing	457	617	622	623	616	158
	Dom Care	857	911	802	806	771	-86
	Supp Living	792	803	1,132	1,131	956	163
	Day Care	42	13	8	8	12	-30
	Direct Payments	175	199	212	209	156	-19
	Other	28	9	30	28	25	-3
		4,980	5,026	5,241	5,127	4,837	-143
	Health Cont	-178	-172	-99	-98	-53	125
	FNC	-57	-57	-85	-85	-41	16
	Client Conts	-298	-412	-361	-364	-256	42
		-532	-641	-545	-547	-349	183
	Total	4,448	4,385	4,696	4,580	4,488	40

2.5.6 There has been a reduction in service user numbers during the year with the number of people in residential care decreasing by 5 from 67 to 62, the number of people receiving domiciliary support reducing by 17 from 160 to 143 and the number of people accessing day care reducing by 3 to 2. The number of people receiving nursing care increased by 2. Changes in package numbers by care for the year are shown in the table below.

Performance over the year demonstrates the strong emphasis on ensuring that resources are used as effectively as possible, being targeted at those in greatest need. See table below.

2.5.7	Period	Day Care	Direct Payments	Dom Care	Nursing	Residential	Other	Supported Living	Grand Total
	April	5	13	160	15	67	4	128	392
	May	3	15	167	18	72	4	128	407
	June	2	15	164	17	71	4	135	408
	July	2	16	163	18	71	3	132	405
	August	2	16	159	17	70	3	132	399
	September	2	15	152	17	69	3	132	390
	October	2	15	153	17	72	4	134	397
	November	2	15	147	16	66	4	134	384
	December	2	15	148	17	65	4	133	384
	January	2	13	146	17	63	3	131	375
	February	2	11	146	17	64	3	125	368
	March	2	11	143	17	62	2	120	357

2.5.8 Older People's Mental Health

2.5.9 The year-end position was an underspend of £50k against a budget of £5,658k. Efficiencies of £400k were achieved. The overall position was £206k better than at the start of the year. There were significant underspends on nursing (-£410k) and residential (-£114k) care, with more minor underspends on domiciliary care and direct payments. Gross cost of care was underspent by £628k. An overspend of £209k against health contributions reflects year-end reserves made in respect of the S117 dispute with Clinical Commissioning Group (CCG). It should be noted that as a result of FNC adjustment there has been a net reduction in budget of £81k since the mid-year report. £371k less than anticipated was recovered through client contributions.

2.5.10

OPMH Activity	Budget	Q1	Q2	Q3	March	Variance
Residential	1,525	1,474	1,442	1,490	1,411	-114
Nursing	4,462	4,149	4,210	4,179	4,052	-410
Dom Care	594	662	624	572	537	-57
Supp Living	43	44	44	45	55	13
Day Care	4	4	4	5	5	1
Direct Payments	247	259	222	198	175	-72
Other	4	7	31	30	14	10
	6,879	6,599	6,577	6,519	6,251	-628
Health Cont	-65	-10	-10	-16	144	209
FNC	0	0	0	0	0	0
Client Conts	-1,146	-993	-997	-931	-775	371
	-1,211	-1,003	-1,007	-948	-631	579
Total	5,668	5,596	5,570	5,571	5,619	-49

2.5.11 There has been a reduction in service user numbers during the year with the number of people accessing nursing care reducing from 111 to 97, the number accessing residential care reducing by 2 to 44. The outturn for supported living and domiciliary care essentially remained the same over the year. Changes in package numbers by care for the year are shown in the table below.

2.5.12 Performance over the year demonstrates the strong emphasis on ensuring that resources are used as effectively as possible, being targeted at those in greatest need.

2.5.13	Period	Direct Payments	Dom Care	Nursing	Residential	Supported Living	Other	Grand Total
	April	10	43	108	46	3	3	213
	May	10	43	100	47	4	4	208
	June	9	39	98	49	4	5	204
	July	9	42	99	46	4	2	202
	August	9	41	99	47	4	2	202
	September	8	43	100	46	3	1	201
	October	7	40	101	45	3	1	197
	November	7	38	101	46	3	1	196
	December	7	38	99	45	3	2	194
	January	7	37	97	46	3	3	193
	February	7	37	94	45	4	1	188
	March	7	44	97	44	4	2	198

2.6 Review Of The Mental Health Section 75 Partnership Agreement

- 2.6.1 The Section 75 Partnership Agreement was under review through 2018/19. The 2019/20 Agreement has been signed by CCC and has been through the governance processes within CPFT. Final sign off by CPFT will be at their Board meeting on 29th September 2019. However, it has been agreed that the new arrangements will be operationalised from August 2019.
- 2.6.2 The updated Agreement provides a robust legal framework that will support effective partnership working and protects the interests of all parties. The Agreement is for 1 year from 1 April 2019 to 31 March 2020 and is renewable year on year by agreement of both parties, a shorter period than for previous agreements, providing greater flexibility for adjustment by both parties. It updates the vision, aims and objectives for mental health services in line with the Council's corporate priorities and strategic direction and provides an improved framework for reporting service performance, activity and outcomes, ensures compliance with the General Data Protection Regulations 2018. ([Appendix 1 – Section 75 Partnership Agreement](#))
- 2.6.3 The Agreement includes an Annual Work plan which will address the areas listed below as priorities to ensure improved outcomes for people with mental health problems and their families/ carers, effective discharge of the delegated responsibilities and effective use of the Council's investment:
- 2.6.4
1. **Social Care Delivery Model:** Variation in social work practice across Cambridgeshire and Peterborough addressed.
 2. **Management Arrangements:** Strong management and leadership for social care staff.
 3. **Carers:** A consistent approach to carers assessment with assessments being completed by CPFT Mental Health practitioners for those whose cared for person is supported by CPFT
 4. **Complaints:** Complaints are managed effectively and within the timescales and requirements set for Local Authorities and Members/MP Enquiries and

Freedom of Information Requests are managed effectively and within the timescales and requirements set for Local Authorities.

5. **Financial Quality Assurance (Panel):** Processes are consistent with standards in Adult Social Care and ensure the best outcomes for clients.
6. **Information Sharing:** An information sharing agreement which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.
7. **Safeguarding:** Safeguarding processes are effective and delivered to the standards/requirements set for Local Authorities.
8. **Care Act Assessments:** Care Act assessments are carried out consistently.
9. **Allied Mental Health Professional Service:** Robust, cost effective AMHP service and cost effective arrangements for 2019 Christmas period are effective.

2.6.5 Total investment 2019-20 through the Partnership Agreement is £1,493,554, remaining the same as 2018-19.

3. **ALIGNMENT WITH CORPORATE PRIORITIES**

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

3.1.1 Mental Health services are committed to enabling people to have control over their lives and illness, to work in a strength-based approach to enable people, utilising the philosophy and the model of recovery. The integrated social and health care model provides a holistic response for people and carers, to enable people live healthy and independent lives. Evidence that these objectives are being achieved is evidenced through some of the compliments received during the year.

3.2 **Thriving places for people to live**

3.2.1 Through 2018/19, CCC, Peterborough City Council (PCC) and Cambridgeshire and Peterborough CCG commissioners have been procuring a new community-based service, the Recovery and Community Inclusion Service for adults in Cambridgeshire and Peterborough. The contract was won by Cambridgeshire, Peterborough and South Lincolnshire (CPSL) Mind and is branded 'the Good Life Service. The contract will be mobilised on 2nd September 2019.

3.2.2 The service will adopt a fresh approach to community based wellbeing support, 'wrapping around' the current local clinical enhanced mental health primary care and secondary mental health services to provide an equitable, community-based, recovery-focussed service to support people to make connections within their community, improve their mental wellbeing and develop the skills to self-manage and gain independence. As such, it will increase the ability of social workers and other members of the Mental Health multidisciplinary team to work in an enabling way based on the individual's strengths and existing community connections. Where the individual has no connection with the community in which they live, they will have greater opportunity to develop these. The service will be operational on 2nd September 2019.

3.3 The best start for Cambridgeshire's Children

- 3.3.1 By providing high quality care and mental health support, we look to enable parents/grand-parents to have the best relationship with their children/grandchildren.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

As in 2017/18, efficiencies in the cost of care were required and achieved during the year. Pressures on the staffing budget arising from difficulty in providing a robust AMHP rota continue. See 2.3 above.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

No significant implications arising from the report.

4.3 Statutory, Legal and Risk Implications

The sustainability of the AMHP duty rota remains a risk due to the low numbers of AMHPs across Cambridgeshire, which would compromise the ability to fulfil our statutory duties under the Mental Health Act. Currently there are not enough AMHP posts and funding to ensure on-going training and staff progression. The AMHP duty rota is currently being supported through deployment of a locum AMHP and a recruitment campaign for a substantive 0.6 whole time equivalent (WTE) AMHP post is being progressed. This issue is being addressed through the Annual Development Plan to the Mental Health Section 75 Partnership Agreement with improvement of the AMHP structure being included as a key workstream.

4.4 Equality and Diversity Implications

No significant implications arising from the report. We work with our colleagues within the Trust on the Equality and Diversity Strategy:

- Healthcare Provision: Access to services are sensitive to individual needs, irrespective of age, disability, ethnic origin, gender, marital status, nationality, religion, sexual orientation, and social background.
- Employment, promotion, training, and development: Opportunities are open to all on an equal basis.
- Service Developments: All decisions take in to account the needs of the community.
- Behaviours: Patients, staff, volunteers and all other service users and providers are treated with dignity and respect.

4.5 Engagement and Communications Implications

No significant implications arising from the report.

4.6 **Localism and Local Member Involvement**

No significant implications arising from the report.

4.7 **Public Health Implications**

No significant implications arising from the report. However, CPFT continues to work closely with Public Health on the dementia strategy and its implementation.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Anna Parks
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer: Gus De Silva
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity implications been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any engagement and communication implications been cleared by Communications?	Yes Name of Officer: Matthew Hall
Have any localism and Local Member involvement issues been cleared by your Service Contact?	Yes Name of Officer: Charlotte Black
Have any Public Health implications been cleared by Public Health	Yes or No: Name of Officer: Tess Campbell

Source Documents	Location
None	

CUSTOMER CARE ANNUAL REPORT: 1 APRIL 2018 – 30 APRIL 2019

To: Adults Committee

Meeting Date: 12 September 2019

From: Wendi Ogle-Wellbourn Executive Director, People and Communities

Electoral division(s): All

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

Purpose: To present the Adult Social Care Customer Care Annual Report 2018 – 2019 providing information about the complaints, compliments, representations and MP enquiries and the learning from this feedback and actions taken to improve services .

