



CAMBRIDGESHIRE COUNTY COUNCIL

Outline Business Case

Investment in housing options for vulnerable people

Version 11

Draft

August 2017

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Document Control

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Date	August 2017	
Distribution		
Name	Organisation	
Version History		
Version	Date	Description of Change

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1 Executive Summary

Cambridgeshire is required to submit a new, jointly agreed Better Care Fund (BCF) Plan, covering a two year period to NHS England on 11th September 2017. The Improved Better Care Fund (iBCF) is a new introduction to BCF plans this financial year and is considered to be part of the ongoing BCF programme.

In line with the national conditions, discussions are taking place with the Clinical Commissioning Group (CCG) to reach agreement on the use of the IBCF funds. There are a number of areas being discussed for 2017/18, these are subject to final agreement and approval. One of these areas is;

- **Investment in housing options for vulnerable people**

The recommendation is to invest £3m of the IBCF Funds and provide accommodation to this group of people in Cambridgeshire.

This scheme meets the conditions of the IBCF and would offer a **sustainable investment** and an **annual return**. This proposal will

- contribute to **reducing pressures on National Health Service (NHS)**
- directly meet current adult social care needs and priorities
- supports the Council's Prevention and Early Intervention Strategy
- provide a lasting benefit to the people of Cambridgeshire

There is **robust financial case** - For investing the £3m of IBCF Funds, Cambridgeshire's CCG and Council get a **return of £2.17m** over five years.

- This will be a joint financial benefit of 2.17m over five years to the Learning Disabilities Partnership Pool Budget.

The **health and social care benefits** of providing this accommodation include:

- Housing with support can reduce the risk of inpatient admission
- Housing with support can delay or avoid the need for registered care
- Facilitate the delivery of personalised care and support
- Provide a local higher quality solution for the client that it is easier to oversee by the social and health professionals because it is local
- People can receive more suitable accommodation and support whilst maintaining links with their local communities
- Offers better value for money than existing options, i.e. out of area placements

2 Background

2.1 The Better Care Fund

The Better Care Fund was established in 2015/16, to create a pooled budget in each local authority area supporting closer integration of health and social care services, in order to improve outcomes for service users and ensure the sustainability of services.

Cambridgeshire is required to submit a new, jointly agreed Better Care Fund (BCF) Plan, covering a two year period to NHS England on 11th September 2017. The Improved Better Care Fund (iBCF) is a new part of the BCF plans this financial year and is considered to be part of the ongoing BCF programme.

In line with the national conditions, discussions are taking place with the CCG to reach agreement on the use of the IBCF funds. There are a number of areas being discussed for 2017/18, these are subject to final agreement and approval.

For more information on BCF see Appendix One.

2.2 BCF Vision

The vision for Cambridgeshire is expressed as follows:

“Over the next five years in Cambridgeshire we want to move to a system in which health and social care help people to help themselves, and the majority of people’s needs are met through family and community support where appropriate. This support will focus on returning people to independence as far as possible with more intensive and longer term support available to those that need it.

It means moving money away from acute health services, typically provided in hospital, and from ongoing social care support. This cannot be achieved immediately – such services are usually funded on a demand-led basis and provided as they are needed in order to avoid people being left untreated or unsupported when they have had a crisis. Therefore reducing spending is only possible if fewer people have crises. However, this is required if services are to be sustainable in the medium and long term.”

2.3 IBCF Programme

The Improved Better Care Fund (iBCF) is a new part of BCF plans this financial year. The monies are paid direct to the Local Authority from the Department of Communities and Local Government (DCLG) and the following national conditions apply:

- Monies must be pooled into the Better Care Fund (BCF) Section 75 budget between Cambridgeshire County Council (CCC) and Cambridgeshire and Peterborough Clinical Commissioning Group (CCG).
- Monies must only be used for the following purposes:
 - Meeting Adult Social Care (ASC) needs,
 - Reducing pressures on the NHS, including supporting more people to be discharged from hospital when ready; and
 - Ensuring the local social care provider market is supported.

2.4 Conditions of the grant

Non-recurrent social care grant allocation, i.e. the funding is for a single year only and does not form part of an on-going arrangement.

To be used for:

- Stabilising the social care market
- Meeting adult social care needs
- Reducing pressures on NHS
- Making Progress in the High Impact Change model

Quarterly reporting to the Department of Communities and Local Government (DCLG)

2.5 The proposal

Discussions are taking place with the CCG to reach agreement on the use of the IBCF funds. There are a number of areas being discussed for 2017/18, these are subject to final agreement and approval. One of these areas is;

- **Investment in housing options for vulnerable people**

It was felt that this met the conditions of the IBCF and would offer a sustainable investment and an annual return.

3 Drivers and Objectives

3.1 The case for the investment

As the funding is currently short-term and non-recurring, it was important to use the grant for an activity or area that;

- did not create an on-going financial commitment that couldn't be sustained
- would provide a lasting benefit to the people of Cambridgeshire
- would directly meet current adult social care needs and priorities
- would contribute to reducing pressures on NHS
- supports the Council's Prevention and Early Intervention Strategy

3.2 Inequalities in life expectancy

A person's health is determined by a complex mix of factors including income, housing and employment, lifestyles and access to health care and other services. There are significant inequalities in health between individuals and different groups in society.

