

ADULTS COMMITTEE



Date: Thursday, 21 March 2019

Democratic and Members' Services

Fiona McMillan

Monitoring Officer

14:00hr

Shire Hall

Castle Hill

Cambridge

CB3 0AP

Kreis Viersen Room

Shire Hall, Castle Hill, Cambridge, CB3 0AP

AGENDA

Open to Public and Press

CONSTITUTIONAL MATTERS

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

Guidance on declaring interests is available at

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

2. **Adults Committee Minutes -10.01.19**

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Adults Committee Actions - March 2019

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3. **Petitions and Public Questions**

DECISIONS

4. **Sustainability and Transformation Partnership - North Alliance Report**

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Sustainability and Transformation Partnership - South Alliance Report

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5.	Cambridgeshire and Peterborough NHS Foundation Trust Mid Year Report 2018-19	33 - 46
6.	Better Care Fund - Deep Dive	47 - 60
7.	Hancock Winter Monies - Update	61 - 70
8.	Cambridgeshire and Peterborough Health and Social Care System Peer Review and CQC Area Review Preparations	71 - 82
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INFORMATION AND MONITORING

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Date of Next Meeting

Wednesday 22 May 2019

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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ADULTS COMMITTEE: MINUTES

Date: Thursday 10 January 2019

Time: 2.00 pm to 4.00 pm

Present: Councillors A Bailey (Chairwoman) A Costello, S Crawford, J French, N Harrison, D Giles, M Goldsack, M Howell (Vice-Chairman), D Wells and G Wilson

Apologies: None

152. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST

No apologies received. No declarations of interest received.

153. MINUTES – 13 DECEMBER 2018 AND ACTION LOG

The minutes of the meeting held on 13 December 2018 were agreed as a correct record and signed by the Chairwoman.

A number of points were raised following up actions, on the action log which included:

- Minute 147 – A copy of the updated slides was requested to be circulated to Committee and confirmation was sought that the updated slides were published on the Councils website. **ACTION.** It was confirmed that a report updating the Committee on the ADASS regional self assessment would be brought to the next Committee meeting in March. **ACTION**
- Minute 148 – A full briefing was requested by Councillors in relation to the the Business Case A/R.6.126 - Learning Disability - Converting Residential Provision to Supported Living, including information on where the individuals had gone and the savings to date. **ACTION**

154. PETITIONS AND PUBLIC QUESTIONS

The Committee considered a petition with 750 signatures collected from local residents, churches and businesses, in objection to the proposed closure of The Haven Mental Health Supported Accommodation Service, 112 Wulfstan Way, Cambridge.

The petition was presented by Pastor David Stearn of Queen Edith's Chapel, Cambridge, who raised a number of concerns in relation to the distress the potential move had caused the residents and the perceived lack of transparency in relation to the decision.

A public question was also presented by Ms Marisha Ray in relation to

the proposed closure - "How did the council propose, in detail, to ensure that it rigorously carried out its statutory duties to the residents of the Haven?"

Members raised a number of questions of clarification with both speakers.

The Chairwoman gave a formal response to both the petition and public Question (see appendix 1 of the minutes). Ms Ray had also raised further written questions on the matter which the Chairwoman clarified she would receive a formal response on within 10 working days. **ACTION**

Councillor Amanda Taylor, the Councillor for Queen Edith's also addressed the Committee in relation to the proposed closure. She requested a full report on the options and costs involved.

Members questioned whether adaptations that had been carried out in other supported accommodation in Cambridge, could be carried out at the Haven.

The Chairwoman clarified that she would look into the matter further and update the Committee.

155. CARE HOMES DEVELOPMENT WORK STREAM 2 TO COMMISSION NEW BLOCK CONTRACTS

The Committee considered a report that sought approval for a recommended approach to increase care home capacity under work stream 2 of the Care Homes Development Programme. The report also provided an update on the Competitive Dialogue process under work stream 3 of the Care Homes Development Programme including Commercial and Investment Committee approval for the first development site.

The Council had recently secured 39 additional residential units in Cambridge City and South Cambridgeshire by extending existing contracts. There was however an immediate shortfall of 111 units across East Cambridgeshire, Huntingdonshire and to a lesser extent, South Cambridgeshire. The aim was to award contracts to start on 1 July 2019.

In discussing the report Members:

- Requested that Officers reviewed contract lengths as part of the review.
ACTION

- Noted that at this time council loans would not be considered as the disadvantages stated in the report outweighed the advantages.

One member requested that Officers go back and look at shortages in Fenland as this did not feature in the report. Local intelligence showed that relatives were having to go out to Norfolk and beyond. **ACTION**

Members noted that a lot of work had gone into understanding the demand data

and this had gone into planning for the future. Members requested a workshop on Future Need and Demography so that they could understand this further.

ACTION

It was resolved unanimously to:

approve the recommended commissioning approach to secure new care home capacity via block contract arrangements.

delegate authority to award contracts to successful providers to the Joint Commissioning Board.

156. DISCHARGE AND TRANSITION CARS REPORT

The Committee received a report on a proposed extension of the current Discharge and Transition Car block contract for 7 months and 3 days to allow for a re-procurement exercise to take place. This ensured the continued alleviation of the lack of homecare capacity and supported Delayed Transfers of Care (DTOC).

In discussing the report Members:

- Sought further information on the function of the cars. Officers clarified that the cars carried home workers supporting people to help with their care and support needs and was a mobile service.
- Queried if there would be any cost implications on extending the contracts. Officers confirmed that there would be not cost implications for the Council.
- Queried how the location of cars would be monitored to ensure the service could be utilised efficiently. Officers explained that it was possible to view the locations of the cars and this would be tightened up through the re-procurement exercise, with the use of up to date technology.

It was resolved by majority to approve:

the exemption that would allow extension of the existing Discharge and Transitions Cars contract for a further 7 months and 3 days – this would mean the new contract could start on a Tuesday rather than a weekend.

the commencement of a new procurement exercise for the Discharge and Transition cars to ensure the council remained compliant with procurement Regulations.

delegated authority to the Executive Director for People and Communities to approve the award of the new contract once the tendered exercise was completed.

157. REVIEW AND REDESIGN OF OLDER PEOPLE'S DAY OPPORTUNITIES

The Committee considered a report that outlined a recommended approach to reviewing and redesigning older people's in – house and externally commissioned day opportunities in Cambridgeshire and Peterborough. Cambridgeshire County Council funded a total of 30 older people's day services across the county offering a service to approximately 392 older people. This amounted to an annual spend of £761,307. The day services were attended by older people, older people with learning disabilities and older people at various stages on their journey with dementia.

A key theme of the Adults Positive Challenge Programme was to review funded services that would prevent the need for ongoing social care in order to clearly define the outcomes expected from these services and rationalise ongoing funding. Alongside this programme the Communities and Safety Directorate were leading a system-wide approach to prevention called the 'Think Communities' approach. There was a need to offer more individual choice and control in the future which would involve a robust review and re-design of these services in collaboration with service users and carers

In discussing the report Members:

- Noted that in recent years referrals to these services had dropped substantially. Officers explained that there were a number of reasons for this which included the perception that the services were institutionalised and old fashioned. There was also a lack of male clients using these services and more targeted opportunities such as "man sheds" were proving to be popular in other areas.
- Requested that a more detailed look at the voluntary/non funded aspects of this service would be required and would need to be built in to the review. The Council supported a small proportion of the population financially so understanding the extent of the voluntary services was crucial to the success of the review. **ACTION**
- Queried the Day Service Overview table at appendix 1 of the report and requested that CCC employees be added to the list in relation to in - house services. A breakdown of costings was also requested. **ACTION**
- Expressed enthusiasm for the review and requested that the review be community focussed and not overly bureaucratic and that more interaction between older people and those with learning disabilities would be of great benefit.
- Requested that all County Councillors should be asked for information on opportunities available in their Divisions. **ACTION**

It was resolved unanimously to:

approve the approach towards reviewing and redesigning in-house and externally commissioned older people's day opportunities in Cambridgeshire and Peterborough.

158. DELAYED TRANSFERS OF CARE (DTC) PROGRESS REPORT

The Committee received a progress report on Delayed Transfers of Care (DTC). The latest published UNIFY data showed that in September 2018 there was a total of 3,127 delayed days, of which 2,734 were in acute care. 75.6% of all delayed days were attributed to the NHS, 23.2% to Social Care and the remaining 1.2% to both NHS and Social Care. For September 2018 Cambridgeshire, compared to all single tier and county councils in England, was ranked 147 on the overall rate of delayed days per 100,000 population aged 18+.

The report outlined actions and mitigations including; Significant Improved Better Care Fund investment, streamlining the discharge process, the expansion of reablement, brokerage enhancements, additional care home capacity and domiciliary care capacity.

In discussing the report Members:

- Queried the frequency of the reports the Committee received on DTC numbers. Officers to review and clarify frequency. **ACTION.**
- Noted that there is now a whole systems approach to DTC. Officers explained that there was a realisation from all agencies that the current model was not working and that the preventative agenda was key. There was a need to ask people what would make a difference to them. There was a focus on the Adults Positive Challenge Programme and building on primary care. There had been a positive shift in the relationship with NHS partners.
- Queried what support was available for those needing very marginal help. Officers explained that a new organisation had just been commissioned called 'My Care Selection' to support in this area. Training was also being provided to NHS staff on having conversations about finances.
- Requested further information on where investments had been made and what difference they had made overall in the next DTC report to Committee. **ACTION**
- Queried recruitment issues and discharge planning nurse capacity in relation to Brexit. Members noted that a paper was due to come to Committee in July on this subject and that a lot more work had been planned in relation to growing our own staff as there were no quick fixes to the issues faced.
- Queried what could be done to get the NHS figures down. Officers explained that a Brokerage service had been developed to tackle this.

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

159. ADULTS POSITIVE CHALLENGE PROGRAMME

The Committee considered a report on the progress of the Adults Positive Challenge Programme. The report followed on from an update at the September 2018 meeting.

In discussing the report Members:

- Queried the Learning Disability project outcome measure set out in 2.3.9 of the Report. Members questioned what types of packages and measures were being taken. Officers explained that it had been difficult to balance the qualitative and the quantitative measures but that they would relook at them as a whole. **ACTION**
- Noted the need to measure the duration of reablement intervention decreases.
- Requested that Officers look at how reduced hospital admissions could be reflected further in the outcome measures. This could include statistics from the Enhanced Response Service. **ACTION**

It was resolved unanimously to:

note and comment upon the information contained in the report.

160. FINANCE AND PERFORMANCE REPORT – NOVEMBER 2018

The Committee received the November 2018 iteration of the Finance and Performance report. In presenting the report it was noted that People and Communities at the end of November forecasted an overall overspend of £4.4 million which was an increase from the forecast of £4 million in the October report.

The increase in forecast was mainly within lines relating to Adults Committee, which had forecast an overspend of £464k – this was an increase of £292k since the October report.

In discussing the report members:

- Noted that the overspend had been taken into account in the business planning process for the next financial year.
- Noted that the negative Revenue Support Grant (RSG) had not been taken forward by government.

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

161. AGENDA PLAN, APPOINTMENTS AND TRAINING PLAN

Members requested an update on Care Homes and Supported Living in Cambridgeshire that were currently being affected by any changes, including the Haven and Hinton Grange. **ACTION**

Members requested that the Adults Positive Challenge should go to a future Members Seminar. **ACTION**

Members noted the agenda plan and training plan.

162. DATE OF NEXT MEETING

Members noted the date of the next meeting as 21 March 2019

Chairwoman

Appendix 1

Response for Adults Committee

How does the council propose, in detail, to ensure that it rigorously carries out its statutory duties to the residents of the Haven?

The Haven Mental Health Supported Accommodation Service is commissioned by Cambridgeshire County Council and support is delivered by Metropolitan Housing Association. The service provides supported housing for up to 8 older people with mental health issues at 112 Wulfstan Way. The specification and nomination criteria for the service details that the service is for people who are 65 years of age or older with a mental health need and are generally able bodied and able to live an independent life in the community.

Each resident of the service holds a tenancy for their accommodation with Aldwyck Housing (formerly King Street Housing) and this tenancy ensures the rights of each tenant under housing legislation.

Work has been carried out to assess the viability of the support service provision at The Haven to ensure that it meets the needs of the current residents, that the environment is appropriate to their needs and that, as part of the Council's duties to ensure that resources are allocated appropriately the service meets needs in the most effective way.

The Council's statutory duties to the residents of The Haven apply under both the Mental Health Act 1983 and the Care Act 2014. The Council has after-care responsibilities for any of the current residents who have previously been detained under relevant sections of the Mental Health Act. This includes providing suitable accommodation where this is a necessary component in meeting the patient's aftercare needs.

In addition the Council is undertaking its duties under the Care Act 2014 by completing Care Act Reviews carried out by Mental Health Social Workers. The outcomes of the reviews and any subsequent statutory responsibilities that are identified for each individual will be adhered to and the appropriate support provided as part of the wider consideration of how each resident's wishes are being considered in response to any planned changes.

As part of this process, a number of actions have been taken to ensure that the Council is carrying out its duties to the individuals currently residing at The Haven.

- All residents have been allocated a Mental Health Social Worker to carry out a review of their needs under the Care Act. This involves the individual and their families/circle of support and looks at each resident's current and emerging needs in a holistic way including mental health, physical needs, emotional needs and any aspirations for the future. This may include where people want to live as well as what support they may need now and in the future. This work is being overseen by a Senior Mental Health Social Worker. The allocated Mental Health Social Workers have extensive knowledge of the

residents currently residing at The Haven and are monitoring their wellbeing as the discussions about any potential changes are taking place.

- All residents have been offered support to access an Independent Advocate if they wish. This is in addition to the collaborative approach to each individual's assessment of needs and provides support for the individual to have their voice heard through an Advocate acting on their behalf.
- The Housing Provider (Aldwyck/King Street Housing) has also been involved in providing support to current tenants around their rights under individual tenancy arrangements. This is an agreement between the Landlord and the individual tenant and, dependent on the terms of the tenancy, there are no legal options for the Council to compel people to move out of The Haven. Each individual's rights under their tenancy agreement are protected and would not be revoked through any changes to the support arrangements at The Haven. The option to remain at The Haven, albeit with potential changes in the way support is delivered, is a further option that forms part of the overall discussion with the current residents.

The Council is continuing to explore all opportunities to meet the needs of the individual residents at The Haven and will continue this alongside the on-going review of needs. This includes the possibility of investment in the building and facilities to enable the current cohort to continue to reside at the accommodation in line with their current and emerging individual needs. We require co-operation for this from the Landlord and have been able to re-open this conversation following the merger between Aldwyck and King Street Housing as previous indications had been that further investment was not possible. Council officers are in the process of exploring this further to make an assessment of the Landlord's ability to invest alongside any adaptations that may be required following the Care Act reviews currently being undertaken. Many of the other accommodation options within Cambridgeshire for older people have been significantly modernised and adapted over the last 15 years and may provide a more appropriate alternative.