Recommendation: What is the Committee being asked to agree?
Members of the Adults Committee are asked to:

- a) Note and comment on the information in the Annual Adults Social Care Customer Care Report 2018/19
- b) Agree to the publication of Annual Adults Social Care Customer Care Report 2018/19 on the Council's website

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Jo Collinson, Liz Cook	Names:	Councillors Anna Bailey and Mark Howell
Post:	Customer Care Manager	Post:	Chair/Vice-Chair
Email:	Jo.collinson@cambridgeshire.gov.uk Liz.cook@cambridgeshire.gov.uk	Email:	
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1. BACKGROUND

- 1.1 The Local Authority Social Services National Health Service Complaints (England) Regulations 2009 state that each Council has responsibility to publish an Annual Report containing information about the number of complaints received and the number of complaints upheld.
- 1.2 Cambridgeshire County Council collects and collates information on the compliments, comments, representations, MP enquiries and complaints received for Adult Social Care Services annually. This information is provided in the Adult Social Care Customer Care Report 2018– 2019, attached at Appendix 1.
- 1.2 The Adult Social Care Customer Care Report 2018 – 2019 identifies themes to inform learning from complaints and sets out the actions taken to address these issues and improve practice.

2.0 CUSTOMER CARE ANNUAL REPORT (ADULT SOCIAL CARE 2018-19)

- 2.1 The Annual Adult Social Care Customer Care Report 2018 – 2019 (Appendix 1) brings together the information on complaints, representations, MP enquiries and compliments received by the Council in respect of Adult Social Care services. This allows learning from complaints across all service areas to be identified and actions agreed to make improvements in services. The report also provides a comparison with previous financial years so that any changes in patterns can be highlighted and any actions to be taken considered.
- 2.2 The annual report is complemented by three quarterly reports that cover each of the first three quarters of the year. These reports are presented to the Adult Social Care Directorate meetings to ensure oversight of the position throughout the year and for learning and actions to be taken forward without waiting for the annual report.
- 2.3 The annual report includes an Executive Summary that provides an overview of the content of the full report. Information on complaints from the summary has been used in the section below.
- 2.4 80 MP enquiries were received in 2018-19 compared to 44 received the previous year an increase of 36 (82%). To give some context the number of MP enquiries received in 2017-18 were much lower when compared to this year and previous years. The election in June 2017 may account, in part for the low number of MP enquiries received in 2017-18. When comparing the number of MP Enquiries received in 2016-2017 the overall increase is 19% (13) suggesting that this year's increase is unusual and may be related to elections.
- 2.5 To give some context 1% of people receiving services or a relative of a person receiving a service, asked their MP to make an enquiry on their behalf
- 2.6 During 2018-2019 there were 122 informal complaints, which compares to 343 received in the previous year, a decrease of 221 (64%). The reason for this decrease could be attributed to a lack of recording rather than a decrease in informal complaints

- 2.7 There were 183 formal complaints in 2018-2019 compared to 163 the previous year an increase of 20 (12%) and 76 (46%) complaints were upheld.
- 2.8 Reasons for delay in responses include:
- Complaints that involve Safeguarding of Adults enquiries, where the complaint may have to be put on hold pending the safeguarding enquiry
 - Difficulties in obtaining consent
 - Time needed to meet with the Service User
- 2.9 3% of the total population of Cambridgeshire who receive adult social care services complained (or someone complained on their behalf) about the services they received. The most common reasons for complaining are assessments and the standard of care provided.
- 2.10 The support from social care teams is a category that covers a number of different types of complaint and more detail about reason for this type of complaint is given at 13.5. The type of support provided by social care teams is the most common reason for a complaint within the category of complaint; this often relates to the wishes of the family differing to the assessed social care needs for example the person/family member feels that residential care is needed when they have been assessed as needing domiciliary care support.
- 2.11 The main themes in the complaints received in 2018-19 related to:
- Support from the social care team, with particular reference to the type of support offered
 - Financial issues
 - Concerns about communication
- 2.12 Of the 183 formal complaints, 13 (7%) were reviewed by a Senior Manager as the complainants were dissatisfied with the first response. The report gives some context and concludes that the number of Senior Manager Reviews fluctuates over time (17.4). The increase in the number of Senior Manager Review can be seen in a positive light as it allows for additional scrutiny and can prevent escalation to the Local Government Ombudsman for investigation.
- 2.13 8 complaint investigations were concluded by the Local Government Ombudsman (LGO) this reporting year. This is an increase of 5 (60%) when compared to the previous financial year. 3 complaints were not upheld and the remaining 5 were upheld.
- 2.14 In January 2019 representatives from Adult Social Care and Democratic Services met with the Assistant Ombudsman for Cambridgeshire this was a very positive meeting and helped to develop officers' understanding of the LGO's approach to complaints. For more detail please see 18.9

3.0 Learning from Complaints

- 3.1 Emphasis is placed on learning from complaints. The response to a complaint will identify the actions to be taken to prevent a similar situation occurring again and any areas where the service provided could be improved. The Annual Report (Section 19)

details learning from complaints received during the last year.

3.2 The learning from each complaint is collated and where there are similar issues raised in a number of other complaints, a theme is identified.

3.3 The ways in which the learning from complaints and the themes is shared by the Customer Care team includes:

- Attendance at directorate management team meetings
- Attendance at Practice Governance Board
- Meetings with Heads of Service,
- Sharing feedback about commissioned services with the Commissioning Team
- Emails to Heads of Service for cascading to their teams,
- The learning gained from specific complaints is shared at regular complaint training sessions for Adult Social Care Managers,

Specific case studies which include learning from complaints investigated by the LGO are considered at practice learning sessions that focus on how to respond to LGO investigations.

4.0 ALIGNMENT WITH CORPORATE PRIORITIES

4.1 A good quality of life for everyone

4.1.2 The effective management of complaints which identifies learning, promotes service improvements which support people to live healthy and independent lives.

4.2 Thriving places for people to live

4.2.1 There are no significant implications for this priority.

4.3 The best start for Cambridgeshire's Children

4.3.1 There are no significant implications for this priority.

5.0 SIGNIFICANT IMPLICATIONS

5.1 Resource Implications

5.1.1 There are no significant implications within this category

5.2 Procurement/Contractual/Council Contract Procedure Rules Implications

5.2.1 Any individual complaints that raise issues about independent providers are shared with the Commissioning team.

5.3 Statutory, Legal and Risk Implications

5.3.1 The investigation of complaints can help to recognise areas where there has been poor practice and provides opportunities to improve the care and support people supported by the Adult Social Care

5.4 Equality and Diversity Implications

5.4.1 There are no significant implications within this category

5.5 Engagement and Communications Implications

5.5.1 All feedback is welcomed and offers opportunities for learning and action to be taken that can contribute to service improvement and is seen as an important part of engagement with Service Users and their families.

5.6 Localism and Local Member Involvement

5.6.1 There are no significant implications within this category

5.7.1 Public Health Implications

There are no significant implications within this category

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

Source Documents	Location
None	

Annual management information regarding Compliments, Comments, Representations, MP Enquiries and Complaints

People and Communities / Adult Social Care

1 April 2018 to 31 March 2019

Report Purpose:

- To provide information about compliments, comments, representations, MP enquiries, informal and formal complaints, and to comply with the Department of Health's 'Regulations on Health and Adult Social Care Complaints, 2009.
- To Identify trends and learning from complaints received during the report period.

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1.0 Context

- 1.1 This report provides information about compliments, comments, representations, M.P. enquiries and complaints made between 01 April 2018 and 31 March 2019 under the Adult Social Care Complaints Procedure and 2009 Department of Health Regulations on Adult Social Care Complaints. Cambridgeshire County Council has an open learning culture and a positive attitude to complaints, viewing them as opportunities for learning and for improved service delivery.
- 1.2 The scope of this report includes Adult Social Care services provided through Cambridgeshire County Council and those provided through a NHS Partner organisation, Cambridgeshire and Peterborough Foundation Trust (CPFT).

2.0 Executive Summary

- 230 compliments were received in 2018-2019.
- 183 formal complaints were received in 2018-19. This is a 0.9% increase in comparison to the number of people receiving services that complained the previous year.
- 80 MP enquiries were received in 2018-2019. This is an increase on the 44 MP enquiries received in the previous year. The overall increase since 2016-17 is 19% (13), suggesting this year's increase may be related to the 2017 elections.
- In 2018-19, there were 122 informal complaints received. This compares to 343 received in the previous financial year, a decrease of 221 (64%).
- 3% of people who receive adult social care services made a formal complaint in 2018-19.
- The most common reasons for complaining were categorised as: support from a social care team, communication, finances and lack of support from Independent Providers.
- 19 (10%) formal complaints, were about the care provided by Independent Providers.
- 76 (42%) complaints were partially upheld, while 35 (19%) were not upheld and 31 (17%) were upheld. 37 (20%) complaints required no further action; 3 (1.5%) complaints remain Ongoing and 1 (<1%) complaint was Withdrawn.
- There were 13 Senior Manager Reviews completed during 2018-19. This is a significant increase when compared to the 5 completed the previous year. However, only 2 reviews were upheld.
- There were 8 final views issued by the Local Government Ombudsman during 2018-19. This is an increase of 3 in comparison to 2017-18. 3 complaints were not upheld and 5 were upheld. The LGO were satisfied the Council had fully remedied all 5 upheld complaints.

3.0 Definitions

3.1 The terms: compliments, comments, representations and complaints are defined in Appendix 1 and an explanation of acronyms is provided in Appendix 2.

4.0 The complaints process and feedback

4.1 The complaints process has an emphasis on de-escalation and early resolution of complaints.

4.2 In order to ensure that the complaints process remains current, relevant and user friendly, questionnaires were sent to 62 complainants. We carry out the survey several months after the complaints were logged in order to allow time for the complaints to be fully closed.