These inequalities are not random. In particular, there is a 'social gradient' in health; neighbourhood areas with higher levels of income deprivation typically have lower life expectancy and disability-free life expectancy. This relationship (known as the 'Marmot curve') formed an important part of the independent and influential report on health inequalities, Fair society, healthy lives (the Marmot Review).

3.3 The opportunity

CCC is committed to providing a range of independent housing options for adults with a learning disability and/or autism . The Council is working with local Registered Social Landlords and Private Landlords to secure single tenancies and supported living services for people with these conditions and effectively manage the accommodation available.

Supporting people with learning disabilities and/or autism to be active citizens in their communities is a key priority for the Council, as part of its Prevention and Early Intervention Strategy.

The supply of specialist housing is critical to achieving the objectives of prevention and progression. Specialist housing includes accommodation that has been designed and built to meet the needs of the vulnerable adult and may include some elements of care and support for everyone who lives there. This support can either be on-site or off-site.

This will promote best outcomes for local people and minimise the risk of out of area placements.

As at August 2016 there were circa 1570 adults (18+) with a learning disability in Cambridgeshire. (source LDP Market Position Statement)

3.4 Benefits

The health and social care benefits of providing local specialist housing include:

- Specialist housing with support can reduce the risk of inpatient admission
- Specialist housing with support can delay or avoid the need for registered care
- Appropriate accommodation can facilitate the delivery of personalised care and support
- Provides a local higher quality solution for the client that is more manageable by the professionals
- People can receive more suitable accommodation and support whilst maintaining links with their local communities
- Offers better value for money than existing options, i.e. out of area placements and can maintain and utilise existing local networks including family and friends who may offer “natural support” as part of the package
- The accommodation would be closer to home, as some of the clients are out of area, and wish to move closer.
- Appropriate accommodation can enable people to maintain and develop independent living skills
- People are able to receive welfare benefits that they would not be entitled to if they were living in a registered care environment
- Bringing people back from out of area placements to their localities, where this is appropriate.
- Professionals are better able to monitor/review progress of clients and manage emerging risks when people are in area

3.5 Assumptions

- The proposed scheme is acceptable to DCLG criteria.
 - Discussions have been had with the local BCF Lead for the Eastern Region and he is supportive.
- CCG and Council agree to the investment
 - Discussions are on-going and in principle the concept is acceptable
- Suitable accommodation can be sourced and acquired to meet the timescales.
 - Property has already been identified that meets a large proportion of the requirement. The provider has commitment to identify sites for the remained.
- Suitable group of Clients who will benefit can be identified
 - 25 Clients have been identified to-date and the exercise continues. The Council has 130 Clients placed out of county that it is reviewing. Some of these people are now well connected in the community where they are living and it would not be appropriate to return and some people are placed out of county for their safety linked to safeguarding concerns that could not

be managed locally. The cohort of clients will be reviewed jointly with health colleagues to ensure best investment value is realised.

- Council agree to the financial commitment prior to funds being available from IBCF Fund. To enable the timescales to be met.
 - Proposal has been discussed and agreed in principle with CMT.

4 Approach

4.1 Analysis

CCC's Commissioners have carried out an analysis of the Clients placed out of county or in inpatient settings who the Council currently supports by providing or is trying to provide specialist housing accommodation. There are 130 people on the list so far of which a high number will have complex needs including some challenging behaviours.

We have done some initial analysis on the 130 people with the LDP and the PAT SW Teams and come to the supposition that 25 people could be repatriated with further work to be done on the remainder of 130 people. In order to make this happen two additional social workers are being appointed now as part of this initiative to strengthen capacity which this will inevitably impact on. Appendix 4 details which providers the 25 people are currently with. This number may fluctuate however as there is the pool of 130 people there is confidence that the repatriation will succeed.

Of the 130 clients that are currently living out of area. Of these, the split between those where repatriation may or may not be appropriate is shown below.

	clients	value
Desktop analysis indicates repatriation could be beneficial	25	c5M
Desktop analysis shows that repatriation may not be appropriate – more work to follow with new capacity	68	c4M
Desktop analysis was inconclusive, further investigation including meeting the service user and provider needed to determine if repatriation could be beneficial	37	c1.5M
Total	130	10.5M

Work is underway with Local Authority and CCG commissioners and CPFT to ensure we have the 'Principles' of support and care that providers need to deliver now and have the sufficient capacity to do so. A market testing exercise was undertaken recently which identified a number of providers want to work with complex needs people and a firmer arrangement will be put in place to support this going forward. This work is happening now and will also be embedded in all future Frameworks and Tenders for complex needs and TCP cohort.

It is important to recognise it will not be appropriate in every case to repatriate people back to Cambridgeshire. In particular where service users have made a deliberate choice to move away or have formed close friendships and links to the local community out of area they will not want to return. Equally there are some people living only just over the border and not far from their local community.

As well as the positive impact on outcomes, there is the potential for new care arrangements in Cambridgeshire to be better value for money than out of area provision. Efficiencies can be delivered through reassessment and reducing or refining the care

package and through brokerage/negotiation process to ensure the placement is offering best value for money.