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 **10 January 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 11 March 2019

Meeting of 6 September 2018

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
108.	Willow Court Bassenhally, Whittlesey - Tender for Contract	Lynne O'Brien	Brief Committee on the outcome of the tender process once completed via email.	The tender has closed and the outcome should be known by the end of March.	Ongoing	By March 2019

Meeting of 18 October 2018

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
117.	Alignment of Extra Care Contract	Lynne O'Brien	The Committee requested that an update on the timings for the visioning strategy should come back to Committee, along with the project plan.	Project plan for the Visioning Strategy for Extra Care including timings has been circulated to the Committee.	Complete	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
		Amanda Roach	Requested more information on how this would affect peoples' care package costs.	<p>Figures are being worked up with Finance colleagues. Figures and reasoning below:</p> <p><u>Employment Strategy – Committee Request</u></p> <p>Adults Committee requested information on how moving into employment would affect peoples' care package costs.</p> <p>The assumption is that where a Service User secures employment (including voluntary work and paid employment), this will replace attendance at a Day opportunity which would have been funded through Social Care to meet an assessed outcome.</p> <p>A session (half a day) at current framework ceiling rates is £28, full day £56. Service users can access day opportunities for anything between 1 – 5 days a week, cost avoidance therefore would be dependent on how many days they are in employment for and therefore not attending a Day opportunity.</p>	Complete	
		Amanda Roach	Highlighted the need to do more work on transitioning from voluntary to paid employment. It was noted that the authority were keen to work with the Department of Work and Pensions on this and were looking to hold workshops to explain what could happen in terms of benefits. It was noted that this would be included in the action plan.	<p>Information to be collated with the Council's benefit team and from the DWP. Fact sheets to be available for service users, social workers and families/carers.</p> <p>Information to be incorporated into relevant web pages for easy access.</p>	Ongoing	31.05.2019

Meeting of 10 January 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
153.	Minutes – 13 December 2018 and Action Log	Charlotte Black	Minute 147 – A copy of the updated slides was requested to be circulated to Committee and confirmation was sought that the updated slides were published on the Council's website.	Slides have been circulated to committee and added to the Council's website https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/how-we-work/adult-social-care/the-local-account/	Complete	
		Charlotte Black	It was confirmed that a report updating the Committee on the ADASS regional self assessment would be brought to the next Committee meeting in March.	Item has been added to the March agenda	Complete	
			Minute 148 – A full briefing was requested by Councillors in relation to the Business Case A/R.6.126 - Learning Disability - Converting Residential Provision to Supported Living, including information on where the individuals had gone and the savings to date.	A briefing has been circulated to committee members.	Complete	
154.	Petitions and Public Questions	Sarah Bye	The Chairwoman gave a formal response to both the petition and public Question (see appendix 1 of the minutes). Ms Ray had also raised further written questions on the matter which the Chairwoman clarified she would receive a formal response on within 10 working days.	Response has been sent (28 January)	Complete	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
155.	Care Homes Development Work Stream 2 to Commission New Block Contracts	Adam Thorp	Requested that Officers reviewed contract lengths as part of the review.	Contract Length has been reviewed and agreed that a total term of 15 years is suitable for this period	Complete	
		Adam Thorp	One member requested that Officers go back and look at shortages in Fenland as this did not feature in the report. Local intelligence showed that relatives were having to go out to Norfolk and beyond	Our intelligence and knowledge of commissioning residential placements in Cambridgeshire shows us that the areas where increased capacity is required most urgently are East Cambs, Hunts and South Cambs. We will continue to monitor intelligence alongside strategic direction of travel to recommend potential increases in capacity elsewhere	Complete	
		Will Patten/ Charlotte Black	Members noted that a lot of work had gone into understanding the demand data and this had gone into planning for the future. Members requested a workshop on Future Need and Demography so that they could understand this further.	We are having internal discussions regarding the structure and planning for the workshop, including collation of data sets, so we can encompass all the relevant areas of demand management work that have informed planning. We will be looking to get a confirmed date for the workshop shortly, anticipate this will be diarised for April, with invites being sent out very shortly.	In progress	30.4.19
157.	Review and Redesign of Older People's Day Opportunities	Adam Thorp	Requested that a more detailed look at the voluntary/non funded aspects of this service would be required and would need to be built in to the review. The Council supported a small proportion of the population financially so understanding the extent of the voluntary services was crucial to the success of the review.	Current mapping of VCS community initiatives is being undertaken by the CCC Information Team. Once this has been completed, it will be linked into the review	Complete	

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
		Adam Thorp	Queried the Day Service Overview table at appendix 1 of the report and requested that CCC employees be added to the list in relation to in-house services. A breakdown of costings was also requested.	The first phase of the review will capture all information regarding the in-house services to ensure that all relevant information is included	Complete	
		Adam Thorp	Requested that all County Councillors should be asked for information on opportunities available in their Divisions.	Adam Thorp will work with Democratic Services to ensure this communication takes place	Complete	
158.	Delayed Transfers Of Care (DTC) Progress Report	Charlotte Black	Queried the frequency of the reports the Committee received on DTC numbers. Officers to review and clarify frequency.		Complete	
		Charlotte Black	Requested further information on where investments had been made and what difference they had made overall in the next DTC report to Committee.	This has been added to the May agenda plan	Complete	
159.	Adults Positive Challenge Programme	Charlotte Black	Queried the Learning Disability project outcome measure set out in 2.3.9 of the Report. Members questioned what types of packages and measures were being taken. Officers explained that it had been difficult to balance the qualitative and the quantitative measures but that they would relook at them as a whole	Further work is ongoing as to the key metrics by which to measure success and committees comments were fed into this.	In progress	31.5.19

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
		Charlotte Black	Requested that Officers look at how reduced hospital admissions could be reflected further in the outcome measures. This could include statistics from the Enhanced Response Service.	A number of metrics around hospital interface are to be included in the measures including - increased use of TEC in supporting hospital discharge, decreased DTOCs waiting for equipment or services, decreased hospital admissions, decreased number of unplanned reviews. The TEC team will also be tracking the activity they do which leads to cost avoidance by type, eg falls prevention, hospital admission prevention.	In progress	31.5.19
161.	Agenda Plan, Appointments and Training Plan	Will Patten	Members requested an update on Care Homes and Supported Living in Cambridgeshire that were currently being affected by any changes, including the Haven and Hinton Grange.	Report going to March Committee	Complete	
		Charlotte Black	Members requested that the Adults Positive Challenge should go to a future Members Seminar.		Complete	

NORTH ALLIANCE UPDATE REPORT

To: **Cambridgeshire County Council Adults Committee**

Meeting Date: **21 March 2019**

From: **Neil Modha and Caroline Walker
(North Alliance Co-Chairs)**

Electoral division(s): **All**

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

Purpose: **The Committee is asked to consider the update on the North Alliance.**

Recommendation: **The Adults Committee is asked to note the North Alliance progress and review a further update in 6 months' time.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Aimee Venner (on behalf of Caroline Walker and Neil Modha)	Names:	Councillors Bailey and Howell
Post:	Head of Alliance Solutions and Intensive Support	Post:	Chair/Vice-Chair
Email:	Aimee.venner@nhs.net	Email:	
Tel:	07855 075 104	Tel:	01223 706398

1. BACKGROUND

- 1.1 The North Alliance was launched on 13 June and have met on eight further occasions to date, including an Away Day in November. Membership includes representatives from all system partners including GP Federations, Local Authority, the Voluntary Sector and Healthwatch.

From June to February the group have focused on five priority areas which in turn align to the STP priority of 'At home is best'.

North Alliance five priorities:

- Develop Neighbourhood Infrastructure: City Care Centre
- Develop Neighbourhood Infrastructure: Integrated Neighbourhoods
- Intermediate Care: DTOC
- Intermediate Care: JET Redesign
- Prevention and Health Promotion

2. MAIN ISSUES

2.1 Integrated Neighbourhoods

The North Alliance has created two sub-groups to help deliver the Integrated Neighbourhoods priority. An Integrated Delivery Board (IDB) was established for Greater Peterborough in July 2018 and more recently, a Hunts and Fenland working group has formed. Both groups have a GP Clinical Lead who is funded via the STP and meetings are well-attended with representation from all system partners. Momentum is building, particularly within Greater Peterborough, and the programme is developing with pace and outputs. This model of local working groups is facilitating the North Alliance vision of local ownership, 'bottom up' thinking and a focus on the local communities the system serves.

The Greater Peterborough IDB has completed an 'Asks and Offers' piece of work which asks each organisation to identify three things they would like an organisation to do differently and in return three things they could offer to improve integrated working. This generated 160 potential opportunities that have been themed and prioritised to determine those with the greatest impact and those that are quick wins. This has created eight workstreams, each of which have several sub-projects within them:

- Defining Neighbourhoods
- Access to patient records
- MDT Protocol
- CPFT referral processes
- Shared assessment tools
- Training and awareness raising
- Consultant in the community
- GP Practice care home alignment

Representatives from each organisation are supporting the projects associated with these workstreams however dedicated project resource is required to implement all the recommendations and changes.

The Hunts and Fenland Working Group will be reviewing the outputs from the Greater Peterborough Ask and Offers process to see what shared learning there is and what is relevant and can be adopted for their area.

The first step to creating the Integrated Neighbourhoods is deciding the grouping for the Primary Care Networks. The Primary Care Networks will cover populations of 30-50k, they will be geographically coterminous, focusing on a local community and will cover the same geographical footprint as the Integrated Neighbourhood.

The Greater Peterborough IDB has been making good progress on the Primary Care Network, and thus Integrated Neighbourhood grouping, using information on the current service provision, population health data, GP practice size and population economics. A detailed engagement process with practices across Greater Peterborough has commenced seeking their views on the methodology as well as what the practice grouping could like to best serve the local communities after which a decision is made on the Integrated Neighbourhood geographies.

The Hunts and Fenland Working Group plan to follow the same methodology and have requested population health data from public health colleagues to support this.

Through the process of deciding the Integrated Neighbourhood groupings and engagement with Primary Care the Alliance will identify groups who are keen to develop with pace and have the energy and enthusiasm to progress. The Alliance is hoping to identify three Integrated Neighbourhoods in Greater Peterborough and one in Hunts and Fenland who will be supported to progress first with the Integrated Neighbourhoods model.

Once the Integrated Neighbourhood groupings are defined and the 'Wave One' Integrated Neighbourhoods are identified the Alliances will support engagement events to bring the staff working within the community together. They will be encouraged to review their population health data and share ideas on the needs of their local community.

The North Alliance has highlighted to the Health and Care Executive that resource will be required to make the operational changes at a local, Integrated Neighbourhoods level. This will include project resource which should be provided via the realigned from the existing workforce within the system, GP Leadership and recurrent staff e.g. Integrated Neighbourhood Managers.

Peterborough City Care Centre

This project aims to increase utilisation of the clinical space at the Peterborough City Care Centre and align services to support the integrated neighbourhood agenda. A capacity review has identified treatment and procedure rooms which several system partners are interested in utilising. A marketing event took place on 6 November which was well attended by interested partners and a good number of expressions of interest

was received. The CCG are leading on the allocation of the space based on agreed criteria including measuring against strategic priorities, social value and non-financial benefits.

Delayed Transfer of Care

The DTOC priority is being led by Jan Thomas (CCG AO) and there is a large programme of work associated with reducing the number of DTOC patients within NWAFT and CUH. The organisation's Chief Operating Officer form the membership of the Discharge Programme Board and have taken ownership for delivering the 3.5% target in their organisations. The group receive monthly updates from this programme board and will help unblock issues if they arise.

Joint Emergency Team (JET) Redesign

Members of the North Alliance contributed to a series of system wide workshops over the summer of 2018 which reviewed the effectiveness of JET and re-design the extended JET service. The North Alliance endorsed the initial proposal and subsequent detailed report on the redesign of JET and key actions over the next 3-6 months. A JET steering group was established following this to oversee and implement the revised service. The North Alliance monitors progress and helps resolve risks and issues as required.

Prevention and Health Promotion

The North Alliance are committed to developing the Prevention and Health Promotion Agenda for their population. This closely links with the Integrated Neighbourhood priority and supports the Local Authority 'Think Communities' programme.

The North Alliance identified the need for a system approach to Prevention and Health Promotion and established a steering group in October 2018. This group have reviewed the CCGs Prevention Strategy which detailed the three main priority areas of focus:

- Smoking
- Hypertension
- Workplace Health and the NHS

Following this the steering group agreed an initial focus on three demonstrator areas, Huntingdon North, Wisbech, and Central Peterborough. In addition, it will develop plans for Workplace Health as a priority across public sector and NHS organisations.

The North Alliance are aware of the close link between Prevention and Health Promotion and the Integrated Neighbourhoods. The strategy and programme planning is currently required within different steering groups but the delivery will take place within the same, geographically identified communities (Integrated Neighbourhoods). There is recognition for the cross over between this priority and the Living Well Partnerships. The Steering Group plan to review the programme and options for future governance in February.

Future Priorities

From February the group will start reporting against revised priorities which will broaden its scope and sphere of influence.

The revised priorities for the North Alliance are;

- Integrated Neighbourhoods
- Reducing health inequalities and improving health outcomes
- Admission Avoidance
- Patient Flow: right place, right time
- Better use of our estates and facilities
- North Alliance medium-long term plan

3. ALIGNMENT WITH CORPORATE PRIORITIES

The North Alliance priorities and programme of work compliments the Council Corporate priorities and there is Council representation on the group.

3.1 A good quality life for everyone

There are no significant implications for this priority.

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

At present there is no significant implications from the North Alliance programme of work. The programme will continue to develop with input from the Local Authority and implications to the Council will be continually monitored and discussed.

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

Source Documents	Location
N/A	

SOUTH ALLIANCE UPDATE REPORT

To: **Cambridgeshire County Council Adults Committee**

Meeting Date: **21 March 2019**

From: **James Morrow and Nicola Ayton
South Alliance Co-Chairs**

Electoral division(s): **All**

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

Purpose: **The Committee is asked to consider the update on the South Alliance.**

Recommendation: **The Adults Committee is asked to note the South Alliance progress and review a further update in 6 months' time.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Aimee Venner (on behalf of Nicola Ayton and James Morrow)	Names:	Councillors Bailey and Howell
Post:	Head of Alliance Solutions and Intensive Support	Post:	Chair/Vice-Chair
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Tel:	07855 075 104	Tel:	01223 706398

1. BACKGROUND

1.1 The South Alliance was launched in July 2018 and agreed the following priorities for the next 12 months:

- Supporting primary care to develop primary care networks covering around 30,000 to 50,000 people across the whole footprint;
- Implementing Integrated Neighbourhoods, building out from primary care, starting; and
- Understanding and acting on population health data, as well as the knowledge and insight of local teams, to identify at-risk groups of patients and then provide proactive, preventative care and support.

Since the agreement of Cambridgeshire and Peterborough's Integrated Neighbourhoods framework in December 2018, the South Alliance have been:

- a. Planning engagement with staff across the South Alliance through an 'Ask and Offer' workshop.
- b. Engaging with GPs in Granta Medical Practices, Isle of Ely and North Cambridge City on the development of Primary Care Networks and Integrated Neighbourhoods.
- c. Learning from other areas of the country on their Integrated Neighbourhood models, including Torbay and South Devon.
- d. Working with our partners to establish the key next steps for the South Alliance, including a core work programme and the required resourcing to deliver.

2. MAIN ISSUES

2.1 Engagement with staff across the South Alliance

The South Alliance is holding an Ask and Offer workshop on 6th February. The purpose of the session is to identify the barriers preventing organisations across the South Alliance from working together more effectively and commit to taking practical actions to overcome these. Over 40 members of managerial, operational and clinical staff are due to attend the workshop from all of the constituent organisations, including the Local Authority. The outputs from the session will inform the future priorities of the South Alliance.

Primary Care engagement

Members of the South Alliance have met with GPs from the Isle of Ely and North City practices in January, and plan to meet with North Villages practices in February. These discussions have supported GP practices to start designing their Primary Care Networks, which will in time develop into Integrated Neighbourhoods. The South Alliance welcomes the national policy direction set by the *NHS Long Term Plan*, including the ambition to agree Primary Care Network groupings by June 2019 and the intention to launch a new GMS contract enabling Primary Care Networks and greater local integration with community, secondary and social care services. This endorses

the intentions set out in Cambridgeshire and Peterborough's Integrated Neighbourhoods Framework. Over the coming months, the South Alliance will continue to engage with GP practices to deliver on the local ambition to develop Integrated Neighbourhoods with Primary Care Networks as their cornerstone.

The South Alliance continues to work closely with Granta Medical Practices on the development of their Integrated Neighbourhood. Granta Medical Practices have commenced work with Geriatricians from Cambridge University Hospitals (CUH) to design new pathways for elderly patients with complex needs, and with Cambridgeshire and Peterborough Foundation Trust (CPFT) to align with their community neighbourhood teams.

Further, analysts are undertaking work with Granta Medical Practices to bring together primary, community and secondary care data sets. The output of this work will enable clinicians to identify, target and provide proactive, evidence-based care to specific cohorts of patients. The intention is to incorporate social care data into this data set over time. This work will be formalised through the creation of a Granta Integrated Neighbourhood Project Board, which will be attended by all constituent organisations, including the Local Authority, and will aim to enable the progression of Granta Integrated Neighbourhood.

A key next step for the Project Board will be to deliver a workshop with the wider Integrated Neighbourhood staff group, including community, secondary and social care staff. The aim of the workshop will be to design the expected inputs, outputs and outcomes of the model. This will inform the key metrics and evaluation methodology for Granta Integrated Neighbourhood.

Learning from elsewhere

Members of the South Alliance undertook a visit to Torbay and South Devon in January, to learn from their experience in establishing Integrated Neighbourhoods. The visit reaffirmed the South Alliance's key principles of enabling local, clinical and operational ownership of Integrated Neighbourhoods with Primary Care Networks as their cornerstone. It also demonstrated the impact this model can have on improving people's lives and reducing unnecessary hospital admissions.

Next steps for the South Alliance

The South Alliance has agreed a phased approach to supporting the development of individual Integrated Neighbourhoods and is currently pursuing this approach with Granta Medical Practices. Alongside this, the South Alliance has identified a number of workstreams which will enable Integrated Neighbourhoods to develop further. These workstreams are listed below:

- Engagement with staff, patients and local people.
- Population health analytics.
- Primary Care Network development.
- Enhanced Health in Care Homes model development.
- Prevention, building on existing Local Authority initiatives such as 'Think Communities' and 'Neighbourhood Cares' pilots.

- Condition specific end-to-end clinical pathways.

The South Alliance has established a Working Group to deliver on these workstreams. The Group is accountable to the South Alliance and is currently attended by colleagues from the CCG, CUH, Local Authority and CPFT. The Group is open to membership from all South Alliance organisations. The ability of this group to deliver on the South Alliance's priorities is currently limited by the available resourcing. The resourcing allocation to this group, and the wider work of the South Alliance, is currently being agreed through the STP Task and Finish Workforce group.

3. ALIGNMENT WITH CORPORATE PRIORITIES

The South Alliance priorities and programme of work compliments the Council Corporate priorities and there is Council representation on the group.

3.1 A good quality life for everyone

There are no significant implications for this priority.

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

At present there is no significant implications from the South Alliance programme of work. The programme will continue to develop with input from the Local Authority and implications to the Council will be continually monitored and discussed.