4.3 15 responses were returned in total, which amounts to 24%. The results of this survey are included in Appendix 3.

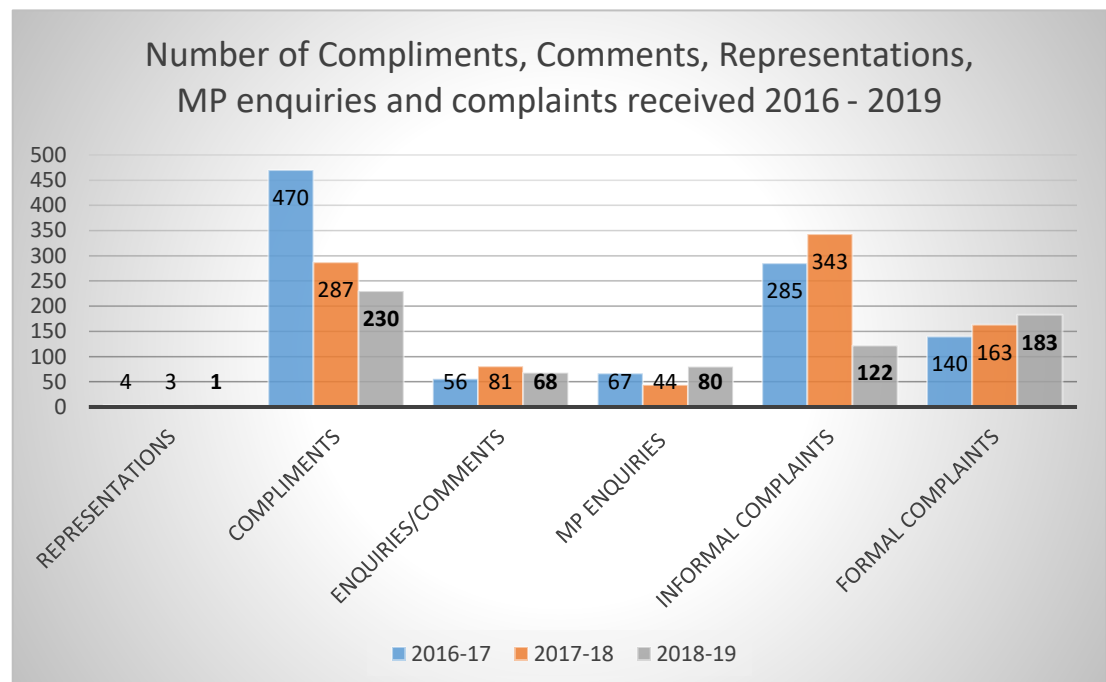
4.4 Examples of the outcome of the feedback include that 73% (11) of those who responded felt most or all of their concerns had been resolved to their satisfaction.

67% (10) of those who responded scored that they were fairly to very satisfied with the way their complaint was dealt with.

5.0 Compliments, comments, representations and complaints

5.1 The total amount of feedback received by category for the previous three financial years is shown in Figure 1. More details on each type of feedback that is received is given in the appropriate sections in this report.

5.2 *Figure 1: Compliments, comments, representations, MP enquiries, complaints*



6.0 Compliments

6.1 230 compliments were received in 2018-2019. This is a 20% decrease from the 287 compliments received in the previous year.

6.2 These compliments refer primarily to two distinct areas:

The quality of service

The helpful attitude of staff members

6.3 Compliments which show that the work of an individual staff member has been exceptional are included in the monthly communications email from Wendi Ogle-Welbourn (Executive Director, People and Communities) to all her staff.

6.4 Examples of compliments received:

“You have given me the confidence to maintain my independence. I'm more than happy with the service provided. Thank you.”
[Reablement Services]

“This seems absolutely spot on. Well done recognising the attention to small details - it will be the key to success hopefully. Thanks for listening so well.”
[Learning Disability Services]

“Her friendly manner and encouraging ways of teaching have been very helpful. Also when I was not well, she was very flexible in changing an appointment.”
[Sensory Services]

“I feel blessed for the staff we received. You gave us all a light in our dark tunnel and I now know our future looks so much better. Thank you very much.”
[Adult Early Help]

“Thank you so much for all your help with my mum”
[Discharge Planning]

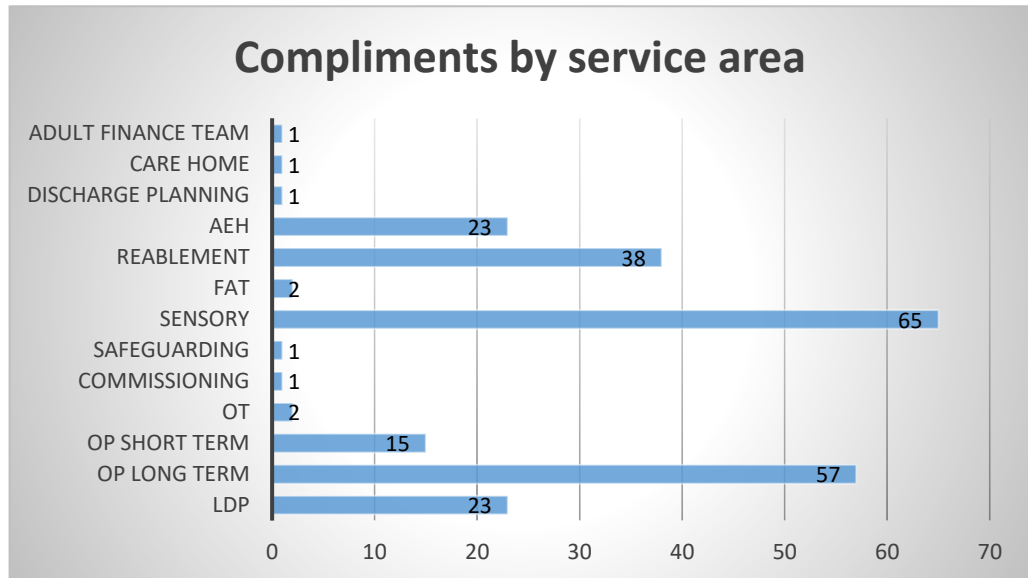
“When we met you at my mother in-laws house, I found you to be most thorough and lucid in your explanation of the role of social services. Moreover you displayed great sensitivity in the written questions you put to my mother in-law, who at that stage was almost completely deaf. To this should be added the excellent advice you gave to me”
[Older People’s Services]

6.5 The Customer Care Team are reminding staff of the importance of sharing positive feedback with the team.

6.6 Figure 2 gives details of the number of compliments received by service area.

6.7

Figure 2:



7.0 Comments and Enquiries

7.1 68 comments and enquiries were received in 2018-2019. This is a 16% decrease on the 81 comments and enquiries received in the previous year.

7.2 The comments and enquiries covered a number of issues, including:

- Requests for social care assessments
- Clarifying invoices
- Clarifying financial assessments
- Enquiries about other Local Authorities
- Raising data protection concerns
- Enquiries making a complaint about independent external organisations, including the NHS, CPFT, CCG and City Council
- Enquiries from a care provider regarding payment for commissioned services
- Concerns regarding other Council departments, including Childrens Services and Transport
- Reporting safeguarding concerns
- Raising concerns about privately funded care
- Reporting a suspicious email allegedly sent by the Council

7.3 54 comments and enquiries were passed on to the relevant team within the Council for consideration; 14 comments and enquiries were passed on to external organisations.

8.0 Representations

8.1 1 representation was received in 2018-2019. This is a reduction from the 3 received in the previous year, 2017-2018.

8.2 This representation related to the charging policy for Reablement Services.

9.0 MP Enquiries

9.1 80 MP enquiries were received in 2018-2019. This is an increase of 36 (82%) from the 44 MP enquiries received in the previous year.

9.2 When comparing the number of MP Enquiries received in 2016-2017 the overall increase is 19% (13) suggesting that this year's increase is unusual and may be related to elections.

9.3 The elections in 2017 may have resulted in a lower number of MP Enquiries in 2017-2018 and explain the increase this reporting year. The Customer Care Team will monitor this over the next reporting year.

9.4 Figure 3 gives the number of MP Enquiries in relation to the major service areas and the total number of people receiving services.

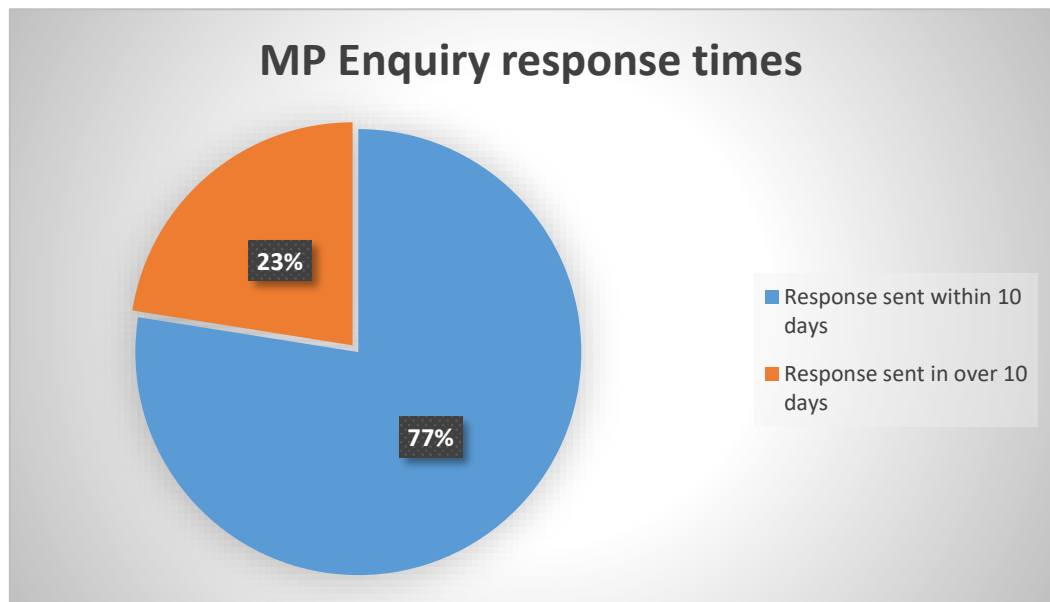
9.5 **Figure 3: MP Enquiries by Service Area**

Service Area	Number of people receiving service	Number of Informal complaints	Percentage of complaints per population receiving services
LDP	1577	13	0.8%
Physical Disabilities	647	19	3%
Older People (includes Long term, short terms and discharge planning)	3180	22	0.7%
CPFT includes Older People's Mental Health and OT	357	2	0.6%
Total	5761	56	1%

9.6 Figure 4 gives details of the response times for MP enquiries.

9.7

Figure 4: MP Enquiry Response Times



9.8 62 of 80 (77%) MP enquiries received in 2018-2019 were responded to within timescale. This is an increase from 2017-2018, when 26 of 44 (59%) MP enquiries were responded to within timescale.