In some instances where an out of area placement was identified as the only viable provision to meet a more specialist need (at the point it was needed) the price may well have been artificially high. In those cases if we can successfully identify or create new provision then there is every opportunity we will be able to agree a model with the new provider which meet needs at lower costs.

From the review we can make the following observations (excluding clients who are part of the Transforming Care Programme Cohort)

- That 16-45 year olds make up the most popular age band on our current accommodation list – a further analysis of the 12 TCP clients will be undertaken and the model of care will range from supporting living services to more intensive residential care. For those TCP clients identified to be suitable the supported living services this initiative will play an important building block for repatriation.
- From 'Current Address' field people family homes are across Cambridgeshire. A further analysis being undertaken of the 12 clients in the TCP group shortly.
- Learning Disability is the most common 'Primary Care Need' of those where Social Workers are requesting support from CCC Commissioning for accommodation (other than Residential or Nursing home categories);
- Of this group clients with a 'Physical Disability' or are aged over 65 years age form less than 5%. The next most popular category of client need based on information provided at this time is those with a 'Learning Disability' and 'Mental Health' need
- The most common reason for seeking accommodation is to offer the client greater 'independence'
- Referral waits for accommodation are long and need attention
- Mobility issues are reported in in less than 10% of the group
- Compatibility' issues and matching service user wants is a delicate process but needs careful attention in offering any shared house arrangement

See Appendix Two for detail

4.2 Selection of clients

The CCC Commissioners carried out an analysis of the clients know to the Council using the information in the ASC Case Management system.

Key to the selection criteria was based on which clients and client groups would get the maximum benefit. The Commissioner's considered all ages, client groups, the client's current accommodation and reasons for seeking alternative accommodation. They then considered compatibility factors, type of support required, type of accommodation that would be most suitable, etc. In total more than 10 different aspects.

They concluded that the following group would get the maximum benefit;

- Age group – No restriction
- Primary Client Group - Learning Disability

There are circa 25 clients who are in this group. Further detailed analysis will be done to confirm the selection and to consider people within the county that require accommodation based services either living with elderly carers or preparing for adulthood. .

4.3 Care Package Review - objective

The objective is to achieve savings through re-design, re-evaluation and price renegotiation of package costs, reviewing and reducing the hours of support where there is no rationale for the differential charging and minimise staff intervention where it is not necessary or through other means of support and interventions.

Both the LA and CCG have at their disposal established means by which they can quality assure provision; additionally those service users who fall within the transforming care programme are subject to additional reporting requirements (for the DoH) and therefore we are confident that we ensure that any provision we invest in, be that 'care' or 'buildings' elements for the programme are of a high standard.

4.4 Review method

An experienced and competent Social Work team will review each care package using a proven methodology used on the High Cost Placements Review programme. This process uses existing market value products such as the care funding calculator to drive down costs and support. The approach is used by a number of councils.

Step 1 – Package evaluation

Basic details of these service user and their existing packages is downloaded from the Council's Case Management System (AFM). A Senior Social Worker will review these, initially at a high level looking at basic core information and data, this includes the Client's age, length of time on the package and in the current placement number of different disabilities and services provided. This indicates whether the existing package has potential to provide efficiencies.

This may include if

- the assessed hours of care provided appears excessive to the need
- a range of services were to be replaced with e.g. reablement, assistive technology (AT) etc.

Those assessed as having potential go to the next phase.

Step 2 – Package review

Data will include details of the care package, length of time each element of the package has been in place including start/stops, assessed hours of need (including when the last assessment took place), current provider of care and costs of the package and how the package is financed (ASC, Continuing Health Care, etc.). Any specific reasons for being in the current placement e.g. religious beliefs, safeguarding issues; and how connected the person is to Cambridgeshire and the community in which they are currently living.

These will be reviewed by a different senior care professional with appropriate competence in a range of services such as AT, reablement, etc. The review will establish whether, if that service user were to present for the first time today, in their new setting, what package would be provided. Each package will be checked for the following:

1. Assessment of need in line with The Care Act 2014 – requires full involvement of person being assessed and, where they need assistance to understand the assessment process, anyone that is acting as their advocate. This could be a family member or, if not, this will require referral to advocacy. There is also the process of agreeing and signing off the assessment with the person and within the Council.
2. Determination of eligibility for services (this is separate to the assessment but part of the process – listed separately to be clear on all stages).
3. Calculation of indicative budget based on assessment of need.
4. Discussion with the person and their family as part of the support planning process around potential to move back to County seeking their views and wishes and taking into account their community networks and other variables.
5. Support plan revised as required and signed by the Council and person.
6. Placement finding process – looking at all available vacancies to determine if needs could be met or deciding if a new service needs to be commissioned.
7. Accommodation needs to be considered and identified. This may mean existing vacancies, acquisition of new properties or even new build in some circumstances.
8. Mental Capacity Act 2015 (MCA) assessment and, if needed, a best interest process which has to look at all of the available options which may meet a person's needs (including staying in existing provision). There is potential for court of protection proceedings which are complex with timeframes agreed through the court.
9. Using a comprehensive user profile we will establish compatibility requirements for shared accommodation.