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 Name of Financial Officer:
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Have any engagement and communication implications been cleared by Communications?	N/A Name of Officer:
Have any localism and Local Member involvement issues been cleared by your Service Contact?	N/A Name of Officer:
Have any Public Health implications been cleared by Public Health	N/A Name of Officer:

Source Documents	Location
N/A	

Agenda Item No: 5

THE CAMBRIDGESHIRE AND PETERBOROUGH NHS FOUNDATION TRUST MID YEAR REPORT 2018/19 ON THE DELIVERY OF THE COUNCILS' DELEGATED DUTIES FOR PEOPLE OVER 18 YEARS WITH MENTAL HEALTH NEEDS

To: Adults Committee

Meeting Date: 21 March 2019

From: Julie Frake-Harris – Director of Operations
Cambridgeshire and Peterborough NHS Foundation Trust.

Electoral division(s): All

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

Purpose: This is the mid-year report by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) for 2018/19 on the delivery of PCC and CCC delegated duties under the Section 75 Agreement.

Recommendation: The Committee is asked to note progress and developments in the context of the commitments agreed under the signed Section 75 Agreement for Adult and Older People Mental Health.

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Fiona Davies	Names:	Cllr Bailey and Cllr Howell
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1.0 BACKGROUND

- 1.1 This report updates the Committee on performance under the Mental Health Section 75 Partnership Agreement between the Council and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). Under this Agreement, the Council has delegated the delivery of mental health services and specified duties to CPFT for people over 18 years with mental health needs. The intention is to ensure delivery of an integrated health and social care 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 covers the following areas:
- Update on the reorganisation of services
 - Review of Mental Health Section 75 Work Plan for Q3 for 2018-19
 - Staffing
 - Care Packages Budgetary Performance
 - Policing and Crime Act 2017 and impact on the Approved Mental Health Professional Service
 - Risks and mitigations
 - Changes in management arrangements
 - Alignment with Corporate Priorities
 - Revision of the MH Section 75 Partnership Agreement April 2014 with a new Agreement to be signed off 31 March 2019

2.0 REORGANISATION OF SERVICES

- 2.1 Within the previous report, the description of the Primary Care Mental Health Service (formerly known as PRISM) was provided. The Primary Care Mental Health Service is focussed on adults of working age and continues to work well as the front door to Mental Health Services, taking a prevention and enablement approach. The Primary Care Mental Health Service links with Cambridgeshire County Council (CCC) and Peterborough City Council (PCC) Early Adult Help and they complete regular discussions and case meetings. The Mental Health (MH) Social Work business case is currently on hold whilst further work takes place to determine the best model of approach given the learning from implementation of the Primary Care Mental Health Service.
- 2.2 From an Older Person's Mental Health (OPMH) perspective, links with referrers, Adult Early Help and the OPMH leads have been established and are utilised regularly. Advice and joint working arrangements are in place to ensure people get the right help from the right professionals at the right time.
- 2.3 CPFT's redesign of the Adult Mental Health Locality Teams consultation has been completed and staff are in post. This has not had a significant practical impact on the Social Work and Social Care agenda to date. The redesign aligned adult community mental health services away from pathways to GP patch populations and was based on the fundamental change in how CPFT manage referrals into secondary care following the introduction of the Primary Care Mental Health Service.

2.4 At this time, the Trust is tendering for a new electronic patient record system to upgrade RiO, which has held back the implementation of the Care Act compliant assessment and care and support tools. However, consideration is being given to utilising the Local Authority's Care Act paperwork and eligibility tools in the interim period. The challenge of increased administrative tasks for front line clinical staff continues, and this will have to be closely monitored and added to the agenda of Section 75 work streams.

2.5 Reablement continues to be delivered across the Trust with the two models. The model in Peterborough is a standalone mental health team that delivers a Care Act compliant service that is age inclusive. Within Cambridgeshire, the Support Time Recovery (STR) workers are based within the multi-disciplinary teams and input into an integrated reablement service. The work enables people to realise their own goals, with the use of motivational skills by the Support Workers.

3.0 REVIEW OF THE MENTAL HEALTH SECTION 75 PARTNERSHIP AGREEMENT AND WORK PLAN

3.1 The Section 75 Partnership Agreement is under negotiation and a work plan is being developed to align the work across both Local Authorities. It is expected that over the next 12 months, each of the current workstreams listed below will be completed with work being led by a Professional Lead in conjunction with CPFT and both local authorities. It is hoped that the Professional Lead post will be recruited to by April 2019.

1. **Legal Agreement:** A robust legal Agreement that will support effective partnership working and protects the interests of all parties in place from 1 April 2019.
2. **Social Care Delivery Model:** Variation in practice across Cambridgeshire and Peterborough reduced: (First step: work up project plan integrating 3 – 8 below and including any additional actions required).
3. **Management Arrangements:** Effective management/leadership arrangements in place
4. **Carers:** A consistent approach to carers assessment in place with assessments being completed by CPFT Mental Health practitioners for those whose cared for person is supported by CPFT
5. **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.
6. **Financial Quality Assurance (Panel):** Processes are consistent with ASC standards and ensure the best outcomes for clients.
7. **Information Sharing:** An information sharing agreement is in place which ensures compliance with the law and facilitates information sharing to improve outcomes at an individual and service level.
8. **Safeguarding:** Safeguarding processes are effective and delivered within the timescales and standards/requirements set for local authorities.
9. **Care Act Assessments:** Care Act assessments are carried out consistently.
10. **Allied Mental Health Professional Service:** CCC and PCC AMHP services are robust and cost effective; arrangements for 2019 Christmas period are robust.

3.2 Key Achievements since the Previous Report

1. The Quality and Assurance Panel arrangements continue to work successfully, from a Mental Health perspective, ensuring the strength-based approach and legislation are fully considered.
2. Reviews continue to be completed in a timely fashion and agreement reached with our Clinical Commissioning Group colleagues to bring times of reviews together to ensure all the funding tools are also completed at those reviews to ensure service users do not have a disjointed approach.
3. We have worked through a new Professional Lead structure that we are now implementing with social care being embedded within the operational directorate structure rather than alongside them to achieve a fully integrated approach. This has been a positive change.

4.0 ACTIVITY Q3 2018/19

4.1 Cambridgeshire County Council

- 4.1.1 Implementation of Mosaic has led to some changes with reporting performance and activity. Work to address the problems so that a robust Q3 report can be provided is underway.
- 4.1.2 The pending Continuing Health Care cases have reduced from 46 to 30 and work continues with our Cambridgeshire County Council & Clinical Commissioning Group colleagues to manage this process.
- 4.1.3 Delayed Transfer of Care (DTOC): Although the report in appendix 1 shows 38 bed days lost for November and 93 bed days lost for December, it remains difficult to report accurately on DTOC as some of these are attributable to other authorities and services.
- 4.1.4 The actual DTOC numbers for CCC mental health services are 36 bed days lost for November and 62 bed days lost for December. There were no mental health DTOCs reported for October.
- 4.1.5 Issues with service descriptors in Self Directed Support has meant that previously it was reported as under target. This has now been rectified and has been backdated to the start of this financial year. We are now performing above target for this indicator at 99%.
- 4.1.6 The proportion of Adults in contact with secondary mental health care services in paid employment (CPA only) aged 18-69 was 14.1% in December 2018 against a target of 12.5%.
- 4.1.7 The proportion of Adults in contact with secondary mental health care services living independently with or with support (CPA only) aged 18-69 was 81.3% in December 2018 against a target of 75%.
- 4.1.8 Targets for 2019/20 are currently being agreed as part of the new Section 75 Partnership Agreement (2019/20).

4.2 Peterborough City Council

- 4.2.1 The proportion of Adults in contact with secondary mental health care services in paid employment (CPA only) aged 18-69 was 13.2% in December against a target of 12.5%.
- 4.2.2 The proportion of Adults in contact with secondary mental health care services living independently with or with support (CPA only) Aged 18-69 was 83% in December against a target of 75%.
- 4.2.3 Targets for 2019/20 are currently being agreed as part of the new Section 75 Partnership Agreement (2019/20).

5.0 STAFFING

5.1 Cambridgeshire County Council

	Total Vacancies March 2018	Total Vacancies December 2018
Professional Lead	New Post*	0.71
Senior Social Workers	2.0	1.00
Senior Social Worker (AMHP only)	New Post	0.60
Social Workers	3.0	1.00
Support Workers	4.5	4.50
Resource Workers	1.0	1.00
Admin Support	2.0	0.50
Total	12.5	9.31

**Replaces Associate Director Operations Social Work and Social Care role across PCC/CCC (0.29/0.71 wte. See 8.1 below.)*

5.2 Think Ahead Mental Health Social Work Programme

- 5.2.1 This CCC programme has been effective in fast track training graduates to become qualified Social Workers in one year and providing posts for one year for their ASYE (Assessed and supported year in employment) after training.
- 5.2.2 Cohort 1: 2 are now in permanent CCC Mental Health Social Worker posts having completed their ASYE and one is now in a CPFT Mental Health Practitioner post.
- 5.2.3 Cohort 2: 3 students are now in one-year fixed term posts for their ASYE and studying towards their Masters degree. 2 are in CCC posts and 1 has been seconded to PCC.
- 5.2.4 Cohort 3: 3 students are currently studying towards their Social Work degree and will finish their ASYE/Masters Degree in September 2020.
- 5.2.5 The decision has been taken to discontinue working with this programme, due to the unfortunate but necessary budget constraints at this time. At a time when we need to be recruiting experienced social workers/AMHPs (Approved mental health professional), vacancies are being held to accommodate the students' ASYE year.

5.3 Peterborough City Council

	Total Vacancies March 2018	Total Vacancies December 2018
Professional Lead	New Post*	0.29
Team Leader	1.00	1.00
Senior Practitioner	1.00	0.00
Social Workers	2.32	4.62
Support Workers	3.20	3.40
Total	7.52	9.31

*Replaces Associate Director Operations Social Work and Social Care role across PCC/CCC (0.29/0.71 wte. See 8.1 below.)

5.4 Staffing in Peterborough remains a concern and recruitment campaigns remain ongoing. Currently expecting 2x Social Workers to be recruited into post by March 2019.

6.0 CARE PACKAGES BUDGETARY PERFORMANCE

6.1 Cambridgeshire County Council

For 2018/19, Mental Health has a total budget for cost of care of £10.197m. The December snapshot of Mental Health cost of care shows an underspend of 46K based on current commitments.

Monthly Forecasts	Budget	Apr	Q1	Q2	Oct	Nov	Dec	Variance
AMH	4,448	4,271	4,387	4,696	4,751	4,569	4,580	132
OPMH	5,749	5,825	5,595	5,570	5,488	5,611	5,571	-178
Total	10,197	10,096	9,982	10,266	10,239	10,180	10,151	-46

6.2 Adult Mental Health

The current position of £132k overspend is based on the December snapshot from the Automated Financial Management system and the Adult Mental Health manual commitment record. The significant underspend on residential care (-£307k) is offset by overspends on nursing (£165k) and supported Living (£339k). Gross cost of care is currently £147k overspent. See Table below.

AMH Activity	Budget	Q1	Q2	Oct	Nov	Dec	Variance	Change from Nov
Residential	2,628	2,474	2,435	2,494	2,337	2,321	-307	-17
Nursing	457	617	622	622	593	623	165	30
Dom Care	857	911	802	797	799	806	-50	8
Supp Living	792	803	1,132	1,139	1,140	1,131	339	-9
Day Care	42	13	8	11	8	8	-34	0
Dir Payments	175	199	212	211	211	209	34	-2
Other	28	9	30	28	28	28	0	0
	4,980	5,026	5,241	5,302	5,116	5,127	147	10
Health Cont	-178	-172	-99	-98	-98	-98	79	0
FNC	-57	-57	-85	-85	-85	-85	-28	0
Client Conts	-298	-412	-361	-367	-364	-364	-66	0
	-532	-641	-545	-550	-547	-547	-15	0
Total	4,448	4,385	4,696	4,752	4,569	4,580	132	11

There has been a reduction of service user numbers during the year. Changes in package numbers by care type for the year to date are shown in the table below:

Period	Day Care	Direct Payments	Dom Care	Nursing	Residential	Other	Supported Living	Grand Total
Sum of Apr	5	13	160	15	67	4	128	392
Sum of May	3	15	167	18	72	4	128	407
Sum of June	2	15	164	17	71	4	135	408
Sum of July Total	2	16	163	18	71	3	132	405
Sum of Aug Total	2	16	159	17	70	3	132	399
Sum of Sep Total	2	15	152	17	69	3	132	390
Sum of Oct Total	2	15	153	17	72	4	134	397
Sum of Nov Total	2	15	147	16	66	4	134	384
Sum of Dec Total	2	15	148	17	65	4	133	384

6.3 Older People's Mental Health

The current position of £178k underspend is based on the December snapshot from Automated Financial Management system and the OPMH manual commitment record. The current position of £178k underspend is due to significant reductions in nursing commitments in the first quarter of the year. This is partially offset by an overspend against client contributions (£214k).

OPMH Activity	Budget	Q1	Q2	Oct	Nov	Dec	Variance	Change from Nov
Residential	1,525	1,474	1,442	1,431	1,505	1,490	-36	-15
Nursing	4,543	4,149	4,210	4,215	4,200	4,179	-364	-21
Dom Care	594	662	624	577	575	572	-23	-3
Supp Living	43	44	44	44	45	45	3	0
Day Care	4	4	4	4	4	5	1	1
Dir Payments	247	259	222	216	216	198	-48	-18
Other	4	7	31	28	33	30	26	-3
	6,960	6,599	6,577	6,515	6,578	6,519	-441	-59
Health Cont	-65	-10	-10	-10	-16	-16	49	0
FNC	0	0	0	0	0	0	0	0
Client Conts	-1,146	-993	-997	-1,017	-950	-931	214	18
	-1,211	-1,003	-1,007	-1,027	-966	-948	263	18
Total	5,749	5,596	5,570	5,488	5,611	5,571	-178	-41

There has been a reduction in service user numbers during the year. Changes in package numbers by care type for the year to date are shown in the table below:

Period	Direct Payments	Dom Care	Nursing	Residential	Supported Living	Other	Grand Total
Sum of Apr	11	44	107	41	3	3	209
Sum of May	10	43	99	43	4	4	203
Sum of June	9	39	97	45	4	5	199
Sum of July Total	9	41	98	42	4	2	196
Sum of Aug Total	9	40	98	42	4	2	195
Sum of Sep Total	7	41	99	41	3	1	192
Sum of Oct Total	6	38	100	40	3	1	188
Sum of Nov Total	6	36	100	41	3	1	187
Sum of Dec Total	6	36	98	40	3	2	185

The current number of service users on the commitment record stands at 98, a reduction of 3 since the start of the financial year, broken down as follows:

Adult Mental Health S/U no.s	Start	Q1	Q2	Oct	Nov	Dec	Movement since start
Nursing	1	1	1	1	1	1	0
Residential	16	17	16	16	16	15	-1
Short Stay / Respite	1	0	0	0	0	0	-1
Direct Payments	35	34	31	31	30	29	-6
Homecare	42	43	46	45	45	45	3
Daycare	1	1	1	1	1	1	0
	96	96	95	94	93	91	-5
Client Income	86	81	77	77	76	74	-12
Health / Other Income	19	21	21	21	21	19	0
	105	102	98	98	97	93	-12
Unique Service User numbers	101	99	100	100	99	98	-3
Monthly movement of Unique S/U	0	0	2	0	-1	-1	-3

6.4 Older People's Mental Health

The current commitment stands at £453k for December

Older People Mental Health £'000	Start	Jun	Sep	Oct	Nov	Dec	Movement since start
Nursing	162	134	134	134	134	134	-28
Residential	222	225	223	223	238	237	15
Direct Payments	86	75	81	81	69	71	-14
Homecare	176	185	181	183	183	174	-2
Assistive Technology	0	0	0	0	0	0	0
	646	618	619	621	623	616	-29
Client Income	-87	-66	-65	-65	-66	-66	21
Health / Other Income	-88	-81	-84	-86	-102	-97	-10
	-174	-146	-149	-152	-167	-163	11
	471	472	470	469	456	453	-18
Monthly movement		2	-4	-1	-13	-3	-18

The current number of service users on the commitment record stands at 41.