9.9 18 (23%) of responses to MP enquiries were delayed for various reasons, including:

- Complex case involving safeguarding
- Complex case involving a related complaint
- Complex case involving other organisations
- Waiting to speak to a worker on leave
- Complex case involving several internal teams
- Additional time needed for related assessments to be completed

9.10 In cases where responses have been delayed a holding letter is sent to the MP to keep them informed.

10.0 Informal complaints

10.1 During the course of the year the number of formal and informal complaints varies slightly. This is because sometimes a complaint is initially dealt with informally and then the complainant states that they wish for the complaint to be escalated and dealt with formally. Similarly some complainants wish their complaint to be dealt with formally and when initial remedial actions have been completed they state that they wish to withdraw their complaint. In cases where the type of complaint changes, the complaints records are amended accordingly.

There has been a significant decrease in the number of informal complaints

10.2 In 2018-19, there were 122 informal complaints received. This compares to 343 received in the previous financial year, a decrease of 221 (64) %.

10.3 Figure 4 shows the number of informal complaints in relation to the major service areas and the total number of people receiving services.

10.4 *Figure 4: Number of informal complaints*

Service Area	Number of people receiving service	Number of Informal complaints	Percentage of complaints per population receiving services
LDP	1577	47	3%
Physical Disabilities	647	20	3%
Older People (includes Long term, short terms and discharge planning)	3180	54	2%
CPFT includes Older People's Mental Health and OT	357	1	0.2%
Total	5761	122	2%

10.5 2% of people receiving services complained informally in 2018-19 This compares to 2017- 18 when 4.5% of people who received services informally complained.

10.6 The decrease in the number of informal complaints could be attributed to the feedback being categorised as enquiries by some social care teams opposed to informal complaints.

10.7 The Customer Care Team are currently reviewing a practitioner factsheet which outlines the informal complaints process to ensure it is clear. The team will monitor the impact of this against the number of informal complaints being reported.

11.0 Formal Complaints

11.1 In providing these statistics, it should be noted that the volume of complaints does not in itself indicate the quality of the Council's performance. High volumes of complaints can be a sign of an open, learning organisation, as well as sometimes being an early warning of wider problems enabling the opportunity for preventative measures to be implemented.

Conversely, low complaint volumes can be a worrying sign that an organisation is not receptive to service user feedback, rather than being an indicator that all is well.

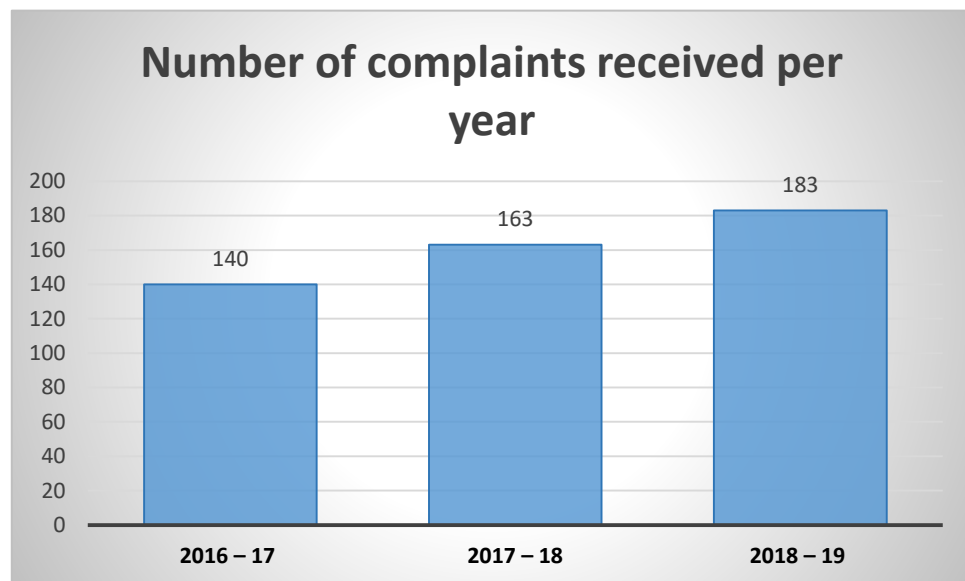
Therefore, emphasis is placed on ensuring that people wishing to make a complaint or provide feedback of any kind, can do so with ease and in a variety of ways. Guidance regarding how to provide feedback of any kind is provided on Cambridgeshire County Council's website (<http://www.cambridgeshire.gov.uk/complain>)

In addition how to make a complaint / provide feedback is explained by the Adult Support Coordinator / Social Worker during the assessment process and as part of that process the Service User is given a factsheet that explains the process.

11.2 There were 183 formal complaints received in 2018-19.

11.3 Figure 5 gives details of the number of formal complaints received in the last 3 years and the comparative percentage increase /decrease.

11.4 *Figure 5: Formal Complaints Received from 2016-2019*



11.5 183 formal complaints were received in 2018- 19. Figure 5 demonstrates that the number of formal complaints has risen year on year over the past 3 years from a 140 complaint in 2016-17 to 183 complaints in 2018-19. This is an increase of 43 (31%).

11.6 Compared to the previous financial year (2017-18) formal complaints have risen from 163 to 183 a difference of 20 (12%).

11.7 However, when comparing the ratio of complaints received against the number of people receiving adult social care, the increase between this reporting year and last only equates to 0.9%. See section 12.0.

11.8 On average 46 formal complaints were received per quarter during 2018-19. This compares to an average of 41 per quarter received in 2017-18 an increase of 5.

12.0 Service Area Complaints

12.1 To provide some perspective; Figure 6 shows the number of complaints in relation to the major service areas and the total number of people receiving services.

12.2 *Figure 6: Service Area Complaints*

Service Area	Number of people receiving service	Number of complaints	Percentage of complaints per population receiving services
LDP	1577	35	2%
Physical Disabilities	647	18	3%
Older People (includes Long term, short terms and discharge planning)	3180	121	4%
CPFT (includes Older People's Mental Health and OT)	357	5	1%
Total	5761	179	3%

*Please note that 4 formal complaints are not included in the table above. This is because service users involved were not receiving social care services for example safeguarding complaints.

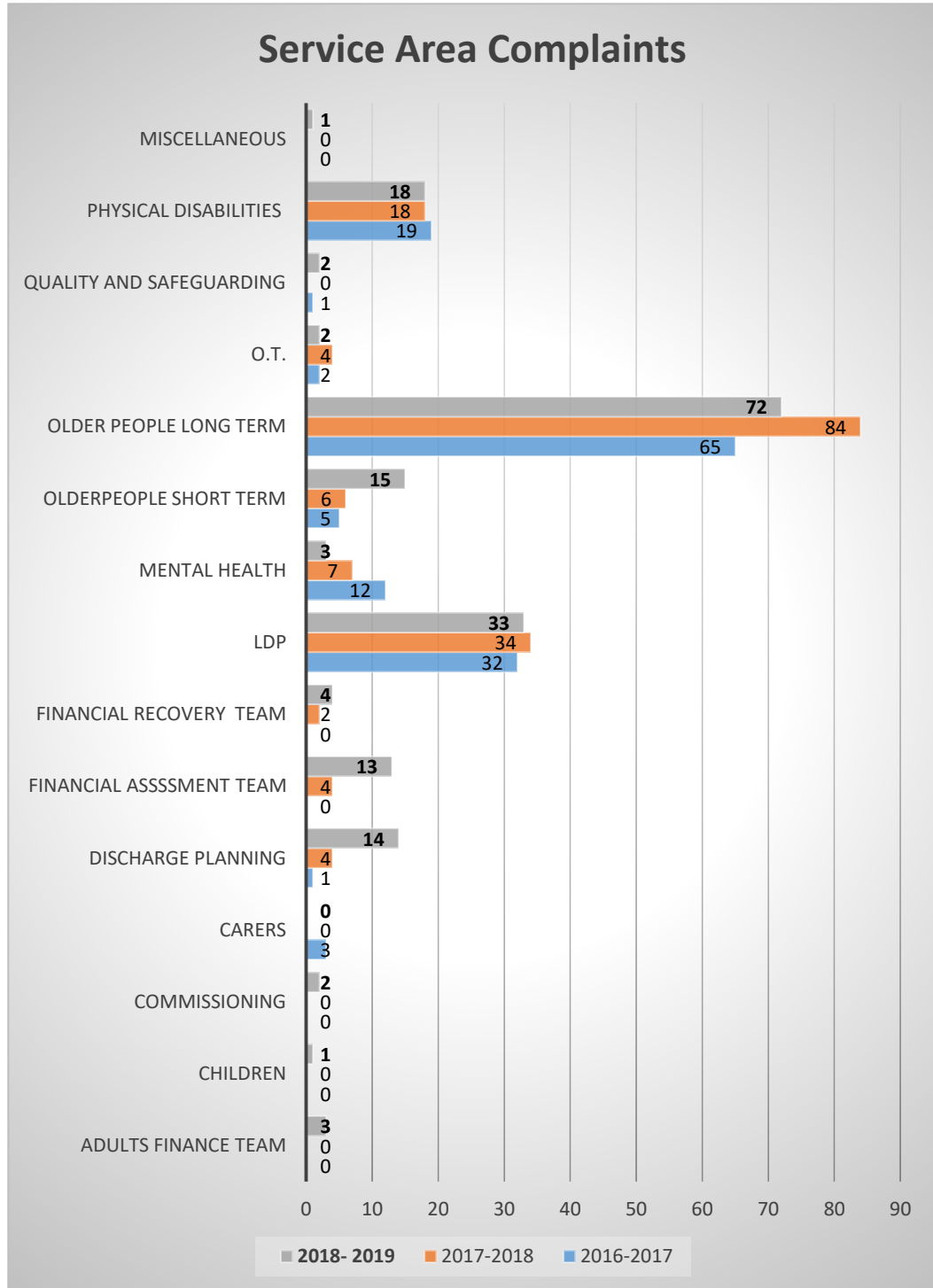
12.3 The Business Intelligence Team collect data on the number of people using services in the categories listed in Figure 6. These categories are very broad and more details about service areas is provided in Figure 7.