The difference in size and complexity of package would be defined between that existing and that which should be provided. Our working assumption, based upon work with similar requirements ('Out of area repatriation' 2017' project in Cambridgeshire) suggest that there is confidence in securing a 10% reduction in package costs (before and after new placement) assuming we adopt the approach outlined above. This saving figure is corroborated by selecting clients from the existing Cambridgeshire cohort for the total cost (ie the LDP Pooled Budget will benefit)

Step 3 – Package check

For those packages where there may be savings, further opportunities are then considered. These include applying the Just Checking (JC) Assistive Technology tool. This will be installed for a minimum of 2 weeks (however, dependent upon the service user's disability, it may be used for up to 8 weeks). The analysis of the JC data will be supported by a specialist OT in JC. This analysis will provide objective data to enable the Step 2 Package review estimate to be confirmed or updated.

The re-assessment can then be planned in advance of the visit. Note: there may be a requirement for support from OT services or JC to discuss the installation of JC in the service user's home to:

- deal with questions the client / carer / family may have
- to position the sensors in the most appropriate place to achieve quality data

Before the final analysis is complete, there will be a sense of the new services required. These should be organised in good time e.g. ensuring that the AT provider (either OT services or external) have the appropriate AT equipment and installation / integration capacity / capability in place to provide a service within the SLA.

Step 4 – Re-assessment

A re-assessment will then be arranged. The team will include care and health professionals with appropriate competence in a range of services depending on the planned re-assessment. The re-assessment will produce a change in the package and this change, including step-down cost savings need to be calculated. It should be noted that not all re-assessments will lead to a reduced cost but a return to Cambridgeshire may still be in the best interests of the person.

Step 5 – Record and report outcomes

The re-assessment may produce a change in the package in terms of services to be delivered and the hours of each element of those services; this change will be clearly identified and recorded. It is at this point that a Broker will negotiate with the care provider on costs for each element of the care package; outcomes will be shared with the Social Care Worker for the case to be agreed by the Team Manager and taken forward for approval by CCC's Countywide Panel..

Withdrawal of duplicate Day care funding

The care packages of clients who are in receipt of both residential & 24/7 supported living and day services should be examined.

It may be possible to achieve significant savings within a short timeframe by reviewing clients who are funded for both a residential placement and a day care placement. In most schemes providing meaningful day activities is included in the cost of the residential placement.

The social worker will ensure all documentation is complete correctly on AFM and communication to the correct person within each provider organisation is made pre and post review with the outcome.

If there are any disputes or the provider is not willing to engage this will be recorded on the risk register of the project and managed through this arrangement. All savings will have to be certified by the finance officer before reported in the high light report.

4.4.1 Opportunities

Expected opportunities will be achieved through the review and reduction in care packages and the way in which the project is undertaken. Lessons Learnt from previous projects has been applied. All savings will be validated by finance before being reported and the source of these savings entered on the finance system

- Financial (cashable) benefit – reduction in care package placement costs covering residential/nursing placements, direct payments and supported living services
- Financial (cashable) benefit – saving through Direct Payment Clawback
- Non-financial benefit placement rationale, stronger relationships – better placement rationale, stronger relationships with suppliers, a universal and fair pricing model.

4.5 The accommodation

CCC will work with PCC. PCC have an existing joint venture with Meacham Homes. The plan is to source the accommodation through Meacham Homes.

The Council will then loan the joint venture the funds to acquire the property. This will then turn a one year short term funding into ongoing opportunity.

Where-ever possible the accommodation will be within Cambridgeshire.

One of the options is to review the Council's property disposal stock, this may offer an opportunity to re-use an existing asset.

4.5.1 Type of accommodation

The plan is to commission a mix of property, i.e. a number of "self contained units" and a number of "Homes of Multiple Occupancy" (HMOs) and "Supported Living Schemes"

- This would cater for the different needs of the clients and be able to best match care plans.
- To meet the very complex needs of some of the people that will be included in this cohort the accommodation may need to be clustered so that there is a robust enough staff team and management infrastructure to manage the challenging behaviours of the people. This will also need to be reflected in the build of the accommodation and robust design and layout access points etc.

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Looking at HMOs that accommodate four people – 3 clients and carers

HMOs have the additional benefit of offering a cost effective care option, i.e. a single live-in carer could support a number of clients.

The accommodation could be a conversion or a new build.

Most importantly it is a normal build, i.e. not specialist unit however may need to design building to suit challenging behaviour and/or physical disabilities.

For Supported Living Services this would be for the more complex clients that require a robust staffing model subject to the compatibility of the people sharing the scheme. More

work is to be done with the pool of people identified and following that the appropriate route for housing.

4.5.2 Cost of accommodation

From discussions with the Corporate Property Team, Housing Associations and Meacham Homes, for budgetary and planning purposes, to acquire the property;

- "Homes of Multiple Occupancy" (HMO) – circa £400,000 per scheme
- "Supported Living Schemes' (SLS) – Circa £400,000 per scheme
- "Self contained unit" – circa £200,00 per unit

Therefore for an investment of £3m, plan is to acquire;

- "Homes of Multiple Occupancy" (HMO) – 2 off x £400,000 = £800,000
- "Supported Living Schemes' (SLS) – 5 off x £400,000 = £2,000,000
- "Self contained unit" – 1 off x £200,000 = £200,000

5 Financial case

Following consultation with the CCG, the Council is proposing to invest £3m in housing options for vulnerable people.