Older People Mental Health S/U no.s	Start	Q1	Q2	Oct	Nov	Dec	Movement since start
Nursing	4	3	3	3	3	3	-1
Residential	8	8	8	8	8	8	0
Direct Payments	5	5	5	5	4	5	0
Homecare	19	20	21	22	22	21	2
Assistive Technology	0	0	0	0	0	0	0
	36	36	37	38	37	37	1
Client Income	27	29	26	25	24	25	-2
Health / Other Income	10	9	10	11	11	11	1
	37	38	36	36	35	36	-1
Unique Service User numbers	41	42	41	41	40	41	-1
Monthly movement of Unique S/U		0	-1	0	-1	1	0

7.0 Risks

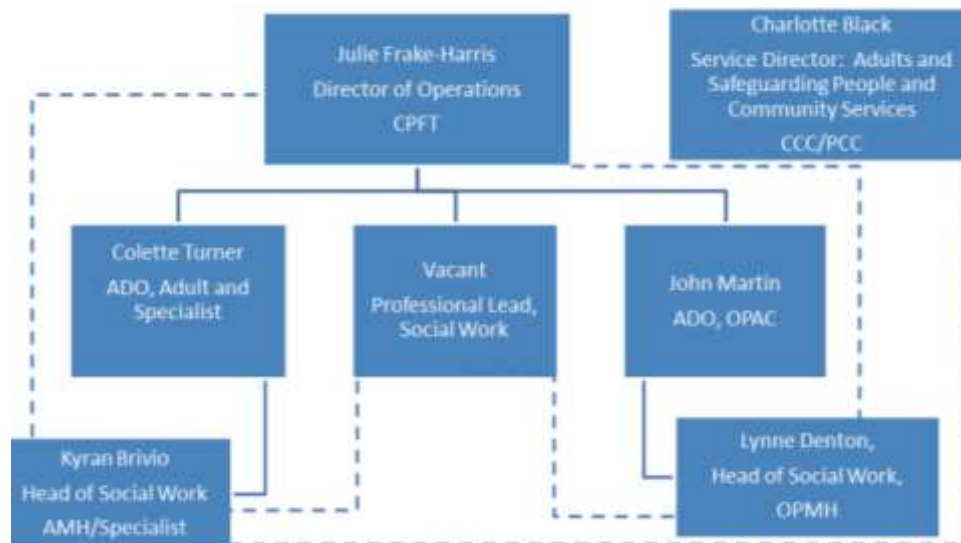
7.1 The lack of Homecare providers to provide packages of care to support service users at home is a significant risk to both service users' wellbeing and the budget. Commissioners are currently addressing this issue:

- A cost of care exercise is being undertaken with the Homecare market to determine current business models and the financial mechanisms/incentives that could increase capacity.
- The Discharge and Transition Block Cars contract has been extended to allow a further procurement exercise with the aim of delivering greater utilisation and effectiveness.
- The Framework for Homecare providers has opened recently to allow new providers to enter the market and deliver further capacity

7.2 The sustainability of the Approved Mental Health Practitioner (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 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.

8.0 Changes to Management Structure

8.1 The Associate Director of Social Work and Social Care post was initially agreed for one year, replacing the Director of Service Integration, the post holder left the service in September 2018. The post is under review with interim reporting arrangements in place to enable a more integrated approach within the Trust.



9. ALIGNMENT WITH CORPORATE PRIORITIES

9.1 A good quality of life for everyone

- 9.1.1 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 recovery model.
- 9.1.2 The integrated social and health care model provides a holistic response for people and carers, to enable people live healthy and independent lives.

9.2 Thriving places for people to live

- 9.1.1 Mental Health services continue to deliver and improve against the performance targets, where the data is reliable, and from feedback from Service Users and Carers.
- 9.1.2 The utilisation of Direct Payments does help enable people have control over their care needs and how that is delivered, and Mental Health services are working with the Local Authorities in the developments regarding the user of the payment card method .

9.3 The best start for Cambridgeshire's Children

- 9.3.1 Mental Health services utilise the required legislation to safeguard and support vulnerable people, again the social and health care model enables a holistic response for people and carers.

10. SIGNIFICANT IMPLICATIONS

10.1 Resource Implications

Issues relating to ensuring sufficient capacity to ensure fulfilment of statutory responsibilities regarding the provision of a robust AMHP service are of significant

concern. Lack of resources for sufficient staff and training are significant contributory factors. This being addressed under the Annual Development Plan in the first instance.

10.2 Procurement/Contractual/Council Contract Procedure Rules Implications

No significant implications

10.3 Statutory, Legal and Risk Implications

Issues relating to ensuring sufficient capacity to ensure fulfilment of statutory responsibilities regarding the provision of a robust AMHP service are of significant concern. Lack of resources for sufficient staff and training are significant contributory factors. This being addressed under the Annual Development Plan in the first instance.

10.4 Equality and Diversity Implications

No significant implications

10.5 Engagement and Communications Implications

No significant implications

10.6 Localism and Local Member Involvement

No significant implications

10.7 Public Health Implications

No significant implications

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

Source Documents	Location
<p><i>Section 75 Agreement between Cambridgeshire County Council and Cambridgeshire and Peterborough NHS Foundation Trust</i></p> <p><i>Section 75 Agreement between Peterborough City Council and Cambridgeshire and Peterborough NHS Foundation Trust</i></p>	<p>Charlotte Black SH1210 Shire Hall Cambridge CB3 0AP</p>

Section 75 Report – Top Level Figures - CCC

Source	Indicator	Performance Measure	Data Source	Target	Q1	Q2	Oct 18	Nov 18	Dec 18
CPFT	DTOC AS2C	Reduction in bed delays of transfers of care. This is the number of Adult and OPMH bed days lost, which are attributable to LA.	RiO	County level target only	0	0	0	38	93
CCC	AS1	Number of assessments completed within 28 days of referral (From AIS)	CCC AIS	65.7%	100%	100%	0%	0%	0%
CPFT	AS1 - Additional	Number of RiO Core2 Assessments completed per month by named, S75 funded social workers	RiO	No target	165	151	62	61	53
CCC	1C Part 1 Local	Proportion of eligible social care users receiving self-directed support.	CCC AIS	93%	99%	99%	99%	99%	99%
CCC	1C Part 2 Local	Proportion of eligible social care users receiving direct payment.	CCC AIS	24%	4%	4%	4%	5%	4%
CCC	2A Part 1	Permanent admissions to residential care homes aged 18-64	CCC AIS	County level target only	2	6	-	-	-
CCC	2A Part 1	Permanent admissions to nursing care homes aged 18-64	CCC AIS	County level target only	1	3	-	-	-
CCC	2A Part 1	Permanent admissions to residential care homes aged 65+	CCC AIS	County level target only	7	12	-	-	-
CCC	2A Part 1	Permanent admissions to nursing care homes aged 65+	CCC AIS	County level target only	10	18	-	-	-
CCC	RV1	Proportion of planned service user re-assessments actioned by the due date – (Statutory Reviews)	CCC AIS	50.1%	96%	100%	-	-	-
CCC	RV2	Number of unplanned re-assessment events in the period	CCC AIS	No target	5	-	-	-	-
CCC	RV3	Number of over due reviews.	CCC AIS	0	284	332	-	-	-
CPFT	1F	Proportion of Adults in contact with secondary mental health care services in paid employment - On CPA, Aged 18-69	RiO	12.5%	13.0%	11.9%	11.9%	12.6%	14.1%
CPFT	1H	Proportion of adults in contact with secondary mental health services living independently with or without support - On CPA, Aged 18-69	RiO	75.0%	81.6%	81.4%	81.9%	80.3%	81.3%
CPFT	Complaints	Number of Complaints - social workers only	RiO	No target	1	0	0	0	0
CPFT	Workforce	Number of Vacancies (FTE) - social workers only	CPFT	No target	5.0				0.0
CPFT	Carers	No. of Carers assessments completed for carers of CCC patients on CPA	RiO	No target	31	12	12	5	4
CPFT	Unknown	Use of Care Plans with social care goals - created	RiO		23	38	14	14	6
CPFT	Unknown	Use of Care Plans with social care goals - updated	RiO		43	58	12	20	16

BETTER CARE FUND – DEEP DIVE

To: **Adults Committee**

Meeting Date: **21 March 2019**

From: **Will Patten, Service Director of Commissioning**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key decision: **No**

Purpose: **The report provides a deep dive on the Better Care Fund.**

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

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Will Patten	Names:	Cllr A Bailey, Cllr M Howell
Post:	Service Director of Commissioning	Post:	Chair/Vice-Chair
Email:	Will.Patten@cambridgeshire.gov.uk	Email:	
Tel:	07919 365883	Tel:	01223 706398

1. BACKGROUND

1.1 The Better Care Fund is a single pooled budget to support health and social care services (for all adults with social care needs) to work more closely together. It is nationally mandated that the following funding streams be pooled into the BCF Pooled budget as part of our local 2017-19 plans:

- Better Care Fund monies: The BCF was announced in June 2013 and introduced in April 2015. The BCF is not new money. It is largely a reorganisation of funding currently used predominantly by Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) and Cambridgeshire County Council to provide health and social care services. It also includes funding for the Disabled Facilities Grant, which supports housing adaptations.
- Improved Better Care Fund (IBCF): The IBCF was introduced in 2017/18. It was new, non-recurrent funding and was required to be included in the BCF pooled budget arrangements. National conditions require the IBCF to be spent on Adult Social Care, with the aim of:
 - Meeting Adult Social Care needs generally
 - Reducing pressures on the NHS (including DTOCs)
 - Stabilising the care market

The refreshed Integration and Better Care Fund Operating Guidance, which was published on 18th July 2018, outlined the requirement that local authority section 151 officers (Chief Finance Officers) will be required to certify that the additional iBCF is being used exclusively on adult social care in 2018-19.

The following report outlines the findings from the recent review of the iBCF DTOC investments.

2. MAIN ISSUES

2.1 Cambridgeshire 2017-19 BCF Plan Agreed Areas of Investment

2.1.1 The following table provides a breakdown of the agreed iBCF funding as set out in the 2017-19 Better Care Fund Plan for Cambridgeshire. The plan received full approval from NHS England in December 2017, following Health and Wellbeing Board sign off from the Cambridgeshire Health and Wellbeing Board in September 2017 and the associated Section 75 agreement is in place between the local authority and the CCG.

The investment as agreed within our approved Better Care Fund Plan and associated section 75 pooled budget agreement for the two year period, 2017-19 is outlined below:

Area of Investment	Cambridgeshire		Description & Performance Summary
	2017/18 Agreed Investment	2018/19 Agreed Investment	
Investment in Adult Social Care & Social Work, including managing adult social care demands	£2,889k	£4,000k	<p>Description: Address identified ASC budget pressures, including across domiciliary/home care, national living wage, demographic demand, investment in Transfer of Care Team (TOCT) and reablement capacity</p> <p>Met the national condition to meet adult social care needs generally and stabilising the care market.</p>
Investment into housing options & accommodation projects for vulnerable people	£3,000k	£517k	<p>Description: Provision of suitable long term care and support, including housing, to support individuals to maintain greater independence within their own homes.</p> <p>Due to unprecedented financial pressures resulting from increasing costs of care and increasing demands on resources from winter pressures. The 2017/18 money was invested in line with the national conditions to meet adult social care needs and stabilising the care market.</p> <p>N.B. The project deliverables are continuing, with a commitment to seek corporate capital investment as required.</p>
Joint funding with NHS and Peterborough CC Public Health prevention initiatives	£150k	£150k	<p>Description: A joint investment with the STP in public health targeted prevention initiatives, including falls prevention and atrial fibrillation.</p> <p>The funding for this project was met from Public Health reserves, enabling the iBCF investment to be invested in line with the national conditions to meet adult social care needs and stabilising the care market.</p>
Detailed plan to support delivery of national reducing delayed transfers of care target	£2,300k	£1,900k	<p>Description: Targeted implementation of identified priority high impact changes.</p> <p>Investment in this area was across a variety of planned and unplanned areas of spend which supported the national condition to reduce pressures on the NHS. The impact of these initiatives varied and a more detailed evaluation of impact in detailed below.</p>
Total of Spring Budget Allocation	£8,339k	£6,567k	
Protection of ASC in line with original intentions of the grant	NIL	£4,091k	Investment in core budgets to ensure the protection of ASC. This met the national condition of meeting adult social care needs generally.
Total iBCF allocation	£8,339k	£10,658k	

2.1.2 Cambridgeshire DTOC Plan

Following a system wide self-assessment of the High Impact Changes and associated identified areas of priority to address DTOCs the below diagram provides an overview of 2017/18 initiatives that were agreed to progress with funding from the IBCF.

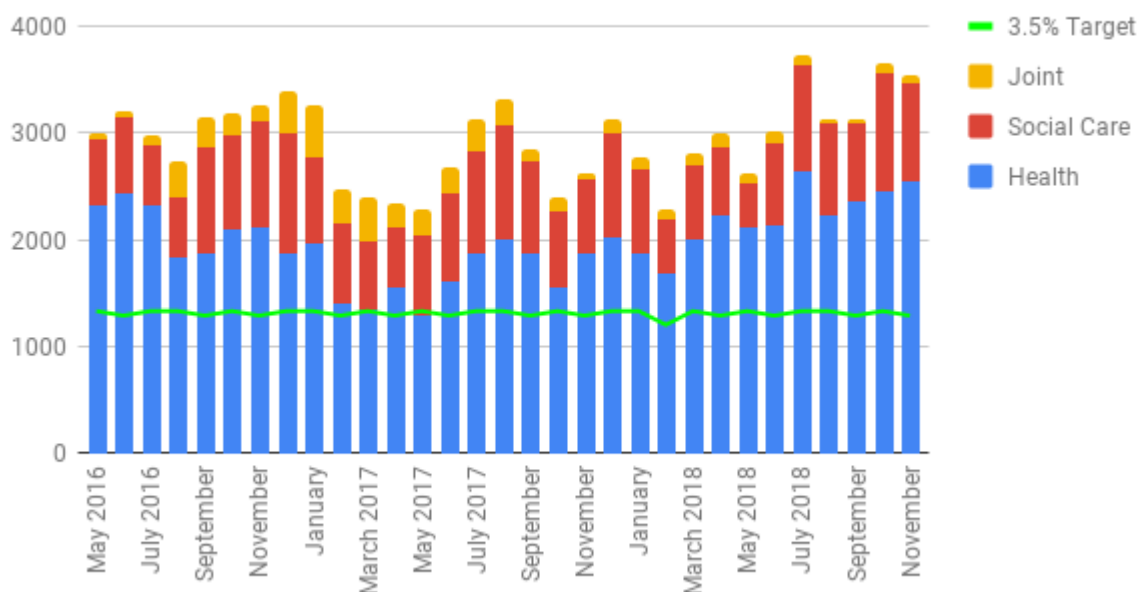


2.2 Performance

2.2.1 DTOC Performance

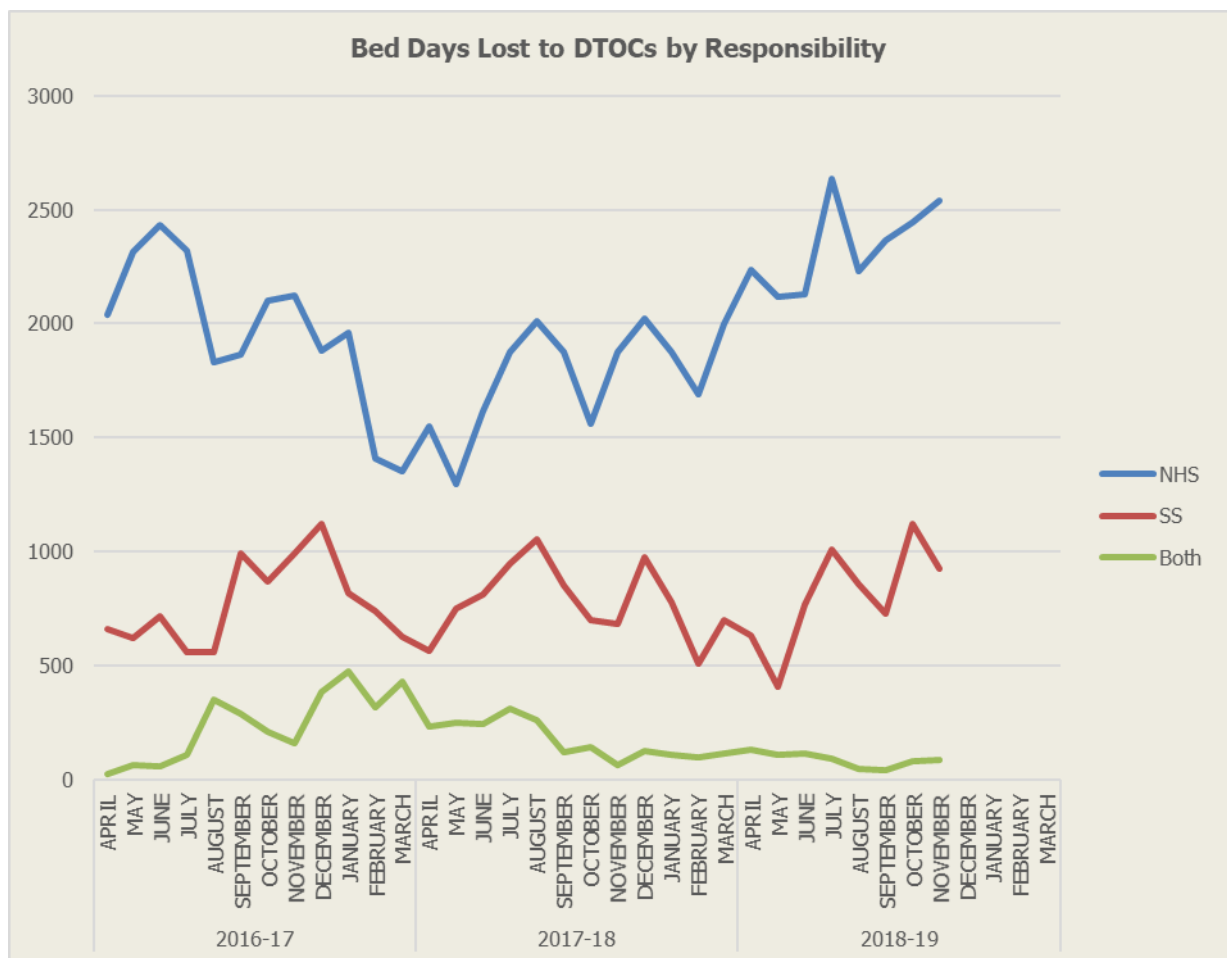
Based on the latest NHS England published DTOC statistics, the below graph shows month on month DTOC performance across Cambridgeshire against the 3.5% target, highlighting that performance is significantly underperforming against target.