12.4 3% of those receiving Adult Social Care Services complained about the services they received. This is a 0.9% increase on the previous year when 2.9% of people using services complained.

12.5 Figure 7 shows the number of complaints received by each service area in the past 3 years.

12.6

Figure 7: Complaints by Service Area



12.7

The total number of complaints about Older People’s long term services was 72. This is higher than other services, although it is important to set this in the context of the number of people using Older People’s services. Figure 6 shows that 4% of older people receiving services complained. This is similar to the percentage for other service areas.

12.8

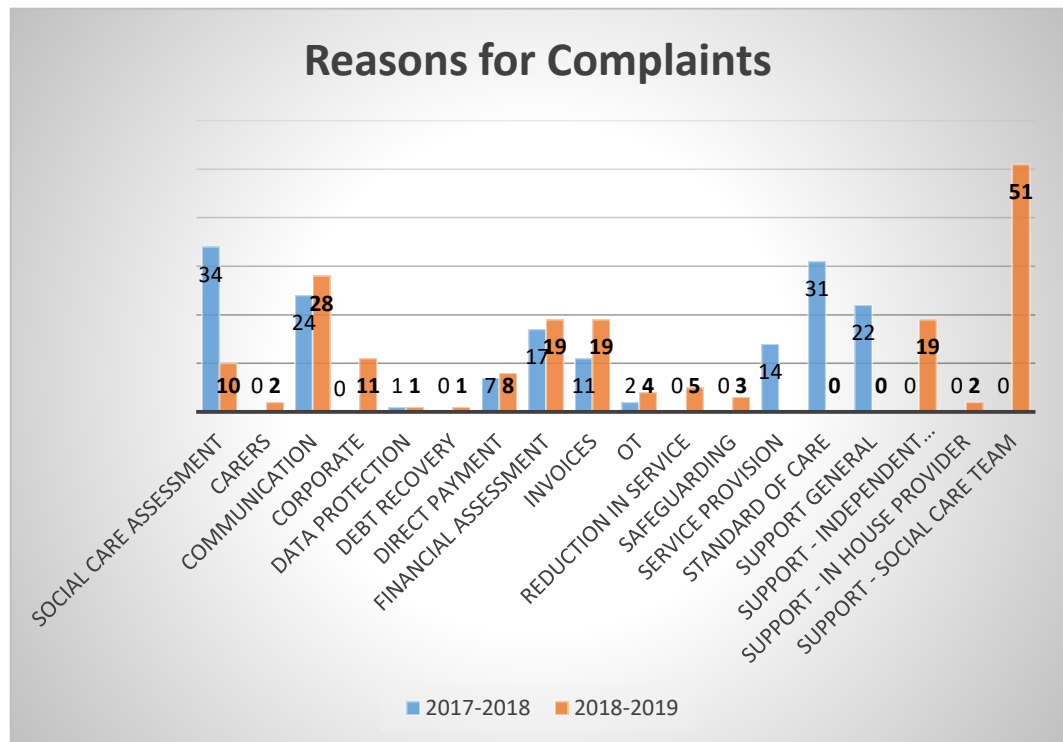
There were 12 more complaints (84) about Older People’s long term services received in the previous year a decrease of 14%.

- 12.9 The number of complaints for Older People's short term services has increased by 9 from 6 in the previous financial year to 15 this year. This increase could reflect the drive to intervene in a person's life for a short a time as possible and enable their independence as much as possible. This drive means that more people receive short term services and do not move onto long term care. Increased numbers of people using services can mean an increase in the number of complaints received.
- 12.10 Another possible reason for the increase in complaints about short term services relates to the change from Reablement carers to long term carers. The person is likely to have become accustomed to the Reablement carers and they are more likely to find it difficult to adjust to a different care agency; any difficulties of this nature could increase the likelihood of a complaint.
- 12.11 The number of complaints about discharge planning services has also increased from 4 to 13 an increase of 9. The reasons for this increase could be similar to those cited for the increase in 12.10.
- 12.12 The services provided by teams such as Reablement and Discharge Planning are very closely linked to services from other agencies and this increases the risks of communication errors, this could also account in part for the increase.
- 12.13 There were 3 complaints about Mental Health Social Care services and further 2 about financial issues for people receiving Mental Health Social Care Services. In total these 5 complaints represent a slight decrease of 2 when compared with the 7 complaints received last year.
- 12.14 The number of social care complaints (Adults) reported by CCC that relate to Mental Health and Occupational Therapy (OT) services occasionally differ slightly from the number reported by CPFT. These variations are due to the different ways in which some complaints are categorised.
- 12.15 33 complaints about Learning Disability services were received in 2018-19. This is very similar to the number (34) received in the previous year.
- 12.16 18 complaints about Physical Disability services were received in 2017-18 and 2019.
- 12.17 The number of complaints relating to the Adults Finance Team is low. This is to be expected because the team only began to operate in July 2018. In addition often an invoice issue is only part of the complaint and the majority of issues are social care. In such cases the complaint is categorised under the relevant social care team.
- 12.18 Financial Assessment complaints have increased significantly by 9 from 4 to 13. Part of the reason for this increase referred to delays which has now been addressed by the Financial Assessment Team (FAT).

In comparison to the last reporting year, there has been a 14% decrease in the number of complaints about long term Older People's services.

13.0 Reasons for Complaints

13.1 *Figure 8: The Reasons Why People Complain*

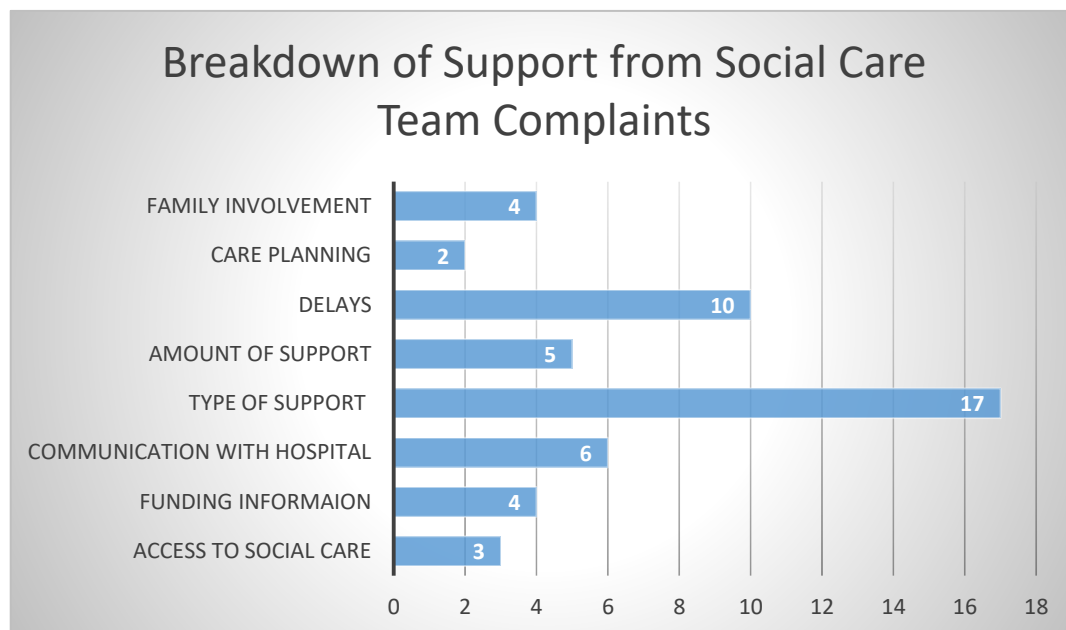


13.2 In April 2018 the way Customer Care data was categorised was revised. Categories such as general support, standard of care and service provision were removed. New categories such as support from in-house providers and support from social care teams were introduced. These categories were introduced with the aim of providing more detail about the reasons why people complain in these areas. Complaints that would have been categorised previously in one of the deleted categories have now been included in one of the new categories.

13.3 The most common reason for complaining 51 (28%) related to support from the social care team. As the categories have been changed there are no comparable figures for this category in the previous year.

13.4 The support from social care teams covers a number of different types of complaint for more detail about these complaints please see figure 9.

13.5 *Figure 9 Breakdown of Complaints about support from social care teams*



13.6 Within the category of complaints about support provided by social care teams the most common reason for complaining is about the type of support offered for example the person/family member feels that residential care is needed when they have been assessed as needing domiciliary care support.

13.7 28 complaints were about communication issues. This compares to 24 received the previous year, an increase of 4 (17%). The issues included in these complaints ranged from complaints regarding lack of or poor communication about social care and finances, to inaccurate communication about the nature of care provision. Learning has been taken from these areas, see section 19.0

13.8 In total 39 (21%) complaints were about financial issues. This is a rise of 11 (39%) when compared to the 28 received the previous year

13.9 19 (10%) complaints about financial issues referred to the outcome of the financial assessment process, such as delays in completing the process.