5.1 Types of financial benefit

1. Care Packages

The Council and Health can make savings on the Care Packages from;

- The clients being more appropriately housed, which will result in a reduction in care packages required. These savings would continue whilst the client remained with the scheme.
- Review of Care Packages - will follow a similar method to the current High Cost Placements initiative, each Client's Care Package would be reviewed by Care Team and Commissioning.
- Bring Clients back - some of the Clients are in "out of area" arrangements, which attract a premium.
- Designing in the use of appropriate Assistive Technology, this will save money and avoid costs. Following similar methods to the current AT initiative.

2. Financing

- Council could earn a commercial loan rate of interest paid by Meacham Homes - with the risk of the loan covered by the property.
- Return of the loan value of a period of time to CCC - which would allow future investment opportunities in the scheme and provide further returns

3. Property Value

- The property will be an asset to the JV and probably the value will appreciate.

4. Joint Venture

- As the Council is a shareholder in the JV, benefit from a share in the profits.

5. Housing Benefit

- Many of these Clients will qualify for a Housing Benefit - Local Housing Allowance (LHA). This will go towards paying their rent for the new accommodation.
- The LHA is paid to the Client from the District Housing Benefit.
- CCC can claim back this money from Department of Works and Pensions (DWP)

6. Health Service Efficiencies

There might be other efficiencies that the Health Teams could realise including;

- Reduce travel times as there are a group patients at the same address.
- GPs may realise a small benefit. From the increase in the Quality and Outcomes Framework (QOF), i.e. the system for the performance management and payment of

general practitioners. From an increase of a number of service users with a similar category within their practice

5.2 Summary of financial benefits

- LDP Pool Budget Annual cost of current care packages for the 25 Clients – circa £2.9M
- Estimated annual financial benefit per year - circa £433k
- £143k + £290k = £433k

	Benefit type	Description	Amount
1.	Financing	<ul style="list-style-type: none"> • Commercial loan rate of interest paid by Meacham Homes <ul style="list-style-type: none"> – This could attract a commercial loan rate of circa 4.78% 	£143,400
2.	Care Packages	<ul style="list-style-type: none"> • The Council and Health can make savings on the Care Packages 	£290,000p.a.
3.	Property Value	<ul style="list-style-type: none"> • The property will be an asset to the JV and value will appreciate. 	Nil
4.	Joint Venture	<ul style="list-style-type: none"> • As the Council is a shareholder in the JV, will benefit from a share in the profits. 	TBC
5.	Housing Benefit	<ul style="list-style-type: none"> • Local Housing Allowance will go towards rent, paid to JV. Will not cover rent. 	Nil
6.	Health Service Efficiencies	<ul style="list-style-type: none"> • Other efficiencies that the Health Teams could realise 	TBC

5.3 Care packages

Based on the 25 Clients selected by the Commissioners.

- They receive Care Packages that total c£2.9Mm per year from the LDP Pool Budget per year.

See Appendix Four for the detail

5.4 Scenarios

We have chosen several Clients at random from the list to project the savings from the care packages are possible.

This analysis indicates we should achieve efficiencies between 10% and 20% from a reduction in care package costs.

5.5 Benefits from review of care packages

If through the re-housing them it reduces the cost of care from LDP Pool Budget by

- 10% - it saves £290K per year
- 20% - it saves £540K per year

5.6 Phasing of care package savings

In year one, Health and Social Care will only see part year savings.

See Appendix Five for timescales

Assuming the Clients start moving in progressively from March 2018 onwards.

Following a review of their Care Packages, the first savings will be realised 3 months later.

This will be progressive in the first year – See Appendix Six for details.

Year one (part year) - £178k

First complete full year benefit will be in the second year - £290k

5.7 Costs

5.7.1 Establishment costs

- Legal
 - Covered by CCC Legal as business as usual
- Property Advice
 - Covered by CCC Property Services as business as usual
- Property acquisition costs
 - To be borne by provider – Meacham Homes

5.7.2 On-going operational costs

- Social Care activities
 - Covered by business as usual ASC operations
- Property Management costs
 - Covered by provider – Meacham Homes

5.8 Risks

5.8.1 In-compatibility

- Compatibility' issues and matching clients in particular in HMO settings. This is a delicate and sensitive process and needs careful attention in offering any shared housing arrangement.
- Mitigation
 - Very careful analysis of the information and selection of the clients, i.e. following the review process outline in section 4.4. Meeting and discussions with the client, their carer or family and social care and health professionals involved within the LDP..