Health, Social Care, Joint DTOCs - Occupied Bed Days



The latest published UNIFY data is for November 2018. The total number of monthly bed-day delays (BDDs) across the Cambridgeshire system continued to decrease during November 2018, reaching 3,547 – a decrease of 3% from October (3,645). NHS attributable BDDs increased from their October total of 2,446, to reach 2,542 (+4%). In contrast Social Care attributable BDDs recorded a drop in November, at 921, down 18% from October's total (1,121). 71.7% of all delayed days were attributable to the NHS, 26.0% were attributable to Social Care and the remaining 2.4% were attributable to both NHS and Social Care.

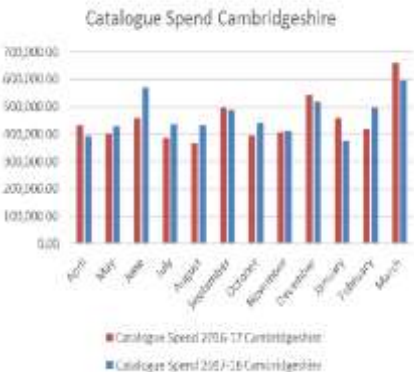
The below graph shows the trend of DTOCs across Cambridgeshire per attributable organisation.



2.2.2 IBCF Investment Areas - Impact

In 2017/18 a total of £2,281k was invested to support delivery of the DTOC target and the below table provides an evaluation of the funded initiatives.

Area of Investment	Planned Investment 2017/18	Actual Spend 2017/18	Impact	2018/19 Recommendation
Reablement capacity – general	£1,000,000	£314,602	<p>Recruitment to expand the service has progressed well and capacity has increased by an additional c.2000 hours per week.</p> <p>The number of packages supported in 2018/19 in Q1 YTD has increased by 15% on the same period in 2017/18 and the system is operating with no waiting list for access to reablement.</p> <p>The service is currently utilising c. 26% of its capacity providing mainstream bridging packages as the provider of last resort, meaning that additional capacity is available where domiciliary care packages are being sourced.</p>	Continue IBCF investment to maintain increased level of provision within the service
Reablement capacity – Flats Ditchburn and Eden Place	£140,000	£86,039	<p>Eden Place: 5 flats were commissioned between January 2018 and June 2018, during which time 6 patients were discharged from the service. The utilisation was lower than anticipated at 50% and the average length of stay was reported as high as 44 days in March 2018. Following a review of the outcomes of the service, the service was decommissioned in June 2018.</p>	No further IBCF investment required
			<p>Ditchburn: 2 flats are available and 5 patients have been discharged between February 2018 and April 2018. The flats are operating at nearly 100% utilisation and are highly cost effective (spot purchase). The service has been delivering good outcomes for patients.</p>	IBCF investment to continue at existing level
Reablement capacity – Doddington Court	£80,000	£127,800	<p>14 patients have been discharged into Doddington Court between November 2017 and the end of April 2018.</p> <p>Whilst utilisation of these flats was lower than anticipated in November and December 2017 at around 35%, since January 2018 there has been significant improvement with the average utilisation rate falling at just above 80%. Operational colleagues have reported that this resource is highly valued and well used in enabling them to meet individual outcomes, with 79% discharged to their own homes.</p>	IBCF investment to continue at existing level
CHC 4Q Pathway additional Discharge Planning Nurses resource	£120,000	NIL	<p>The 4Q pilot went live in November 2017 and has resulted in a new hospital discharge pathway for CHC patients, preventing unnecessary health assessment delays. Although there were some capacity issues at the outset which impacted on the service fully embedding, there have been a large number of patients supported through the pathway and a reduction in associated delays has been evidenced.</p> <p>Number of patients having a 4Q (at end of March 2018): 204</p>	IBCF investment to continue at existing level

			Reduction in health assessment related delays: Reduction of 302 delayed bed days in December (10% of all delays) to 191 delayed bed days in March 2018 (7% of all delays)	
Equipment budget pressures	£140,000	£168,000	<p>The graphs below shows an overall monthly increase in demand for stock catalogue equipment when compared to last year.</p>  <p>Despite the increased demand placed on the service, it continues to perform well and respond to changing needs and priorities across health and social care. This is a valued service, which supports people to remain as independent as possible in the community for as long as possible.</p>	<p>Equipment budget pressures are continuing in 18/19 based on previous year trends.</p> <p>IBCF investment to continue</p>
Discharge Cars Pressure	£140,000	NIL	IBCF investment was not needed in this area, as the pressure was mitigated via the new home care contract and better utilisation of capacity. Although additional investment would have been of benefit, there was no additional capacity in the market to purchase.	No further IBCF investment required
Dedicated social worker capacity to support self-funders (CUH)	£41,000	£16,176	In April 2018 a significant reduction on September 2017 is evidenced. In September 2017 there were 65 self funder delays in total in Addenbrookes, equating to a total of 421 bed days. This reduced to 19 self-funder delays accounting for 173 bed days in April 2018.	IBCF investment to continue at existing level
Social care lead in each acute	£100,000	£39,347	<p>This has enabled greater oversight of the system, including working with partner organisations to ensure the correct agencies are involved in discharge planning.</p> <p>It has enabled close management of DTOCs over the winter period to ensure social care DTOCs remained low, including operational implementation of the CHC 4Q hospital discharge pathway and the Discharge to Assess pathway implementation.</p> <p>Supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018.</p>	IBCF investment to continue at existing level

CHC Nurse resource to address CHC backlog	£250,000	£NIL	This investment was not required in 2017/18.	Level of IBCF investment to continue in 2018/19 as there is an identified ongoing need to support the management of the backlog
Social worker capacity to address CHC backlog	£125,000	£NIL	This investment was not required in 2017/18.	No further IBCF investment required
Trusted Assessor	CCG to review investment contribution if required	£NIL	This scheme went live in May 2018, the initial two months of data is showing a positive impact: <ul style="list-style-type: none"> - 45 trusted assessor assessments have been completed. - 27 discharges have been accepted (60%) and 100 bed days have been saved. 	IBCF investment to continue for the CUH post and to extend an additional post to cover Hinchingbrooke
Public Health Initiatives: Stay Well in Winter, Keep Your Head Website	£54,000	£NIL	This investment was not required in 2017/18 due to the late start of projects.	No further IBCF investment required
Adult Early Help	£30,000	£NIL	This investment was not required in 2017/18.	No further IBCF investment required
Admissions Avoidance (Locality Teams)	£80,000	£80,000	In August 2017, the Older People's Locality Team had 1112 overdue reviews. Overdue reviews create a significant risk of hospital admissions placing further pressure on DTOC, and increased costs of care post admission. A sample taken from PCH in 2016/17 showed that 12% of referrals had an outstanding review. 729 overdue reviews were completed between August 2017 and March 2018, resulting in a significant reduction in the backlog.	IBCF investment to continue at the same level
Planned Investment Sub-Total	£2,300,000	£831,984		
Unplanned Investment				
Enhanced Response Service		£348,665	Supported the implementation of the ERS. This service provides wrap around short term care in the community to prevent unnecessary hospital admissions. Supported the national condition of Meeting ASC Needs generally. The service has now been established and the ongoing investment in provision is being funded by the Local Authority on an ongoing basis.	IBCF investment not required in 2018/19

Extension of dedicated reassessment and brokerage capacity for learning disability		£100,000	Additional investment to support the expansion of the LD team to support out of county reviews. This supported the national condition of Meeting ASC Needs generally.	IBCF investment to continue
Implementation of contracting and brokerage system		£26,360	Supported the implementation of ADAM Direct Purchasing system, in conjunction with the newly commissioned home care framework and supports the national condition of stabilising the market.	IBCF investment not required in 2018/19
Disability Access Projects		£68,726	Supported the national condition of Meeting Adult Social Care Needs generally.	IBCF investment not required in 2018/19
Abetion Care Home Capacity		£40,182	Specialist support from Cardiff Council to advise on building care homes on Council land and inform approach to care homes project. This supported the national condition of Stabilising the Care Market.	IBCF investment not required in 2018/19
Head of DTOC Performance		£66,038	Investment in Local Authority Strategic Discharge Lead. This supported oversight of the approach to manage DTOCs and an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of Reducing Pressures on the NHS.	IBCF investment not required in 2018/19
Dedicated commissioner working to improve performance of large domiciliary care provider		£53,765	Provided support to a potential provider failure and prevented the suspension of the Council's largest domiciliary care provider and supported stabilisation of the market in line with the national condition.	IBCF investment not required in 2018/19
Additional DTOC team agreed by executive (4 social workers part year)		£38,918	Additional investment part year to increase capacity to manage hospital discharge demand into the discharge planning teams. This supported an ongoing reduction in social care related DTOCs – a 44% decrease since August 2017 and May 2018. This supported the national condition of reducing pressures on the NHS.	IBCF investment to continue
Nursing Dementia Placements Pressure		£706,000	Mitigation of budget pressures, supporting the national condition of Meeting ASC needs generally and reducing Pressures on the NHS.	IBCF investment not required in 2018/19
Unplanned Investment in DTOCs Sub-Total		£1,448,654		
TOTAL	£2,300,000	£2,280,638		

2.3 Future Approach

2.3.1 Based on the outcomes of the impact evaluation, the review of the High Impact Change Self Assessments and the system wide workshop, the following provides an overview of the future approach.

Key principles were:

- Due to national delays from NHS England, iBCF approvals and monies were not in place until December 2017, this resulted in many initiatives not be implemented until the final quarter of 2017/18, with some coming online in early 2018/19, which has impacted on the timelines for delivery of outcomes.
- There are a number of existing financial commitments for 2018/19 from existing projects
- We should continue to deliver the things that are delivering well
- Where no impact is proven we should stop these initiatives
- Where pilot initiatives were working well, we should look to expand these wider
- We need to recognise where there are capacity issues and address these in the right way
- Some larger scale initiatives, it wouldn't be feasible to implement in the final two quarters of 2018/19 and these should be explored further to consider for future year funding where an identified need and benefit has been established

Cambridgeshire		
Continue	Start 2018-19	Stop
Reablement investment - General	Admissions Avoidance Social Worker - Hinchingsbrooke and Addenbrookes	Adult Early Help
Reablement Flats - Doddington	Moving & Handling Coordinator - Hinchingsbrooke	Reablement Flats - Eden Place
Reablement Flats - Ditchburn	Trusted Assessor - Hinchingsbrooke & CUH (CUH started April 2018)	Public Health Initiatives - will continue to be funded by the Council
Equipment Pressures	Occupational Therapy Investment	
Social care discharge lead to support D2A 4Q Pathway - CUH & Hinchingsbrooke		
Self-funder social worker - Addenbrookes		
	Start 2019-20	
Prevention/Early Intervention Enabling People in Own Homes - Locality Teams	Pilot with South Cambridgeshire District to increase reablement flat provision via use of vacant sheltered accommodation	
CHC 4Q Investment - Discharge Planning Nurses		
Discharge Planning Investment		
Out of County LD Review Team		
CHC Backlog - Nurse and Social Work Investment		

The iBCF DTOC investment agreed in the local Better Care Fund Plans for Cambridgeshire for 2018/19 was £1.9m. The £517k allocated to delivering housing to vulnerable people is to be re-purposed to support delivery of the DTOC plan as outlined in the financial table above. This has increased the DTOC plan investment to £2.417m for 2018/19. The Council is committed to utilising corporate funding to support delivery of the project objectives, which enable the housing project to continue in line with the original intention.

The following outlines the agreed approach to iBCF investment areas for 2018/19.

DTOC Plan - 2018/19		
Detail of funding required	Original 18/19 Plan	18/19 Approved Changes
Reablement Capacity - general	1,000,000	1,000,000
Reablement Capacity - Flats	220,000	286,000
Admission Avoidance SW in ED	-	37,500
Equipment Budget Pressures (plus the continued requirement of NHS contribution)	140,000	70,000
Moving and Handling Coordinator	-	21,000
4Q DSPN capacity	120,000	120,000
Additional Discharge Team Social Worker Capacity (4Q)	-	138,000
Dedicated social work capacity to support self-funders (CUH)	41,000	45,000
Social Care Lead to support D2A pathway	100,000	100,000
Trusted Assessor	-	75,000
CHC Nurses - Community Backlog	-	250,000
Occupational Therapy	-	80,500
Out of of County LD Review Team	-	114,000
Pilot with South Cambs District to increase reablement flat provision though use of vacant sheletered accomodation	-	-
Discharge Cars	140,000	-
Adult Early Help	30,000	-
Stay Well in Winter	50,000	0
Keep Your Head Website	4,000	0
Dementia Alliance Coordinator	15,000	0
Admissions Avoidance (Locality Teams)	80,000	80,000
Actual DTOC reduction planned		
Target reduction of DTOCs to hit 3.5% national target		
iBCF Total	1,940,000	2,417,000

In addition, a programme board has been established, accountable to the Integrated Commissioning Board to oversee the iBCF DTOC programme of work, to ensure:

- Oversight of the programme plan to enable effective implementation and delivery of initiatives.
- Maintain robust monitoring and evaluation of initiatives to ensure delivery of outcomes and inform future recommendations for continued investment.

2.4 Governance

- 2.4.1 A joint two year (2017-19) Cambridgeshire BCF and iBCF plan was submitted following Cambridgeshire Health and Wellbeing approval on 9th September 2017. The plan received full NHS England approval in December 2017 and a two year section 75 agreement was established between Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group.

Quarterly updates on BCF progress are reported to NHS England. Local monitoring of performance and financial spend is overseen by the Integrated Commissioning Board, which has delegated responsibility for the BCF and iBCF from the Health and Wellbeing Board. The Integrated Commissioning Board meets monthly and has cross system representation from senior management. Initiatives which are jointly funded with the STP are also monitored through the STP North and South Alliance Boards, which have health and social care system wide representation in attendance.

Two system wide workshops were held on 7th September 2018 and 4th October 2018 to review the iBCF interventions and informed the basis of the evaluation and final recommendations for 2018/19. The iBCF evaluation report and findings were discussed at the Integrated Commissioning Board on 17th September 2018 and 15th October 2018 and received formal approval from the ICB on the 11th February. The evaluation outcomes were also discussed at the Cambridgeshire Health and Wellbeing Board on the 22nd November.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Increasing the provision of joined up health and social care provision, including hospital discharge support for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

3.2 Thriving places for people to live

Increasing the provision of joined up health and social care provision, including hospital discharge support for people who need it, ensuring people have access to the most appropriate services in their communities.

3.3 The best start for Cambridgeshire's Children

There are no significant implications.

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

There are no significant implications.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications.

4.3 Statutory, Legal and Risk Implications

Complies with national NHS England and Ministry of Housing, Communities and Local Government conditions for the Better Care Fund and Improved Better Care Fund.

4.4 Equality and Diversity Implications

There are no significant implications.

4.5 Engagement and Communications Implications

There are no significant implications.

4.6 Localism and Local Member Involvement

There are no significant implications.

4.7 Public Health Implications

There are no significant implications.

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

Source Documents	Location
National UNIFY DTOC data	https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/
Cambridgeshire Better Care Fund Plan 2017-19	https://www.cambridgeshire.gov.uk/residents/working-together-children-families-and-adults/working-with-partners/cambridgeshire-better-care-fund-bcf/

HANCOCK WINTER MONIES – UPDATE

To: **Adults Committee**

Meeting Date: **21 March 2019**

From: **Will Patten, Service Director of Commissioning**

Electoral division(s): **All**

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

Purpose: **The report provides an update on the progress of the Hancock monies investment in managing winter pressures.**

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

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Will Patten	Names:	Cllr A Bailey, Cllr M 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 On 2nd October Matt Hancock, Secretary for Health and Social Care announced £240m of additional funding for local authorities. Cambridgeshire County Council received £2.395m of funding for 2018/19. In line with national guidance from the Department of Health and Social Care, the funding is to be issued to local authorities to spend on social care services with the aim of:

- Alleviating winter pressure from the NHS, reducing DTOCs due to people waiting for adult social care services.
- Getting patients home from hospital quicker, reducing extended lengths of stay.
- Improving weekend discharge arrangements so that patients are assessed and discharged earlier and speeding up the process of assessing and agreeing what social care is needed for patients in hospital.

The Hancock monies were originally announced at the Conservative Conference as one off monies for the financial year of 2018/19. Following this, further funding was announced (£2.395m for 2019/20) as part of the Autumn Budget.