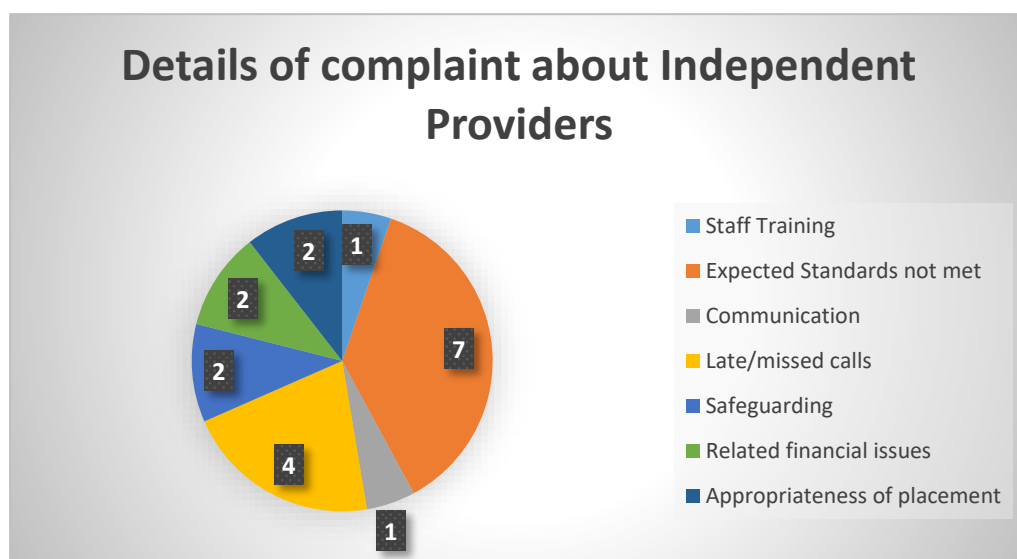
13.10 There was 1 complaint about the financial recovery process, in the previous year there were no complaints about this process. In past years complaints about the financial recovery process were something of a theme. The issues primarily related to soft reminder letters being received when the account had been settled, and the tone of recovery letters. However, following previous feedback received through complaints, changes in the process were made and the significant reduction in the number of these complaints, this year and last year indicate that the changes made have addressed the issues in the long term.

13.11 19 (10%) complaints about financial issues referred primarily to invoices. In July 2018 the Adults Finance Team were formed and the majority of the 19 complaints about invoices have been dealt with by this team.

- 13.12 The number of complaints about invoices has increased by 8 a rise of 73%. These complaints refer to disputes about the amount invoiced for and delays
- 13.13 Complaints very often contain more than one issue and for reporting purposes complaints are categorised using the primary issue in the complaint. Further to the 19 complaints that were primarily about invoices there were another 11 complaints that primarily referred to social care issues but also referred to concerns about invoices as a secondary issue. In total there were 30 (16%) complaints that referred to invoices at some point in the complaint.
- 13.14 11 (6%) complaints were received about corporate issues. Corporate complaints can refer to any issue that is not social care. An example of such a complaint would be one about a noisy neighbour. Often these complaints come to the Customer Care team in error and are referred on to the appropriate service to respond.

14.0 Complaints about Independent Providers

- 14.1 The Local Authority has responsibility for the services it commissions. A complainant can address a complaint about an independent service provider commissioned by the Local Authority either by complaining to the provider directly or by complaining to the Local Authority. In cases where the complainant has complained to both parties, the Local Authority will investigate and respond. There should also be a separate investigation carried out by the independent provider.
- 14.2 Complaints and the response to complaints involving independent care providers are copied as a matter of routine to the appropriate Contracts Monitoring Manager.
- 14.3 19 (10%) complaints referred primarily to the provision of care by independent providers.
- 14.4 Figure 10 gives details of the specific issues raised in complaints about the service provided by independent providers.
- 14.5 *Figure 10: Complaints about the standard of care delivered by independent providers*



14.6 The most common reason for complaining was the expected standards not being met. This refers to a number of different issues such as hygiene and lack of support with food.

15.0 Comparative Data

15.1 The Local Government Ombudsman have reported that the complaints and enquiries they received about Adult Social Care rose by 1% on the previous reporting year. This is in line with the 0.9% increase the Council has seen when comparing the ratio of complaints to people receiving services over 2017-18 to 2018-19.

15.1 Information about complaints received by similar Local Authorities is co-ordinated and disseminated by the Customer Relations Team, Adult Social Care, and Surrey County Council. This information is received approximately half way through the course of the following year. It is expected that the data for 2018 – 19 will be published later in 2019.

15.2 Comparing the 163 complaints received in 2017-18 by Cambridgeshire with the average number of complaints (263) received by comparator councils, Cambridgeshire's complaints are 30% (80) lower.

15.3 However, this simple comparison cannot be considered valid. There is a range of different arrangements for dealing with complaints within the Local Authority comparator group which affects how received complaints are recorded and reported. For example some Local Authorities record and report Adult and Children's social care complaints together, whilst others who deal with Adult and Children's complaints separately have provided a figure solely for Adult complaints. Other Local Authorities have included corporate complaints and/or MP enquiries in the numbers they provide.

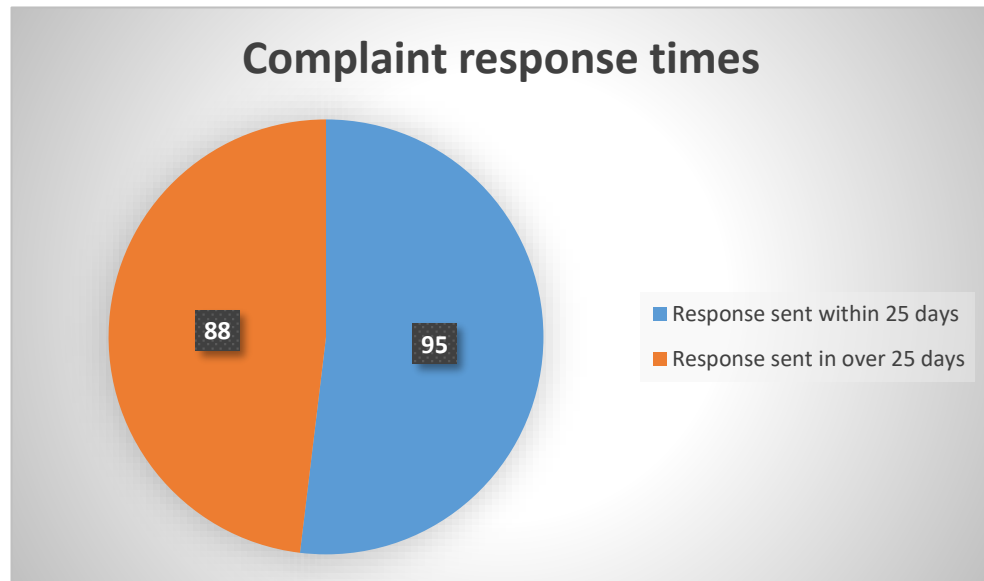
16.0 Complaint responses

16.1 The Adult Social Care complaints process specifies that complaints should be responded to within 25 working days. If there are mitigating circumstances for exceeding this time frame then a written explanation is sent to the complainant.

16.2 Figure 11 shows that 95 (52%) of formal complaints were responded to within 25 working days in 2018-2019. 88 complaints required an extension, leading to the response taking longer than 25 working days.

16.3

Figure 11: Complaint response times



16.4

Extensions were agreed for a number of reasons, including:

- Complex case involving multiple complainants
- Complaint related to ongoing legal issues
- Complaint related to an insurance claim
- Complex cases involving other organisations, or multiple teams within the Council
- Complaints involving safeguarding enquiries
- Time needed to include a meeting with the Complainant or Service User during the investigation
- Complex case involving a number of historic issues
- Delays in receiving information from external organisations
- Difficulties obtaining engagement from Complainant to clarify and confirm their concerns
- Response needed to be reviewed by the Data Protection Team for advice regarding information sharing
- Change in investigator during the course of the investigation

16.5

Complaint outcomes are recorded using the following definitions:

upheld – all issues raised in the complaint required remedial action to rectify the situation and prevent similar issues arising in the future

Partially upheld – at least 1 issue in the complaint required remedial action

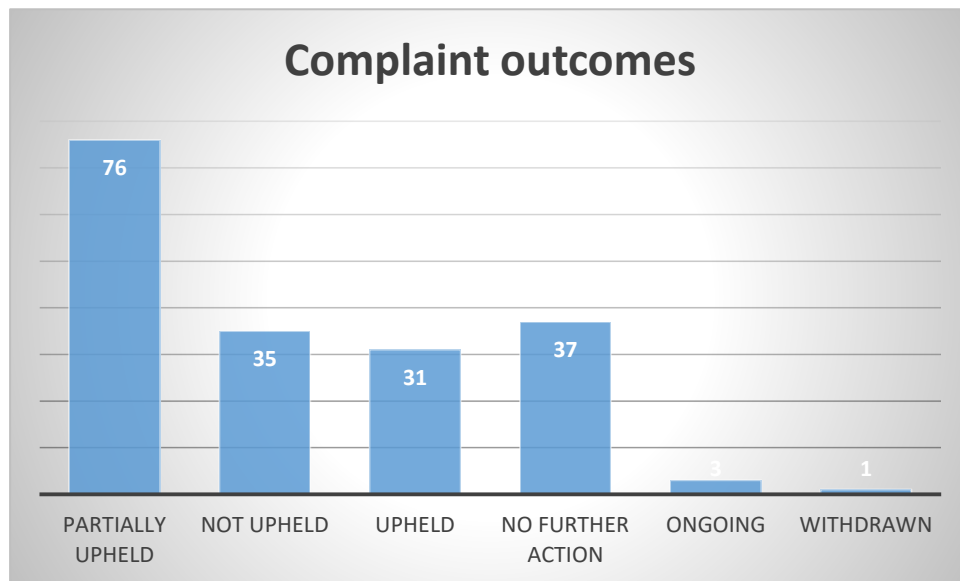
Not upheld – none of the issues raised required remedial action

There was a 21% decrease in the number of upheld complaints in 2018-19.

16.6

Figure 12 gives details of the number of complaints upheld, partially upheld and not upheld.

16.7 *Figure 12: Complaint outcomes*



16.8 76 (42%) complaints were partially upheld in 2018- 19 this is higher than 63 (39%) in 2017-18 an increase of 21%.

16.9 What could be seen as one of the most significant statistics in this report is the number of upheld complaints. During this reporting year, 31 (17%) complaints were upheld. This is a decrease of 8 (21%) in comparison to the 39 (24%) upheld in the previous reporting year 2017-18.