5.8.2 Rents

We need to understand the rents Meacham Homes will be charging

- HMO
 - For supported accommodation in Cambridgeshire it is typically £200 per week.
 - Each Client will qualify for LHA of £57.15 per week (in HMO setting)
 - Leaves a gap of circa £143
 - This would have to be met by the Client or the Council, it is believe that these clients would qualify for support to bridge the gap but this needs confirming and is on a case by case basis. Cambridgeshire County Council will work with District Councils to utilise the Discretionary Housing Grant to mitigate this financial risk where appropriate. In the event that a District Council does not support the use of the Discretionary Housing Grant in this way, then the approach will be to not purchase property within that District.
 - Worst case - £143 x 52 weeks = £7,436 per client in HMO.
- Self Contained Units
 - For SCUs in Cambridgeshire it is typically £200 per week.
 - Each Client will qualify for LHA of £92.05 per week (one bedroom setting)
 - Leaves a gap of circa £108
 - This would have to be met by the Client or the Council, it is believe that these clients would qualify for support to bridge the gap but this needs confirming and is on a case by case basis.
 - Worst case - £108 x 52 weeks = £5616 per client in SCU.
- Total cost for rent gap
 - £95,160
- Mitigation
 - Council receives an annual Discretionary Housing Payments (Grant) of £600k
 - This could be used to mitigate this risk

5.8.3 Modifications / Repairs

- The intention is to acquire industry standard properties that are not be-spoke. That provides maximum flexibility when clients change. However there is a risk that the properties may need modifying or maintenance.
 - The budget required is not known.
- Mitigation
 - Disabled Facilities Grant
 - The Council receives a grant that is used to support minor and major adaptations for eligible adults and children via the Care and Repair service to enable people to stay in their homes.

5.8.4 Voids

- There will be times that a property or unit will be empty, i.e. not earning rent. This is the risk of the provider – Meacham Homes. However they will cost this risk into their financial model and pass on the risk to the Client or the Council.
 - The void days per year allowance is not known
- Mitigation
 - To agree a lower void days per year with the provider – Meacham Homes. E.g. the Council under-rights anything above 30 days.
 - Council then takes out Void Days insurance to protect against the potential cost. The cost of the insurance is not known but it is standard industry practice and offers good value for money.

5.8.5 Change in Government Policy

- There is a risk that the IBCF Scheme could be cancelled.
 - Council has made the financial commitment to the Property Provider to meet the timescales
- Mitigation
 - Risk is considered very low, this is a central policy to Government Strategy.

6 Options

There are a number of options and variables considered.

6.1 Option 1

To decide to use the funds for this purpose or not.

The Council and CCG are investing their funds in a range of areas in line with the IBCF principles of meeting Adult Social Care (ASC) needs and reducing pressures on the NHS. In particular the investment of £1m to improve the discharge from hospital process.

It was felt that this proposal met the conditions of the IBCF and would offer a sustainable investment and provide an on-going annual return.

- For more detail see Section 3 above and in particular 3.1 the case for the investment.

6.2 Option 2

Which Client Group – to offer maximum benefit

Following extensive discussions and analysis it is recommended the opportunity is targeted at

- Age group – 16 to 45 year olds
- Primary Client Group - Learning Disability, Mental Health and Chronically Excluded Adults condition

Supporting people with learning disabilities and/or autism to be active citizens in their communities is a key priority for the Council, as part of its Prevention and Early Intervention Strategy – as outlined in Section 3.3.

The supply of housing is critical to achieving the objectives of prevention and progression. Specialist housing includes accommodation that has been designed and built to meet the needs of the vulnerable adult and may include some elements of care and support for everyone who lives there. This support can either be on-site or off-site.

6.3 Option 3

Type of accommodation – this is influenced by the Client Group and their needs and to get good value for money.

As outlined in section 4.5.1 above, the plan is to commission a mix of property, i.e. a number of “self contained units” and a number of “Homes of Multiple Occupancy” (HMOs) and “Supported Living Schemes”.

- This would cater for the different needs of the clients and be able to best match care plans.
- HMOs have the additional benefit of offering a cost effective care option, i.e. a single live-in carer could support a number of clients.

- For people with complex needs the Supported Living Model would be the best fit to ensure right level of staff can be deployed to support needs.

6.4 Option 4

Financial Case – as outlined in section 5.

There will be financial savings to both the CCG and the Council. The numbers are prudent and there are certain details to be confirmed. The savings would be

- This will be a joint benefit to health and the council of £290K pa £1.45M over five years to the Learning Disabilities Partnership Pool Budget.

For use of the £3m investment, Health and Social Care get a return of £1.45M over five years.

Plus valuable assets providing on-going benefits.

The health and social care financial return on investment will be re-invested to support delivery of the ongoing iBCF 3.5% DTOC plan.

Governance and review of performance will sit with the Integrated Commissioning Board to ensure benefits are maximised.

7 Recommended Option

To proceed with the scheme to invest £3m of the IBCF Funds and provide accommodation to this group of vulnerable people of Cambridgeshire.

1. This scheme **meets the conditions of the IBCF** and would offer a **sustainable investment** and an **annual return**. This proposal will
 - contribute to reducing pressures on NHS
 - directly meet current adult social care needs and priorities
 - supports the Council's Prevention and Early Intervention Strategy
 - provide a lasting benefit to the people of Cambridgeshire
 - not create an on-going financial commitment

2. **Robust financial case** - For a £3m investment, Health and Social Care get a return of £2.17m over 5 years.
 - Joint benefit to health and the council of £433k pa £2.17m over five years to the Learning Disabilities Partnership Pool Budget.