2. MAIN ISSUES

2.1 Use of Hancock Monies

2.1.1 The allocation of the Hancock monies, as reported at the December Adults Committee report, was agreed to fund additional domiciliary care and reablement capacity to address the ongoing delayed transfers of care (DTOC) challenges of the system, as outlined below:

Description	Amount
Increase capacity of reablement provision to deliver domiciliary care as the provider of last resort	£300k
Purchase additional 2956 hours per week of domiciliary care via discharge cars	£2,100k
TOTAL	£2,400k

Since the announcement of Hancock monies for 2019/20, and following discussions with health partners, it has been agreed to ringfence next year's allocation to continue to fund this commissioned provision. As the above costs represent the full year cost of provision, this ringfencing has enabled us to utilise £1.2m of the 2018/19 allocation to invest in additional support to address DTOCs. The following areas of additional investment have been agreed with system partners:

Theme/ Objective	Proposal	Cost
Increased assessment capacity and checks on over prescribing	Social care- Additional social care capacity to speed up assessments and reduce over prescribing	156K
Increased flow and capacity ICT pathway	CPFT- Additional Integrated Care Worker capacity to increase flow on Intermediate Care pathway	30K
Increased flow and capacity- Reablement	Increase in reablement capacity, improving flow and supporting reablement to act as provider of last resort when there are gaps in domiciliary care	300K
Domiciliary care capacity in Reablement (in anticipation of turnover)	Decision to over recruit in anticipation of staff turnover in reablement	200K
Training for staff involved in the discharge planning process	Training to support discharge planning, manage choice and work with self funders, to include: 1. Setting expectations for discharge 2. How to have a difficult conversation re choice 3. Self funders 4. Setting outcomes from an MDT meeting	50K
Increased capacity and resilience- domiciliary care	Additional support for vulnerable providers to avoid loss of capacity	150K
Increased flow and admission avoidance	Overtime hours Adult Early Help and Reablement over Christmas and Jan/ Feb to respond to increased referrals and demand	50K
Admission avoidance and timely discharge for low level need/ reducing over prescribing	British Red Cross at Hinchinbrooke (organise transport, prescriptions, heating, food in cupboard plus follow up visits for 6 weeks)	117K
Trusted assessment Hinchinbrooke	Linca Care to provide Trusted Assessor in Hinchinbrooke in line with the current Addenbrookes model	60K
Data sharing/ increased efficiency of Patient Tracker List process	6-weeks worth of work for CPFT to reconfigure SystemOne to have 1 Patient Tracker list for NHS and social care to access	60K
TOTAL		1173K

2.1.2 Discharge Car Capacity

The additional discharge car capacity of 2956 hours per week was commissioned as of November 2018. However, due to the challenges of finding alternative care for patients on the ICT pathway, and as system partners are clear that no person will be left without care, the local authority agreed that the CCG would be able to temporarily access some of these commissioned hours. This capacity is being directly purchased by the CCG from the providers and the below table outlines the agreed split of capacity that has been agreed:

	Total Capacity (hrs/week)	Local Authority DomCare (hrs/week)	CCG Integrated Care (hrs/week)
<i>Beaumont</i>	1,631	1,331	300
<i>Midas</i>	1,274	728	546
	2,905	2,059	846

100% of the Beaumont capacity is now online and circa 50% of MiDAS capacity is available for utilisation. We are working closely with MiDAS and have an agreed trajectory which will see the remainder of the capacity coming online by mid-February.

Reablement

The following table shows the number of additional reablement workers who have been recruited between October and January 2019.

<u>October 2018 - January 2019</u>						
	North		South			
Position	Hours	FTE	Hours	FTE	Total Hours	Total FTE
Support Worker	200	8.9	90	3	290	11.9
Lead Reablement Worker	117.5	4	37	1	154.5	5
ERS	84	3			84	3

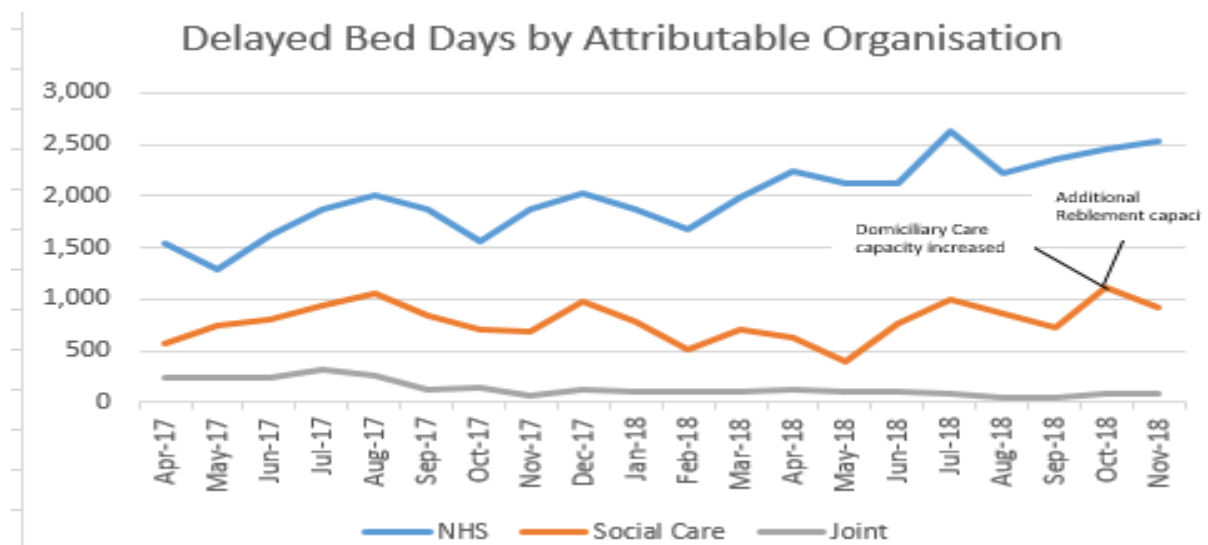
11.9 FTE Reablement Support Workers have been recruited, equating to an additional 274 hours per week of direct reablement provision. This capacity is now fully operational following induction and training, and is on top of the additional capacity that was invested in and recruited to prior to October taking capacity in the service to c. 6,800 hours of direct care provision per week.



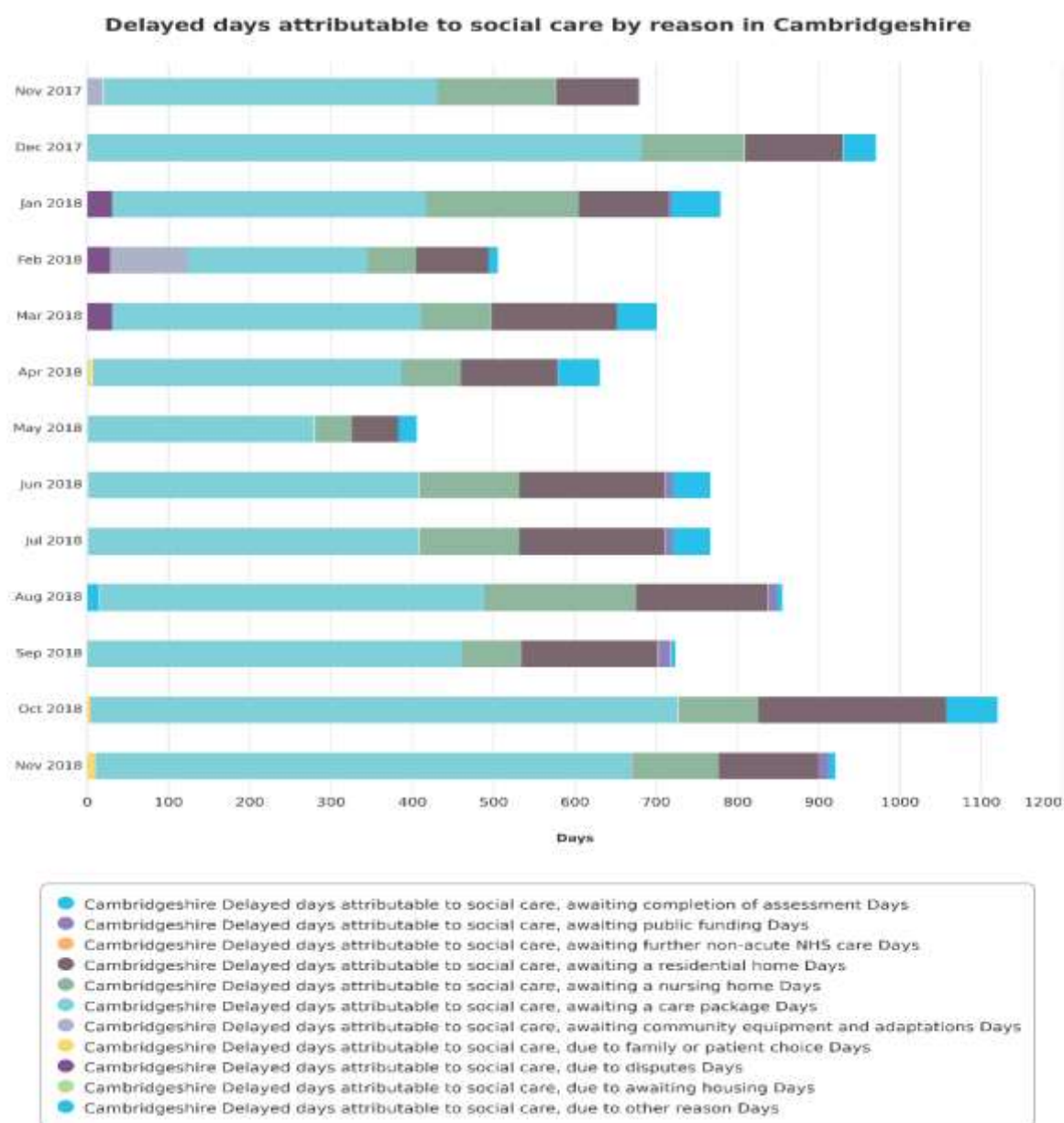
2.2 Performance

2.2.1 DTOC Performance

The latest published UNIFY data is for November 2018. The total number of monthly bed-day delays (BDDs) across the Cambridgeshire system continued to decrease during November 2018, reaching 3,547 – a decrease of 3% from October (3,645). NHS attributable BDDs increased from their October total of 2,446, to reach 2,542 (+4%). In contrast Social Care attributable BDDs recorded a drop in November, at 921, down 18% from October's total (1,121). The below graph shows the trend of DTOCs across Cambridgeshire per attributable organisation, highlighting when the additional domiciliary care and reablement provision came online.



People awaiting a care package in their own home continued to be the main reason (73%) for social care attributable delays in November, as outlined in the graph below. However, we saw a reduction of 9% in the number of these delays between October and November.



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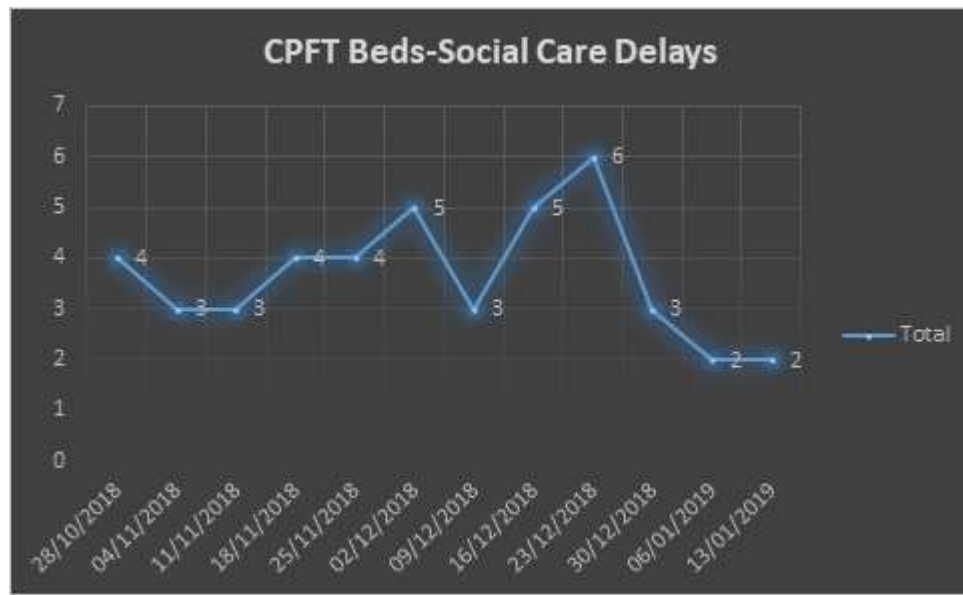
Intermediate Care Delays

We have seen significant reductions in the number of social care delays on the intermediate care pathway.

As of 2nd January 2019, the current social care delays on the intermediate care pathway are:

- Inpatient rehabilitation beds: 2

The below graph shows the trend of patient delays (number of patients) from the end of October 2018:



The below graph shows the trend of delayed bed days since the end of October 2018:

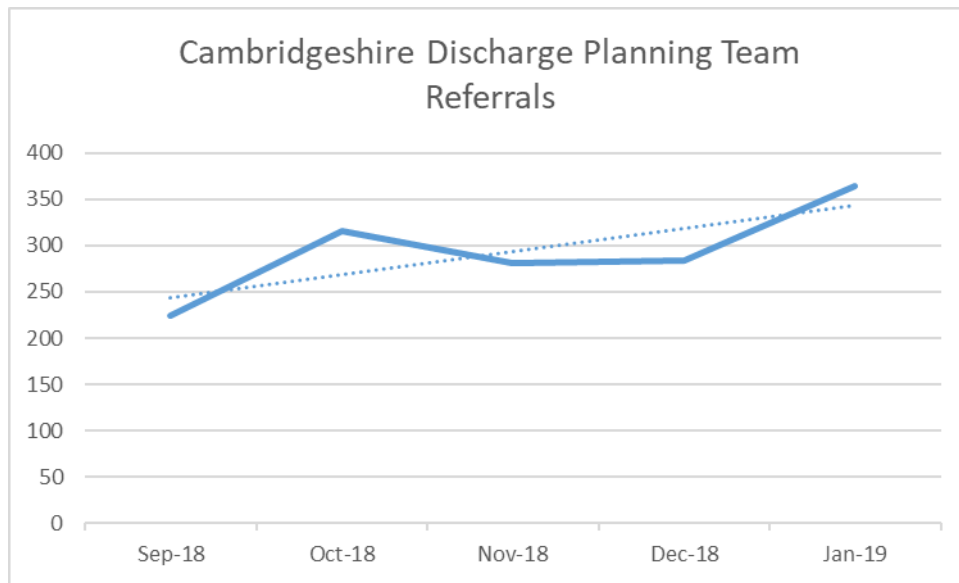


2.2.2 Increase in Demand

In addition to improvements in the rate of social care DTOCs between October and November 2018, we have also seen significant increased demand into services as a result of the increased numbers of hospital referrals. The additional capacity has therefore enabled us to manage demand more effectively, as without it we would have seen greater DTOC pressures in the system.

The below shows the total number of referrals into the South and North Discharge Planning teams, which shows a continued upward trend in numbers since September

2018, representing a 63% increase in referral numbers between September 2018 and January 2019¹.



3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

Increasing the availability of home care provision and hospital discharge support for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

3.2 Thriving place for people to live

Increasing the availability of home care provision and hospital discharge support for people who need it, ensuring people are receiving the right care in the right setting at the right time to support and maintain quality of life.

3.3 The best start for Cambridgeshire's Children

There are no significant implications

4. SIGNIFICANT IMPLICATIONS

4.1 Resource Implications

Recruitment of additional capacity within the reablement service.

4.2 Procurement/Contractual/Council Contract Procedure Rules Implications

There are no significant implications.

¹ January 2019 forecast, based on actual referral data available on the 17th January 2019.

4.3 **Statutory, Legal and Risk Implications**

Complies with national Department of Health and Social Care conditions for spending of the Hancock monies.

4.4 **Equality and Diversity Implications**

There are no significant implications.

4.5 **Engagement and Communications Implications**

There are no significant implications.

4.6 **Localism and Local Member Involvement**

There are no significant implications.

4.7 **Public Health Implications**

There are no significant implications.

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

Have any Public Health implications been cleared by Public Health	N/A Name of Officer:
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Source Documents	Location
National UNIFY DTOC data	https://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

CAMBRIDGESHIRE & PETERBOROUGH HEALTH & SOCIAL CARE SYSTEM PEER REVIEW AND CQC AREA REVIEW PREPARATIONS

To: **Adults Committee**

Meeting Date: **21 March 2019**

From: **Wendi Ogle-Welbourn, Executive Director and Charlotte Black, Service Director: Adults & Safeguarding**

Electoral division(s): **All**

Forward Plan ref: **N/A**

Key Decision: **No**

Purpose: **The purpose of this paper is to update Adults Committee members on progress against the recommendations from the Health & Social Care System Peer Review (September 2018), in preparation for a Care Quality Commission Area Review.**

Recommendation: **It is recommended that the Adults Committee consider the content of the report and raise any questions.**

<i>Officer contact:</i>		<i>Member contacts:</i>	
Name:	Charlotte Black	Names:	Councillors Cllr Bailey / Cllr Howell
Post:	Service Directors Adults & Safeguarding	Post:	Chair/Vice-Chair
Email:	Charlotte.black@cambridgeshire.gov.uk	Email:	
Tel:	01223 727993	Tel:	01223 706398

1. BACKGROUND

- 1.1 The purpose of the Health and Social Care (HSC) peer review was to help prepare the 'system', for a CQC local system area review. The onsite programme took place between 24 and 27 September 2018 and involved Cambridgeshire County Council, Peterborough City Council, Cambridge University Hospital (CUH)/Addenbrookes, North West Anglian Foundation Trust, Cambridgeshire & Peterborough Foundation Trust, Cambridgeshire & Peterborough Clinical Commissioning Group, Healthwatch and number of other voluntary organisations.

The scope of the review was:

1. Is there a shared vision and system wide strategy developed and agreed by system leaders, understood by the workforce and co-produced with people who use services?