17.0 Senior Manager Review

17.1 Where complainants are not satisfied with the first response they receive from the Council, a complaint may be reviewed by a Senior Manager.

17.2 For consistency, the Customer Care Team report on completed Senior Manager Reviews rather than those requested or those that are on-going within a reporting year.

17.3 In 2018-19, 13 Senior Manager Reviews were completed. This is a significant rise in comparison to the last reporting year where 5 Senior Manager Reviews were completed.

Only 2 Senior Managers Reviews were upheld.

17.4 The increase this reporting year was offset by a decrease of 71% in 2017-2018, suggesting that this fluctuates over time.

17.5 The Senior Manager Review process offers the complainant reassurance that the complaint has been scrutinised by another officer with the authority to change things. Therefore any increase in the number of Senior Manager Reviews is not necessarily a cause for concern, what would be more of a concern would be a significant increase in the number of upheld reviews. In addition this process can prevent the escalation to the Local Government Ombudsman.

17.6 Of the 13 Senior Manager Reviews completed this reporting year, 6 were partially upheld, 2 were upheld and 5 were not upheld.

17.7 Of the two upheld reviews, one related to a significant delay in carrying out a social care assessment following a service user's discharge from hospital

into an interim care placement and a lack of evidence of clear discussion around finances. The second upheld review identified some system discrepancies in the recording of the service users' client contribution, and delays in the time taken to calculate what was owed on closing the Direct Payment. In both cases, learning was identified and shared with senior managers to disseminate further.

17.8 6 of the Senior Manager Reviews were completed within the three month allotted timeframe. The remaining 7 reviews exceeded the timeframe and apologies were issued to the complainants for this.

18.0 Local Government Ombudsman (LGO) complaints and enquiries

18.1 Whereas Senior Managers and the Customer Care Team always strive hard to resolve a complaint there are times when the complainant chooses to go to the LGO.

18.2 Complaints that include health as well as social care issues are investigated by a joint Parliamentary Health Services Ombudsman (PHSO) and LGO investigation team. Any such complaints will be reported on in this section of the annual report.

18.3 LGO complaint investigations can span more than one reporting period. In order to provide consistency the Customer Care Team report on completed investigations only, not those that have been referred or are still in progress.

18.4 The LGO are unable to investigate every complaint that goes to them. As such the LGO will occasionally decide to carry out 'initial assessments' with the Council in the first instance to determine if they will proceed further with a full and detailed investigation. This will usually involve requesting a copy of the Council's complaint responses to date.

18.5 During this reporting year the LGO carried out 3 initial assessments which they decided not to take further.

18.6 There were 8 final decisions issued between 01 April 2018 and 31 March 2019. This is a 60% increase in comparison to the 5 that were issued in the last reporting year.

18.7 The LGO did not uphold 3 of their complaint investigations and found the Council at fault in the remaining 5 investigations.

18.8 The LGO were satisfied that the Council had fully remedied all 5 of the investigations which they had upheld.

18.9 In January representatives from Adult Social Care and Democratic Services met with the Assistant Ombudsman. This was a very constructive meeting and gave the Council the opportunity to gain more understanding about the LGO's approach to complaints. A range of topics were discussed which included:

- The LGO's 'wider jurisdiction'
- The joint Parliamentary Health Service and LGO team
- How the LGO record information relating to the Council

18.10 Learning from LGO final decisions where the Council has been found at fault is shared at Reflective Practice sessions with practitioners. These sessions give practitioners the opportunity to consider ways of ensuring that their practice reduces the risks of similar situations reoccurring.

19.0 Specific learning from complaints

19.1 The investigation outcome for a complaint about a reduction in service was that the complainant should have been informed of the purpose of the re-assessment visit and that the use of the word 'appeal' when discussing 'how to challenge the reassessment' was misleading. Both issues related to the individual learning of the staff member and have been addressed directly.

19.2 A complaint about an initial safeguarding referral not being taken forward as a safeguarding when a later referral was. The complainant was dissatisfied with the way the first enquiry was responded to. After investigation it was agreed that the safeguarding processes in the social care team would be amended to include a higher level of management scrutiny in order to ensure all appropriate actions have been taken

19.3 A complaint made by the family of an elderly couple about the lack of action taken in response to a safeguarding concern they raised about the poor standard of care in a Nursing Home highlighted some areas for improvement. The investigation showed that insufficient information was given to the family throughout the safeguarding investigation. The Service Manager has addressed each point with the staff member involved to ensure that a similar situation will not happen again.

19.4 A complaint about incorrect information being given about a client contribution resulted in training for brokerage staff to ensure that the correct information was given. Public facing factsheets have also been drafted that practitioners will be able to issue to service users and their families giving general finance information relating to social care and signposting to relevant agencies for further advice.

19.5 A complaint about carers not knowing how to work with a service user, or how to enter the property and new carers turning up without warning resulted in the care agency agreeing to the following:

- Co-ordinators to notify the family if a new carer would be attending
- Staff to be fully aware of the care plan
- Entry point to property changed and agreed

19.6 A complaint was raised about a Social Worker not acting on the outcomes of a review. The investigation showed that the Social Worker had attended the review as part of the transition of care from the Mental Health team to the Adults and Autism team (AAT). At the time of the review the responsibility for social care needs was with the Mental Health team and the AAT worker was attending the review to get to know the service user. It was not made clear to the complainant who would be responsible for carrying out any agreed actions. To prevent a similar situation happening again AAT and the Cambridgeshire and Peterborough Foundation Trust will make it

very clear which worker is responsible for ensuring that any agreed actions are implemented in situations where there is more than one worker present.

- 19.7 A complaint about care charges highlighted that a care home had been issuing misleading information to the service user and their family. The care home had issued the service user with a contract advising that their contribution towards the weekly charge was 'nil' and the Council would be paying the full weekly fees. This led the service user to believe the Council were fully funding the placement. It should have been made clearer to the service user, that as the Council had commissioned the placement on their behalf, the Council would pay the care home directly and subsequently invoice the family for the personal contribution. Learning from this was shared with the care home and the Council's brokerage and commissioning teams.
- 19.8 A complaint highlighted that communication from the social care team to the family of a service user waiting for a care provider to be sourced could have been better. It identified the need for the social care team to keep families updated, even if that is to say no care has been sourced.
- 19.9 A service user with visual impairments had received correspondence from adult social care in a format that they were unable to read. It had been noted on the service users records that they required large print, however, this had been overlooked. The Council apologised for the error and distress this caused and reminded social care staff to ensure they check that the information they are providing is in a format that is accessible to the service user.

20.0 Complaint Themes

- 20.1 Lack of support from the social care team was the most common reason for complaining. This is a relatively broad category and a breakdown of this category shows that the type of support on offer was the most commonly complained about area.
- 20.2 There has been an increase in the number of complaints about financial issues. This includes delays in the financial assessment process and invoices. As a result of this temporary resource was put into the Financial Assessment Team while permanent staff were recruited. This enabled the team to clear the back log of outstanding assessments. The team are now at fully staffed and there are currently no outstanding delays with financial assessments.
- 20.3 Although not the primary reason for complaining communication issues continue to be raised in complaints. These issues include: not returning calls and failing to provide information on progress at regular intervals. The importance of following the Council's communication charter is being shared as a reminder to all social care staff. This is being disseminated in a variety of ways to include training sessions run by the Customer Care Team, via the Leadership Forum and via work undertaken by the Quality and Practice Team.

21.0 Conclusions

- 21.1 Compliments decreased this reporting year.
- 21.2 MP enquiries have increased by 82%
- 21.3 The number of formal complaints continues to increase year on year.
- 21.4 The most common reasons for complaining during 2018-19 has been the support provided by social care teams and financial concerns.
- 21.5 Although the number of Senior Manager Reviews (13) has increased the number (2) that were upheld is low.
- 21.6 The number of Local Government Ombudsman decisions have increased, this is to be expected as the number of formal complaints have also increased. Reflective Practice sessions led by the Principal Social Worker offer the opportunity for practitioners to consider how their practice should reduce the risks of the Council being in a similar situation in the future.

22.0 Recommendations

- 22.1 Adult Committee to approve this report for publication on the external website in line with the 2009 DOH Regulations.
- 22.2 Customer Care Team to continue to work towards ensuring that the number of upheld or partially upheld LGO investigations remains low.

Appendix 1

The definitions for compliments, comments, representations and complaints are set out below.

Compliment: a formal expression of satisfaction about service delivery by a Service User or their representative.

Comment: any suggestion or remark made formally by a Service User, their representative or a member of the public.

Representation: a comment or complaint about County Council or Government resources or the nature and availability of services.

Complaint: A concern or complaint is 'any expression of dissatisfaction that requires a response'. It is how the person raising a concern/complaint would like it addressed that helps define whether the expression of dissatisfaction requires an 'informal' or 'formal response. It is therefore not always the complexity or severity of a concern/complaint that defines its formality or informality.

Informal Complaint: It is how the person making the complaint/concern would like it addressed that helps to define whether the expression of dissatisfaction requires an 'informal' or 'formal' response. It is therefore not always the complexity or severity of the complaint/concern that defines its formality or informality.

Formal Complaint: any formal expression of dissatisfaction or disquiet about service delivery by a Service User or their representative.

Corporate Complaints: Corporate complaints are outside the Local Authority Social Services and National Health Service Complaints (England) Regulations 2009, and refer solely to the behaviour of a named County Council employee. A corporate complaint is investigated and responded to by the line manager of the person who is being complained about.

Appendix 2

Explanation of Acronyms

ASCMT	Adult Social Care Management Team
AAT	Adult and Autism Team
CPFT	Cambridgeshire and Peterborough Foundation Trust
CCT	Customer Care Team
DOH	Department of Health
EDT	Emergency Duty Team
FABA	Finance and Benefits Assessor
G.P	General Practitioner
HSO	Health Services Ombudsman
LDP	Learning Disability Partnership
LGO	Local Government Ombudsman
MCA	Mental Capacity Assessment
M.P.	Member of Parliament
NFA	No Further Action
OP	Older Peoples Services
OT	Occupational Therapy
PD	Physical Disabilities
TECSS	Technology Enabled Care & Sensory Services
AEH	Adult Early Help
AFT	Adult's Finance Team
FAT	Financial Assessment Team

Appendix 3

User Experience Survey Results (1 October 2017 to 30 September 2018)

Questionnaires were sent to 62 complainants, whose complaints were received between 1 October 2017 and 30 September 2018. We carry out the survey several months after the complaints were logged in order to allow time for the complaints to be fully closed.