3. The **health and social care benefits** of providing this accommodation include:
 - Specialist housing with support can reduce the risk of in patient admission
 - Specialist housing with support can delay or avoid the need for registered care
 - Appropriate accommodation can facilitate the delivery of personalised care and support
 - Provides a local higher quality solution for the client that is more manageable by the professionals
 - People can receive more suitable accommodation and support whilst maintaining links with their local communities
 - Offers better value for money than existing options, i.e. out of area placements

8 Timescale & Implementation

8.1 Indicative Timescales

No	Milestones	Dates
1.	Agree principles / prepare Business Case	Mid August 2017
2.	Start to source property (to meet time-line)	August 2017 onwards
3.	Approval of Business Case by CCG and Council	Mid August 2017
4.	Commit to plan in principle by CCG and Council	End August 2017
5.	Submit BCF Plan	September 2017
6.	Approval of BCF Plan	October 2017
7.	Review Learning Disability Section 75 Agreements to enable transfer of financial benefits	October 2017
8.	Funding released / drawn down	October 2017
9.	Commit funds to JV to enable acquisition of property – sign contracts	October 2017
10.	Property available	Early January 2018
11.	Property prepared	End January 2018
12.	Property (accommodation) available	Mid February 2018
13.	Clients move in and benefits start to be realised.	Mid March 2018

8.2 Dependencies

There is a dependency on the out of area project and 2 Social Workers. This business case has been to the JCB and is now to go to GPC and is waiting for approval.

9 Reference Documents

Please list any reference material or information sources and maintain a bibliography.

10 Glossary

Include any terms or acronyms used in the document and provide an explanation.

11 Appendices

11.1 Appendix One – Better Care Fund (BCF)

The BCF was announced in June 2013 and introduced in April 2015. The £48.5 million is largely a reorganisation of funding currently used predominantly by Cambridgeshire and Cambridgeshire Clinical Commissioning Group (CCG) and Cambridgeshire County Council (CCC) to provide health and social care services in the County.

Cambridgeshire's BCF has created a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together in the County.

Cambridgeshire is required to submit a new, jointly agreed BCF Plan, covering a two year period to NHS England on 11th September 2017.

The BCF plan builds on the following agreed principles:

- Greater alignment across Cambridgeshire and Cambridgeshire
- A single commissioning board (the ICB)
- Greater alignment with the STP and local authority transformation plans
- Using the BCF to 'get the basics right' and coordinate our approach, focusing on a smaller number of system-wide changes

There is a focus on building on the work undertaken to date, with the following areas identified as continued priorities:

Prevention and Early Intervention: including a county wide falls prevention programme, further work to ensure a comprehensive approach to equipment and assistive technology, and development of joint VCS commissioning opportunities.

Community Services (MDT Working): including wider roll out and embedding of case management, to include data sharing to support risk stratification and pro-active identification of service users. Development of integrated hospital discharge and admission pathways and enhancement of intermediate care and reablement provision.

Enablers: continued development of consistent, accurate and reliable information and advice to support the concept of 'no wrong front door'.

High Impact Changes for Discharge: A new national BCF condition, requires the local system to implement the high impact change (HIC) model for managing transfers of care. The HIC areas are: early discharge planning; systems to monitor patient flow; MDT/multi-agency discharge teams; home first / discharge to assess; 7 day services; trusted assessor; focus on choice; and enhancing care in care homes. An initial system wide self-assessment has been completed against the high impact changes and existing system plans.

The Improved Better Care Fund (iBCF) is a new introduction to BCF plans this financial year and is considered to be part of the ongoing BCF programme.

11.2 Appendix Two – Data analysis

- Personal data
 - Surname
 - Date of birth
 - Age
 - AFM ID
 - Primary Client Group
 - Current Address
- Status
 - Current Accommodation
 - Reasons for seeking alternative accommodation
 - Date of Referral
 - Priority Ratings - H/M/L
 - RAG Rating - Timescale requested (Days)
- Considerations
 1. What property features are required? (e.g. ground floor, wide corridors etc)
 2. Can the client live in shared accommodation with on-site support, including sleeping provision?
 3. If yes, are there any compatibility issues? (e.g. must be female, young, communicative)
 4. Can the client live in self-contained accommodation within a supported living setting with low level on-site support including sleeping in provision?
 5. Can the client require a single service with staff available 24/7?
 6. Can the client live in independent accommodation in the community with visiting support?
 7. Is accommodation & support being sourced through framework tender?
 8. Are there current housing plans/proposals for service user?
 9. If Yes, please provide details - Referrers Email
 10. Status Notes - Supporting Documents

11.3 Appendix Three - Types of Welfare Benefit

1. Local housing allowance (Housing Benefit)

This benefit is paid to Clients by the District Housing Benefit, but can be fully claimed back from the Department of Works and Pensions.

- Local housing allowance (LHA) is the way payments are calculated for people receiving housing benefit. A flat rate is used based on the size of the tenant's household and the area in which they are renting the property. This amount is not directly related to the rent being charged.
- The rate of LHA that a claimant receives is reviewed on an annual basis. Other circumstances, such as money that the tenant has coming in or other people living in the household will still affect the amount of benefit paid, so the tenant may not always receive the full rate of LHA.
- The weekly rate (April 2017) for
 - Shared Accommodation is £57.15
 - 1 Bedroom is £92.05

In most cases this will not cover rental costs.