Key lines of enquiries:

- Is there clear leadership, vision and ambition demonstrated by the CEOs across the system
- Is there a strategic approach to commissioning across health and social care interface informed by the identified needs of local people (through the JSNA)
- How do system partners assure themselves that there is effective use of cost and quality information to identify priority areas and focus for improvement across the health and social care interface including delayed transfers of care

2. The people's journey: how does the system practically deliver support to people to stay at home, support when in crisis and support to get them back home?

Key lines of enquiries:

- How does the system ensure that people are moving through the health and social care system are seen in the right place, at the right time, by the right person and achieve positive outcomes (will cover how people are supported to stay well in own homes - community focus, what happens at the point of crisis and returning people home which will include a look at reablement, rehabilitation and enabling people to regain independence)
- How do systems, processes and practices in place across the health and social care interface safeguard people from avoidable harm
- Does the workforce have the right skills and capacity to deliver the best outcomes for people and support the effective transition of people between health and social care services?

The peer review team fed back two key messages:

- *'From everything we read and from everyone we met and spoke to, we think you are in a really strong position and have all the right ingredients to move forward – we saw energy and commitment at all levels, from executive leaders through to front line staff and wider stakeholders – everyone wants to do the right thing for the people of Cambridgeshire and Peterborough*
- *Outcomes for people in Cambridgeshire and Peterborough – we have heard about some excellent services and approaches to prevention, keeping people well, supporting independence and avoiding hospital admission **but** this isn't consistent and when they do go in to hospital, you have a real problem getting people out'*

Plus the following key recommendations:

- A single vision that is person focused and co-produced with people and stakeholders
- Ensure strategic partnerships include Primary Care, Voluntary Sector and Social Care providers
- Governance – Strengthen the system leadership role of Health & Wellbeing Boards and clarify supporting governance
- Establish Homefirst as a default position for the whole system
- Simplify processes and pathways – make it easier for staff to do the right thing
- Data – build on the recently developed DTOC data report

Joint Commissioning

- Understand your collective pound and agree whether your resources are in the right place ahead of winter and in the longer term
- Develop and implement a system wide commissioning strategy to deliver your vision.
- Look creatively at opportunities to shift or invest in community capacity to fully support a home first model.
- Be brave and jointly commit resources in the right place
- Homecare – work together with providers to review current arrangements/new ideas/solutions
- Don't compete with each other as commissioners – recommend a fully integrated brokerage team
- Ensure any commissioning for winter/surge periods is joined up
- A significant piece of work to be done together to put Primary Care centre stage
- Voluntary and community sector – work with the sector as strategic and operational partners to capitalize on their resource and ideas
- Build on strong relationship with Healthwatch to add more depth to co-production

Workforce

- Develop a cross system organisational development programme that reflects the whole system vision and supports staff in new ways of working
- Provide greater clinical leadership to support new processes and new ways of working across the system

2. MAIN ISSUES

- 2.1 Following the peer review, an action plan was produced to monitor progress against the recommendations. The action plan is monitored by the Health Care Executive (HCE) and the Cambridgeshire & Peterborough Health and Wellbeing Boards. Please refer to Appendix 1 HSC Peer Review Action Plan.

Key progress headlines:

- Strengthen the system leadership role of HWB's and clarify supporting governance – **System leadership workshop to be scheduled for March 2019.**
- Establish Homefirst as a default discharge from hospital position for the whole system - **Agreed Single point of access to Pathway 1 between the LAs & the NHS.**
- Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing. **Adults Positive Challenge programme has been developed across Peterborough and Cambridgeshire which will focus on early intervention and prevention, with a more localised approach to supporting citizens to feel connected and able to help themselves and each other. Changing the conversation'** and carers workshops are being rolled out to relevant, frontline teams and testing is underway on new bite-sized TEC training, starting with 'How TEC can prevent falls'
- Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up - **FPPG meet monthly as a minimum if not fortnightly. This is a meeting all system Finance Directors to discuss and report on system finance. A system Winter resilience plan has been developed and there is a weekly assurance report reporting into the A&E Delivery boards.**
- Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand - **Joint Market Position Statement for Cambridgeshire and Peterborough has been published. Demand and Capacity workstream, with multi-organisation representation, is meeting regularly and undertaking a review of current and forecast capacity and demand across the system**
- Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues - **Both LAs are in regular dialogue with providers and managing any impact from Brexit.**
- Establish a fully integrated brokerage team - **Co-location with the CCG Continuing Health Care team has been agreed and is now in place. This will support closer working practices, clinical supervision and alignment of brokerage processes for CCC**
- Work with the voluntary and community sector (VCS) as strategic and operational partners to capitalise on their resource and ideas - **The VCS are represented on the Communities Network Group and engaged with development of the demand management programme**
- Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production - **Healthwatch undertook a review of Cambs and Pboro adult social care partnership boards and submitted a report. The CCG and LAs are exploring a joint approach. LAs to now consider contents of the report to assist in developing the partnership boards.**

Further work is needed to develop an integrated approach to tackle the workforce issues across the system. Charlotte Black and Wendi Ogle-Welbourn are monitoring progress to ensure key leads meet regularly to develop and agree the approach.

The Local Government Chronicle reported on 13 February 2019 that Matt Hancock has backed the CQC to continue with the Local Health and Social Care System Reviews. The reviews had been suspended due to funding however the Department of Health and Social Care have advised that the Health Secretary has now written to the CQC to commit to continuing this programme next year.

The LGA and Better Care Fund Support Team in NHSE have written to the CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners.

3. ALIGNMENT WITH CORPORATE PRIORITIES

3.1 A good quality of life for everyone

The LGA and Better Care Fund Support Team in NHSE have written to the CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners.

3.2 Thriving places for people to live

There are no significant implications within this category.

3.3 The best start for Cambridgeshire's Children

There are no significant implications within this category.

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

Following the peer review, there will be further engagement and communications with key organisations across the system to monitor progress on the recommendations in preparation for a CQC Area Review.

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?	Yes Name of Officer: Matthew Hall
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 GUIDANCE

Source Documents	Location
Appendix 1 <ul style="list-style-type: none">HSC Peer Review Action Plan	Charlotte Black Charlotte.black@cambridgeshire.gov.uk

**HEALTH AND SOCIAL CARE PEER REVIEW
ACTION PLAN
JANUARY 2019**

Mandate:

- Simplify things: plan, priorities, pathways and governance, so that we can deliver and our staff and patients / service users understand and communicate in a simple accessible way
- Reduce the number of hand offs
- Involve primary care, social care providers, voluntary and community sector organisations in a more explicit way as leaders, not just to the 'after party'
- Keep investing time in building relationships and trust at all levels

	Recommendation	Objective	Accountable Delivery Board(s)	Identified Lead(s)	Deadline	Activity	Outcome / Impact
1	Develop a single vision that is person focused and co-produced with people and stakeholders, with supplementary communications strategy and campaign	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE	STP / HCE	STP: Roland Sinker VCS: Sandie Smith (Healthwatch)	June 19	The STP plan is in place with high level objectives. However it has been indicated that there will be a requirement in the NHS Long Term plan to do further system wide engagement with all stakeholders before finalising a revised strategic plan for 2019/20.	
2	Ensure strategic partnerships include Primary Care, VCSE and Social Care providers	Undertake review of membership of strategic partnership boards and add additional members / organisations where required	STP	Local Authority: Wendi Ogle-Welbourn STP: Roland Sinker CCG / Primary Care reps: Jan Thomas VCS: Julie Farrow Provider rep: TBA	Completed	HealthWatch are represented on the Care Advisory Group. Primary Care are represented on the HCE and STP Board meetings. GP clinical leads on North/South Alliances + VSCE And IDB for Peterborough. There is wider representation from the Voluntary Sector on the PSB.	
3	Strengthen the system leadership role of HWB's and clarify supporting governance	Arrange a workshop with HWB members focusing on system leadership Produce governance structure for both boards	Cambs & Pboro HWBs	Local Authority: Dr Liz Robin	Mar 19 May 19	System leadership workshop to be scheduled for March 2019. To be reviewed following workshop	
4	Establish Homefirst as a default discharge from hospital position for the whole system and monitor the proportion of complex discharges who go straight home	Produce / update pathway to reflect the default position and arrange briefings for hospital staff and supporting service staff to inform them of changes Add proportion of complete discharges to regular dashboard for Programme Board to monitor	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Charlotte Black Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling	May 19	Agreed Single point of access to Pathway 1 between LA & NHS. Work continues at a consistent pace on all workstreams, with the go live of the discharge notification process across NWAFT, go live of System wide DTOC coding, implementation of a standard operating procedure across CPFT to improve review and flow of patients through the intermediate beds and go live of the Care Test model and for a Capacity Healthcare standard operating procedure across all sites.	

						There is a clear action plan that is monitored by the Joint Discharge Programme Board which meets on a fortnightly basis/weekly if needed.	
5	Simplify processes and pathways (particularly around discharge) making it easier for staff to do the right thing	Undertake review of all pathway, processes and procedures to simplify where needed Arrange briefings for hospital staff and supporting service staff to inform them of changes	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Charlotte Black Hospitals: Sandra Myers, Neil Doverty CCG: Jan Thomas CPFT: Tracy Dowling	Summer 19	CPFT, CCG and LAs are working together on maximising the benefits of the pathway and ensuring consistency across Cambridgeshire and Peterborough with clear criteria and joint working arrangements. A training programme is being developed for all staff involved in hospital discharge which will also develop skills in difficult conversations and support for self funders. The LGA and Better Care Fund Support Team in NHSE have written to CCG and LA offering to work with the 'system' to assist in reducing the level of DTOCs. This is currently at the proposal stage. The next stage will be to develop a scope between partners. Adults Positive Challenge programme has been developed across Peterborough and Cambridgeshire which will focus on early intervention and prevention, with a more localised approach to supporting citizens to feel connected and able to help themselves and each other. Changing the conversation' and carers workshops are being rolled out to relevant, frontline teams and testing is underway on new bite-sized TEC training, starting with 'How TEC can prevent falls'	
6	Build on the recently developed DTOC data report to ensure everyone in the system is working with one version of the truth	Review the different forms of DTOC data reporting across the system and add any additional indicators into DTOC data report	System D2A and DTOC Programme Board Workstream: Performance and reporting (BI)	Local Authority: Tom Barden Hospitals: Sue Graham CCG: Jan Thomas	Completed	A report has now been published by the CCG and this is shared across the system, is published and used to monitor performance.	
Joint Commissioning							
7	Understand the collective Cambridgeshire and Peterborough pound and agree whether resources are in the right place ahead of winter and in the longer term and are joined up	Add to next A&E Delivery Boards agendas	STP and A&E Delivery Boards	Local Authority: Will Patten CCG: Matthew Smith Hospitals: Neil Doverty, Sandra Myers	Completed	The System Finance Directors group (FPPG) meet monthly as a minimum if not fortnightly. This is a meeting all system Finance Directors to discuss and report on system finance.	

						<p>A system Winter resilience plan has been developed and there is a weekly assurance report reporting into the A&E Delivery boards.</p> <p>FPPG) have developed a short-term financial plan to 2019/20, underpinned by the Drivers of the Deficit work which indicates a growing system financial deficit which has been used to frame discussions with our regulators.</p> <p>The Secretary of State for Health and Social Care, Matt Hancock, announced a capital investment of £145 million for health and care facilities in Cambridgeshire and Peterborough.</p> <p>The investment incorporates £25 million for Hinchingbrooke Hospital and £19 million for Addenbrookes Hospital. It also provides up to £100 million of capital to build a pioneering children's hospital for the East of England.</p>	
8	Develop and implement a system wide commissioning strategy to deliver the Cambridgeshire and Peterborough vision and work jointly to better understand capacity and demand	Establish multi organisation task/finish group to lead and report regular progress to Joint HWB and HCE (will need to link to the single vision group)	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten, Dr Liz Robin (Public Health) CCG: Jan Thomas Primary Care Rep: TBA STP: Roland Sinker	<p>Part complete</p> <p>Summer 19</p>	<p>Joint Market Position Statement for Cambridgeshire and Peterborough has been published.</p> <p>Demand and Capacity workstream, with multi-organisation representation, is meeting regularly and is undertaking a review of current and forecast capacity and demand across the system. The outcomes of this review are expected at the end of January and will inform next steps to shaping the future commissioning approach.</p>	
9	Look creatively at opportunities to shift or invest in community capacity to fully support a home first model	Establish a working group to undertake piece of work to consider investment opportunities and delivery models	Link to Recommendation 4 System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten CCG: Jan Thomas VCS: Julie Farrow	Apr 19	Senior stakeholder engagement plan led by Stephen Posey highlights opportunities to emphasise need for investment in community for the STP.	
10	Work together with homecare providers to review current arrangements / new ideas / solutions to address both capacity and workforce issues	Improve awareness and engagement with key boards and groups across the system	System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	Feb 19	<p>Both LAs are in regular dialogue with providers about this and managing any impact from Brexit.</p> <p>The DTOC Programme Capacity and Demand Workstream was established</p>	

						<p>in November and work is in progress to deliver a gap analysis on current and future market demand.</p> <p>The outcome of this gap analysis should be available by the end of January 2019. This will give us a clear understanding of the gap, issues and will inform the approach to engaging with providers across the system, including key milestones.</p> <p>The Bed State Capacity tracker was implemented in November, which enables a real time view of capacity across the system. We continue to engage with care homes to increase uptake.</p> <p>My Care Select was introduced in December, which offers an online solution for self-funders to source their own care.</p>	
11	Don't compete with each other as commissioners	Create one set of commissioning principles	Linked to Recommendation 8	Local Authority: Will Patten	N/A	N/A	
12	Establish a fully integrated brokerage team	Established joint health and social care brokerage team for Cambridgeshire and Peterborough to offer a consistent approach to work with the 'market'	Delivery Board: System D2A and DTOC Programme Board Workstream: Capacity, demand and brokerage	Local Authority: Will Patten	March 2019	<p>Co-location with the CCG CHC team has been agreed and the team is now located from 4/1/19. This will support closer working practices, clinical supervision and alignment of brokerage processes for CCC. More work to follow to include all staff who cover Peterborough.</p> <p>Further work to refine integrated working will be developed following co-location.</p>	
13	Undertake as a system a significant piece of work needed to put Primary Care centre stage in shaping the whole system community offer	HCE to review opportunities across the system and link to key boards where possible	System wide	Local Authority: Wendi Ogle-Welbourn CCG: Jan Thomas Primary Care Rep: Gary Howsam CPFT: Tracy Dowling	Summer 19	Developing the Integrated Neighbourhood Framework Medical Director of CCG to represent Primary Care at WSDG and LWAB GPN represented at LWAB.	
14	Work with the voluntary and community sector as strategic and operational partners to capitalise on their resource and ideas	WOW to establish a mechanism for regular engagement with the VCS to strengthen the offer	Senior Officers Communities Network	Local Authority: Wendi Ogle-Welbourn, Charlotte Black VCS: Julie Farrow	May 19	The VCS are represented on the Communities Network Group and engaged with development of the demand management programme	There is improved engagement and consultation with the VCS on key development projects across the system and their input is valued.
15	Build on the existing strong relationship with Healthwatch to add more depth and breadth to co-production	Convene a meeting with Healthwatch colleagues to review programmes of work and	N/A	Local Authority: Charlotte Black	Nov 19	Healthwatch undertook a review of Cambs and Pboro adult social care partnership boards and submitted a report. The CCG and LAs are exploring	Improved relationships with Healthwatch and key partners to support the system.

		agree opportunities for co-production		Healthwatch: Sandie Smith and Director rep(s)	Apr 19	a joint approach. LAs to now consider contents of the report to assist in developing the partnership boards. Review of Day Opportunities has been identified as a priority opportunity for co-production approach and Adults Committee has endorsed. LAs will be working with Healthwatch on this.	
16	Build on the 'no wrong front door' principle across the system to ensure customers experience consistency and minimal handoffs	Link to D2A workstreams Join up with the neighbour place based model	STP	STP: Roland Sinker	Apr 19	Linked to recommendation 17	
17	Ensure there is a collective understanding and consistency of approach to neighbourhood / place based models	Organise a series of briefings at key boards, committees etc for keep leaders and operational staff informed of the delivery model(s)	STP	Local Authority: Charlotte Black STP: Roland Sinker CPFT: Tracy Dowling	Mar 19	HCE to review Integrated Neighbourhood Framework	
Workforce							
18	As a system develop a multi organisational development programme that reflects the whole system vision and supports staff in new ways of working	Review current STP workforce group's work programme and link in with the single vision and commissioning strategy groups to take forward	STP	STP: Tracy Dowling Local Authority: Oliver Hayward HR Directors for system including LAs	Summer 19	There are a number of boards/groups in place to focus on workforce issues across the system although further work is required to develop an integrated approach. There are a range of Leadership and OD opportunities available to all system partners. A local Mary Seacole programme will have c.180 participants, by Spring 2019, building personal skills and local networks of system colleagues, based on attending. Work is underway to consider a 'Frimley 2020' programme based on system need and priorities.	
19	Provide stronger clinical leadership to support new processes and new ways of working across the system	N/A	Link to Recommendation 5	Hospitals: Sandra Myers, Neil Doverty	April 19	Local clinicians are participating in development opportunities hosted by the Kings fund to consider how to best effect population health collectively. Plans for a revised focus and the development of a single clinical community for the system will be discussed at HCE this month.	