Not all complainants from this period were contacted, for example cases where the service user has passed away, or where the complainant still has open complaints with the department.

15 responses were returned in total, which amounts to 24%. The statistics below relate solely to the 15 returned responses. 8 were returned anonymously, and 7 provided their name.

1 Which service area was your complaint about?

Service area	Number of responses received	Percentage %
OP	5	33
LDP	5	33
PD	2	13
Other: OP and PD	1	7
Other: Finance	2	13

2 Did you make the complaint as the Client, or Client's representative?

	Number of responses received	Percentage %
Client	5	33
Client's Representative	10	67

3 Did you receive acknowledgement of your complaint?

	Number of responses received	Percentage %
Yes, within 3 working days.	14	93
No, not within 3 working days.	1	7

4 If 'Yes' to Q3 – Was this contact helpful?

	Number of responses received	Percentage %
Yes	8	53
No	1	7
Not Sure	2	13
Not Answered	4	27

5 Did you receive a full written response in 20-25 working days?

	Number of responses received	Percentage %
Yes	7	47
No	3	20
Not Sure	5	33

6 If 'No' to Q5 – Did you receive an explanation for the delay?

	Number of responses received	Percentage %
Not Answered	11	73
Yes	2	13
No	1	7
Not Sure	1	7

7 Was the complaint resolved to your satisfaction?

	Number of responses received	Percentage %
Yes	5	33
No	4	27
Some of it	6	40

8 Were you told how to take your complaint further?

	Number of responses received	Percentage %
Yes	8	53
No	1	7

Not Sure	5	33
Not Answered	1	7

9 Overall, how satisfied were you with the way your complaint was dealt with?

	Number of responses received	Percentage %
Very Satisfied	2	13
Satisfied	4	27
Fairly Satisfied	4	27
Not Satisfied	4	27
Not Answered	1	7

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 2nd September 2019



Cambridgeshire
County Council

Notes

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

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

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

+ indicates items expected to be confidential, which would exclude the press and public.

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

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

The following are standing agenda items which are considered at every Committee meeting:

- Minutes of previous meeting and Action Log;
- Finance Report;
- Agenda Plan, and Appointments to Outside Bodies.

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
12/09/19	Ditchburn Place Contract+	L O'Brien	2019/049	30/08/19	04/09/19
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Annual Report and Section 75 Agreement	F Adley	2019/042		
	Charging Policy	C Black	2019/058		
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Annual Complaints Report	C Black / Jo Collinson	Not applicable		
	Increasing Care Home Capacity - workstream 2+	A Thorp	2019/062		
	Quarterly Performance Report	T Barden	Not applicable		
10/10/19	Business Planning – Capital and Revenue	Tom Kelly / W Ogle-Welbourn	Not applicable	27/09/19	02/10/19
	Think Communities	A Chapman	Not applicable		
	Risk Register	C Black	Not applicable		
	Update on Carers Workstream and Procurement	O Hayward/L Mc Manus	2019/063		
	Mental Health Framework for Cambridgeshire and Peterborough	W Patten S Bye	2019/025		
07/11/19	Care Homes Purchasing Framework	A Thorp	2019/059	25/10/19	30/11/19
	Housing Related Support (Adults)	O Hayward/S Ferguson	2019/045		
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Deep Dive – Quality of Social Care Provision (Care Providers)	C Black / W Patten	Not applicable		
	Update on Adults Positive Challenge	C Black / T Hornsby	Not applicable		
	Annual Safeguarding Board Report	R Waite	Not applicable		
12/12/19	Early Intervention and Prevention Re-procurement	G Hodgson	2019/070	29/11/19	04/12/19
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Full Evaluation of Neighbourhood Cares	L Tranham / C Black	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Service Directors Report – Commissioning / Health / Financial	W Patten	Not applicable		
	Quarterly Performance Report	T Barden	Not applicable		
16/01/20	Adults Social Care - Service User Survey Feedback	H Duncan / C Black	Not applicable	03/01/20	08/01/20
	Delayed Transfers of Care (DTCOC) Progress Report	C Black	Not applicable		
	Adults & Safeguarding Service Directors Report Update (includes Self-Assessment)	C Black	Not applicable		
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>
12/03/20	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies	Not applicable	28/02/20	04/03/20
	Update on Adults Positive Challenge	C Black / T Hornsby (A Chapman)	Not applicable		
	Deep Dive - TBC	C Black / W Patten	Not applicable		
	Quarterly Performance Report	T Barden	Not applicable		
<i>23/04/20 Provisional date</i>				<i>09/04/20</i>	<i>15/04/20</i>
21/05/20	Deep Dive - TBC	C Black / W Patten	Not applicable	08/05/20	13/05/20

To be programmed:

- Review of the number of people waiting for a change to their current domiciliary care service, or for a new package of domiciliary care (monitoring item identified at meeting on 8 March 2018)
- Adult Early Help / Prevention / Early Intervention (J Galwey)
- Learning Disability Partnership Section 75 and pooled budget arrangements (Will Patten)

Draft Adults Committee Training Plan 2019/20

Below is an outline of dates and topics for potential training committee sessions and visits. The preference would be to organise training and visits prior to Committee meetings and utilising existing Reserve Committee dates:

Suggested Dates	Timings	Topic	Presenter	Location	Audience	No of attendees 18/19
July / August 2019		Adults Positive Challenge	TBC	TBC	All Members	New to 2019
September 2019		An overview of Adults Social Care Finance	Stephen Howarth	Shire Hall	All Members	Member Seminar
October 2019 and April 2020 (utilise April reserve meeting)		A service-users journey Induction to early intervention and prevention: <ul style="list-style-type: none"> - Assisted Technology (ATT) - Adults Early Help - Sensory Services - Reablement 	Jackie Galwey	Various	All Members	26 October 18 – 2 members February date cancelled
October 2019 (Possibly Member Seminar)		An overview of Mental Health	TBC	Shire Hall	All Members	New to 2019
November 2019		Commissioning Services – what services are commissioned and how our services are commissioned across People & Communities	Gary Jones / Oliver Hayward	Shire Hall	All Members	6 November 18 – 6 members
November 2019		An overview of the Adults Social Care	Jackie Galwey	TBC	All Adults Members	Member Seminar

Agenda Item: 10

Suggested Dates	Timings	Topic	Presenter	Location	Audience	No of attendees 18/19
(Possibly Member Seminar)						
February 2020		Safeguarding: - Overview of safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Helen Duncan	Chord Park	All Adult Members	February 19 – 8 members
On request		Introduction to Learning Disability / Physical Disability	Tracey Gurney	TBA	Please contact Lesley Hart to arrange a visit or for further information.	None
		An overview of the Council's work in relation to Carers	Helen Duncan	TBA		
		Neighbourhood cares	Louise Tranham	TBA		1 session took place
		Counting Every Adult	Tom Tallon	TBA		1 session took place
		Learning Disability Provider Services	Emily Wheeler	TBA		
		Discharge Planning Team	Social Worker	TBA		

Reserve Committee dates for 2019/20

- April
- June

- August
- February

GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

More information on these services can be found on the Cambridgeshire County Council Website:

<https://www.cambridgeshire.gov.uk/residents/adults/>

ABBREVIATION/TERM	NAME	DESCRIPTION
COMMON TERMS USED IN ADULTS SERVICES		
Care Plan	Care and Support Plan	A Care and Support plan are agreements that are made between service users, their family, carers and the health professionals that are responsible for the service user's care.
Care Package	Care Package	A care package is a combination of services put together to meet a service user's assessed needs as part of a care plan arising from a single assessment or a review.
DTOC	Delayed Transfer of Care	These are when service users have a delay with transferring them into their most appropriate care (I,e, this could be from hospital back home with a care plan or to a care home perhaps)
KEY TEAMS		
AEH	Adults Early Help Services	This service triages requests for help for vulnerable adults to determine the most appropriate support which may be required
ATT	Assisted Technology Team	ATT help service users to use technology to assist them with living as independently as possible
ASC	Adults Social Care	This service assesses the needs for the most vulnerable adults and provides the necessary services required
Commissioning	Commissioning Services	This service provides a framework to procure, contract and monitor services the Council contract with to provide services such as care homes etc.
Discharge Planning Team	Discharge Planning Team	This team works with Hospital staff to help determine the best care package / care plan for individuals being discharged from hospital back home or an appropriate placement elsewhere
LDP	Learning Disability Partnership	The LDP supports adults with learning disabilities to live as independently as possible
MASH	Multi-agency Safeguarding Hub	This is a team of multi-agency professionals (i.e. health, Social Care, Police etc) who work together to assess the safeguarding concerns which have been reported
MCA DOLs Team	Mental Capacity Act Deprivation of Liberty Safeguards (DOLS)	When people are unable to make decisions for themselves, due to their mental capacity, they may be seen as being 'deprived of their liberty'. In these situations, the person deprived of their liberty must have their human rights

ABBREVIATION/TERM	NAME	DESCRIPTION
		safeguarded like anyone else in society. This is when the DOLS team gets involved to run some independent checks to provide protection for vulnerable people who are accommodated in hospitals or care homes who are unable to no longer consent to their care or treatment.
PD	Physical Disabilities	PD team helps to support adults with physical disabilities to live as independently as possible
Provider Services	Provider Services	Provider Services are key providers of care which might include residential homes, care homes, day services etc
Reablement	Reablement	The reablement team works together with service-users, usually after a health set-back and over a short-period of time (6 weeks) to help with everyday activities and encourages service users to develop the confidence and skills to carry out these activities themselves and to continue to live at home
Sensory Services	Sensory Services	Sensory Services provides services to service users who are visually impaired, deaf, hard of hearing and those who have combined hearing and sight loss