2. Disability Living Allowance (DLA)

This benefit is paid to Clients by DWP. This benefit is being phased out and is being replaced by PIP for new claimants. Existing claimants remain on the existing DLA arrangements

- DLA is ending for people aged 16 to 64. It is being replaced with the Personal Independence Payment (PIP). A Client will continue receiving the DLA until DWP invites them to apply for PIP.
- The rate a person receives is made up of 2 components. How much depends on how the disability or health condition affects the individual
 - Care component – ranges from £22 to £83.10 per week (This group are likely to be the higher rate – i.e. £83.10)
 - Mobility component – ranges from £22 to £58 per week

3. Personal Independence Payment (PIP)

This benefit is paid to Clients by DWP. This is the new scheme replacing DLA for new claimants.

- If the Client is aged 16 to 64 they could get between £22 and £141.10 a week by claiming Personal Independence Payment (PIP).
- The amount a person gets depends on how their condition affects them, not the condition itself.
- For this group of Clients it is believed they will receive £83.10 per week.

4. Employment and Support Allowance (ESA)

- If the Client is ill or disabled, they may qualify for Employment and Support Allowance (ESA). It offers:
 - financial support if the person is unable to work
 - personalised help so that you can work if you're able to

- How much ESA a person gets depends on:
 - Their circumstances, such as income
 - the type of ESA they qualify for
 - where they are in the assessment process

- Following assessment, if a person is entitled to ESA, they will be placed in one of 2 groups and will receive:
 - up to £73.10 a week if you're in the work-related activity group
 - up to £109.65 a week if you're in the support group (i.e. this group of Clients)

11.4 Appendix Four - Cost of Care Packages (25 Clients)

Current Provider	Current Annual Cost	Future Provider	Case Worker	Case Status
Tigh Naveen	£113,835.16			Repatriate
Community Integrated Care	£106,798.48			Repatriate
Decoy Farm	£158,949.16			Repatriate
Churchfields(A ctive Care Part)	£63,918.80			Repatriate
Heathers (Jeesal Res. Care)	£159,718.26			Repatriate
Alderwood	£276,626.72			Repatriate
Decoy Farm	£162,253.97			Repatriate
The Coppice	£81,406.47			Repatriate
Bright Futures Care Ltd	£193,450.00			Repatriate
Decoy Farm	£155,252.23			Repatriate
Jeesal Akeman Care Ltd				Repatriate
St Elizabeth'S Ld	£86,035.19			Repatriate
Redmond House (Voyage)				Repatriate
Zero Three Care	£129,597.42			Repatriate
An Darach Hse (Kisimul Gp)	£108,909.22			Repatriate
Gretton Homes	£103,034.00			Repatriate
Oaklands - Ld (Ccs)	£69,749.41			Repatriate
An Darach Hse (Kisimul Gp)	£132,583.64			Repatriate
Oaklands - Ld (Ccs)	£118,284.51			Repatriate
Suillean House	£122,121.70			Repatriate
Griffin Lodge	£99,192.92			Repatriate
Regard (Mill House)	£71,136.94			Repatriate
Craegmoor	£186,390.38			Repatriate
Pinetrees	£91,041.43			Repatriate
Byards Keep	£111,591.97			Repatriate

11.5 Appendix Five - Timescales

Activity	Dates	2017 / 18				2018 / 19				
		Apr - Jun Qtr 01	Jul - Sept Qtr 02	Oct - Dec Qtr 03	Jan - Mar Qtr 04	Apr - Jun Qtr 01	Jul - Sept Qtr 02	Oct - Dec Qtr 03	Jan - Mar Qtr 04	
Agree principles / prepare Business Case	Mid Aug 17		▲							
Source property	Aug 17 onwards		▶							
Approval of Business Case	Mid Aug 17		▲							
Commit to plan by CCG and Council	End Aug 17		▶▲							
Submit BCF Plan	Mid Sept 17		▶▶▲							
Commit funds to enable acquisition of property	Oct-17		▶▶▶▲							
Property purchase complete	Early Jan 18 onwards			▶	▶					
Property (accommodation) available	Mid Feb 18				▲	▲	▲	▲	▲	
Clients move in	Mid Mar 18				▶	▶	▶	▶	▶	
Care Plans Reviewed	Jun 18 onwards					▶	▶			
Savings realised	July onwards						▶	▶		

11.6 Appendix Six – Savings Benefits realisation plan

	2018													2019 onwards	
	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar		
Health and Social Care Package saving															
Client 1				892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 2				892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 3				892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 4				892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 5				892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 6					892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 7					892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 8					892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 9					892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 10					892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 11						892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 12						892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 13						892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 14						892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 15						892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 16							892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 17							892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 18							892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 19							892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 20							892.28	892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 21								892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 22								892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 23								892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 24								892.28	892.28	892.28	892.28	892.28	892.28	892.28	11599.64
Client 25								892.28	892.28	892.28	892.28	892.28	892.28	892.28	13999.96
				£4,461	£8,923	£13,384	£17,846	£22,307	£22,307	£22,307	£22,307	£22,307	£22,307	£22,307	£292,391
														£178,456	£113,935