FINANCE AND PERFORMANCE REPORT – JANUARY 2018

To: **Adults Committee**

Meeting Date: **21 March 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 January 2018 Finance and Performance report for People And Communities Services (P&C).**

The report is presented to provide the Committee with the opportunity to comment on the financial and performance position as at the end of January 2018.

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

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1.0 BACKGROUND

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

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2018/19 £000	Actual Jan 2019 £000	Forecast Outturn Variance £000
132	Adults & Safeguarding	153,106	126,525	130
332	Adults Commissioning (including Local Assistance Scheme)	11,345	15,239	332
464	Total Expenditure	164,451	141,764	462
0	Grant Funding (including Better Care Fund, Social Care in Prisons Grant etc.)	-39,664	-35,162	0
464	Total	124,787	106,602	462

Please 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 now 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 £99.2m of savings required across the Council between 2017 and 2022. The planned savings for P&C in the 2018/19 financial year total £21.3m.
- 1.4.2 Although significant savings are expected to be made in 2018/19 across the directorate, Adults services continue to face demand and price pressures, particularly:
- In Older People's services where prices are rising above inflation for residential and nursing care
 - Through increased demand in the NHS and improved performance in reducing delays in transfers of care
 - In Learning Disability services, where the needs of a relatively static number of service-users is increasing

- 1.4.3 Central government has recognised pressures in the social care system through a number of temporary ring-fenced grants given to local authorities and these are able to be used to offset pressures, make investments into social work to bolster the social care market or reduce demand on health and social care services. Further funding has recently been announced and the Council has drawn up plans to spend this funding addressing the above pressures mainly with a focus on providing additional domiciliary care.

2.0 MAIN ISSUES IN THE JANUARY 2019 P&C FINANCE & PERFORMANCE REPORT

2.1 Revenue

- 2.1.1 At the end of January, People & Communities overall is forecasting an overspend of £4.8m, which is around 2% of budget.
- 2.1.2 Within that, services relating to Adults Committee are forecasting overall in January an overspend of £462k for the year – around 0.4% of budget. This is a marginal change compared to the November forecast position.
- 2.1.3 The causes of the forecast overspend position remain unchanged, principally being pressures on care spend within Learning Disability and Older People's services as well as slower than anticipated delivery of certain savings programmes with an expectation that work will continue into 2019/20 and deliver over a revised timescale. Additional savings have been identified in-year as part of the 'funnel' process reported to Committee periodically in the Savings Tracker to partially offset this.
- 2.1.4 In January we are reporting around a £350k increase in the forecast for Older People's Services, as unit costs of the most expensive types of care have continued to rise over the winter period, as well as additional investment having taken place to ensure the discharge from hospital process continues to improve. Where this expenditure is part of planned investment over winter, it is offset by funding from the 'Winter Pressures Grant' from central government which offsets this increase in forecast.
- 2.1.5 The key activity data for Older People in section 2.5.5 of the main report shows how unit costs in January continue to be at a high level compared to last year and are on a general upward trajectory. Plans are being developed, and some are in place, to try to manage this increase such as the development of new block residential and nursing capacity. In addition, funding in 2019/20 will again see an increase to reflect increasing costs from demand and legislative pressures as in the current and previous years.
- 2.1.6 Pressures overall in Adults Services are partially mitigated by underspends identified and held in other parts of the service, and grant funding from central government noted above and in section 1.4 has been applied for one of its intended purposes of addressing the pressures faced by the care system. This results in the overall position in January not materially changing compared to the previous report.

2.2 Savings Tracker

- 2.2.1 The savings tracker up to the end of quarter 3 is included as Appendix C. It shows that, of £21.3m of planned savings in P&C included in 2018/19's business plan, £18.9m is forecast to be delivered (of which £17.5m has been delivered to the end of quarter 3).

2.2.2 In addition to the delivery of those savings, there are a further £2.4m of savings forecast to be delivered within the 'funnel' – a pipeline of additional savings plans drawn up in year to mitigate the risk of non- or delayed-delivery of planned savings. These savings include:

- a programme to scrutinise requests for annual uplifts for care packages,
- a piece of work to further roll-out assistive technology within the Learning Disability Partnership,
- the retendering of some care contracts that have over-delivered on planned savings
- the recruitment of up to four occupational therapists to work in Reablement and Adult Early Help to better help people maintain independence for longer

2.2.3 The savings tracker is colour-rated to show the level of variance 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 **Performance**

2.3.1 There are three red indicators in the performance information relating to Adults Committee:

1. Average monthly number of bed day delays (social care attributable) per 100,000 18+ population
2. Proportion of Adults with Learning Disabilities in paid employment
3. Proportion of adults receiving Direct Payments

2.3.2 Committee has been updated previously on work to improve the positions of 1 and 2 which is ongoing, and work is underway to investigate why uptake of direct payments has reduced and to 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.

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 F&PR to the Committee when it meets, 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 Services

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

Older People and Physical Disability Services

OP - City & South Locality
OP - East Cambs Locality
OP - Fenland Locality
OP - Hunts Locality
Neighbourhood Cares
Discharge Planning Teams
Shorter Term Support and Maximising Independence
Physical Disabilities

Mental Health

Mental Health Central
Adult Mental Health Localities
Older People Mental Health

Commissioning Directorate

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

Adults Commissioning

Central Commissioning - Adults
Integrated Community Equipment Service
Mental Health Voluntary Organisations

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 February 2019

People & Communities (P&C) Service

Finance and Performance Report – January 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

1.2. Performance Indicators – December 2018 Data (see sections 4&5)

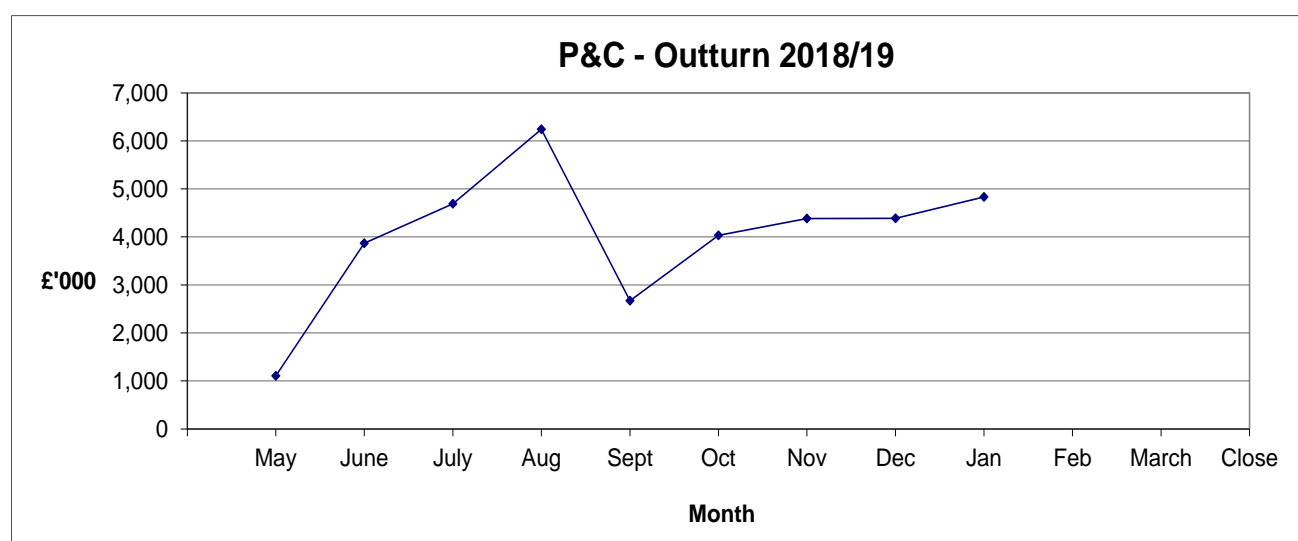
Monthly Indicators	Red	Amber	Green	No Target	Total
December 18/19 Performance (No. of indicators)	8	9	12	9	38

2. INCOME AND EXPENDITURE

2.1 Overall Position

Forecast Variance Outturn (Dec) £000	Directorate	Budget 2018/19 £000	Actual £000	Forecast Outturn Variance £000	Forecast Outturn Variance %
118	Adults & Safeguarding	153,106	126,525	130	0.1%
5,181	Commissioning	44,956	43,734	4,831	10.7%
-76	Communities & Safety	6,909	5,443	-165	-2.4%
1,547	Children & Safeguarding	52,004	46,463	2,182	4.2%
7,419	Education	81,239	49,258	9,118	11.2%
-3,159	Executive Director	4,306	706	-3,229	-75.0%
11,030	Total Expenditure	342,519	272,131	12,867	3.8%
-6,642	Grant Funding	-99,343	-84,895	-8,038	8.1%
4,388	Total	243,175	187,236	4,830	2.0%

The service level finance & performance report for 2018/19 can be found in [appendix 1](#). Further analysis of the forecast position can be found in [appendix 2](#).



2.2 Significant Issues

At the end of January 2019, the overall P&C position is an overspend of £4,830k.

Significant issues are detailed below:

Adults

Within Adults and Safeguarding, care budgets remain under pressure from higher than expected cost increases, growing demand for services, and increasing complexity of the cohort of people in receipt of care, although the overall reported position is materially unchanged since December's report:

- Large care pressures continue to be reported in the Learning Disability Partnership, but these are unchanged from the £2.56m reported previously as the Council's share of the pooled budget with the NHS. Increases in the forecast position for the LDP in the last several months have been due to changes in care costs – demand for services, mainly through changing needs of existing service-users, has consistently exceeded the monthly expectation on which budgets were based. Part of the overall pressure relates to delays to savings plans, with some expected to be delivered in 2019/20 instead of in-year, but savings delivery remains good and on track for the revised phasing.
- Older People and Physical Disability Services is forecast to have a pressure of around £1,274k. Unit costs of care continue to increase, as have numbers of people in receipt of some of the most expensive types of care. This is partly to be expected over winter, but this has started from a position that is over the budgeted activity levels, and is exacerbated by work ongoing to accelerate discharges from hospitals as well as constraints in the domiciliary care market.

The financial position in Adults services remains partially offset by mitigations including the use of budget specifically held in mitigation of in-year pressures, identified underspends in several budgets and the application of grant funding received from central government. Parts of these grants were specifically earmarked against emerging demand pressures, and further funding has been identified from

other spend lines that have not happened or where there has been slippage. These mitigations appear on the 'Strategic Management – Adults' budget line.

Children

Although significant savings have been made, services continue to face increasing demand pressures, particularly in those related to the rising number of looked after children, and those related to Special Educational Needs and Disabilities (SEND).

- Looked after Children placements. Despite the continuing overall pressures on numbers the latest forecast has been reduced by £100k which reflects the ongoing work around the review of high cost placements and negotiating cheaper prices.
- LAC Transport is now forecasting a balanced position at year-end. This follows a detailed review of current commitments and significant reductions in costs due to the introduction of more efficient routes, including the utilisation of existing services wherever possible.
- The Adoption Allowance forecast has increased by £125k since last month due to a rise in the Adoption/SGO allowances and provision of a further two external inter agency placements.
- Strategic Management – Children and Safeguarding. This budget is now forecasting a £500k pressure as a result of under-achievement of vacancy savings. Given the pressures across the service the level of realised vacancies has not been as high as in the previous year and in the Safeguarding teams, agency use has been necessary to fulfil our statutory safeguarding responsibilities by covering vacant posts. In the recent Ofsted inspection, inspectors said that one of the most important issues for us to tackle was that of caseloads which are too high in some parts of the service. High caseloads is partly the result of vacancies. We therefore need to assess the extent to which vacancy savings are realistic within children's services.
- Pressures on SEND Specialist Services (0-25yrs) continue to increase reflecting the system wide pressures on SEND due to a continuing rise in overall numbers and complexity of need. There was a net increase of 500 Education, Health and Care Plans (EHCPs) over the course of the 2017/18 academic year (13%) and an average of 10 additional EHCPs a week throughout the 2018/19 academic year to date. Despite additional funding of £1.4m from the DfE, announced in December, approximately £8m of this pressure relates to the Dedicated Schools Grant (DSG) and will be carried forward as part of the overall DSG deficit into 2019/20. Work is ongoing with Schools Forum to develop options to reduce expenditure and produce a sustainable system within the available High Needs Block. £1.2m of the pressure within this area is base budget and therefore impacts on the Council's bottom line.
- The 0-19 Organisation & Planning service is forecasting a revised underspend of £200k, a £110k improvement from the previous position. This is due to a combination of over-achievement of income and vacancy savings targets.

- Home to School/ College Transport - Mainstream is expected to overspend by £300k, an increase of £100k. This is primarily as a result of quotes being received at a higher cost than that expected based on previous years costs. In addition, there has been a higher than usual number of in-year admissions requests where the local school is full. These situations require us to provide transport to schools further away, outside statutory walking distance.

The additional underspend within the Central Financing policy line (increase of - £70k) is as a result of identifying a number of prior year accruals which are no longer expected to be invoiced.

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 January for Looked After Children (LAC) is shown below:

Agenda Item: 9 Appendix B

	BUDGET				ACTUAL (January)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements January 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	1	£132k	52	2,544.66	2	1.81	£218k	2,595.75	0.81	£86k	51.09
Residential - secure accommodation	0	£k	52	0.00	2	0.96	£303k	5,830.89	0.96	£303k	5,830.89
Residential schools	16	£2,277k	52	2,716.14	19	17.32	£2,210k	2,568.86	1.32	-£67k	-147.28
Residential homes	39	£6,725k	52	3,207.70	35	34.25	£6,212k	3,693.47	-4.75	-£513k	485.77
Independent Fostering	199	£9,761k	52	807.73	300	289.56	£11,971k	799.16	90.56	£2,210k	-8.57
Supported Accommodation	31	£2,355k	52	1,466.70	19	21.95	£1,399k	1,436.11	-9.05	-£956k	-30.59
16+	8	£89k	52	214.17	8	6.14	£112k	308.83	-1.86	£23k	94.66
Growth/Replacement	-	£k	-	-	-	-	£289k	-	-	£289k	-
Pressure funded within directorate	-	-£1,526k	-	-	-	-	£k	-	-	£1,526k	-
TOTAL	294	£19,813k			385	371.99	£22,713k		77.99	£2,900k	
In-house fostering - Basic	191	£1,998k	56	181.30	197	191.48	£1,983k	179.01	0.48	-£15k	-2.29
In-house fostering - Skills	191	£1,760k	52	177.17	205	198.13	£1,790k	182.56	7.13	£30k	5.39
Kinship - Basic	40	£418k	56	186.72	42	42.27	£437k	192.46	2.27	£19k	5.74
Kinship - Skills	11	£39k	52	68.78	14	11.88	£48k	56.07	0.88	£8k	-12.71
In-house residential	5	£431k	52	1,658.45	0	1.33	£431k	3,117.39	-3.67	£k	1,458.94
Growth	0	£k	-	0.00	0	0.00	£k	0.00	-	£k	-
TOTAL	236	£4,646k			239	235.08	£4,689k		-0.92	£43k	
Adoption Allowances	105	£1,073k	52	196.40	107	106.90	£1,175k	200.20	1.9	£102k	3.80
Special Guardianship Orders	246	£1,850k	52	144.64	251	249.62	£1,845k	142.33	3.62	-£5k	-2.31
Child Arrangement Orders	91	£736k	52	157.37	88	89.91	£723k	153.04	-1.09	-£14k	-4.33
Concurrent Adoption	5	£91k	52	350.00	1	4.05	£74k	350.00	-0.95	-£17k	0.00
TOTAL	447	£3,750k			447	450.48	£3,816k		1.9	£66k	
OVERALL TOTAL	977	£28,210k			1071	1,057.55	£31,218k		78.97	£3,008k	

NOTE: In house Fostering and Kinship basic payments fund 56 weeks as carers receive two additional weeks payment during the Summer holidays, one additional week payment at Christmas and a birthday payment.

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

BUDGET				ACTUAL (January 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements January 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)	98	£6,165k	£63k	100	101.81	£6,329k	£62k	2	3.81	£164k	£1k
Hearing Impairment (HI)	3	£100k	£33k	3	3.00	£121k	£40k	0	0.00	£21k	£7k
Moderate Learning Difficulty (MLD)	3	£109k	£36k	9	9.38	£184k	£20k	6	6.38	£74k	£17k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£k
Physical Disability (PD)	1	£19k	£19k	4	4.34	£77k	£18k	3	3.34	£58k	£1k
Profound and Multiple Learning Difficulty (PMLD)	1	£41k	£41k	1	0.99	£67k	£68k	0	-0.01	£26k	£26k
Social Emotional and Mental Health (SEMH)	35	£1,490k	£43k	48	49.51	£2,257k	£46k	13	14.51	£767k	£3k
Speech, Language and Communication Needs (SLCN)	3	£163k	£54k	3	2.30	£106k	£46k	0	-0.70	£58k	£9k
Severe Learning Difficulty (SLD)	2	£180k	£90k	5	4.73	£422k	£89k	3	2.73	£241k	£1k
Specific Learning Difficulty (SPLD)	8	£164k	£20k	9	7.66	£233k	£30k	1	-0.34	£69k	£10k
Visual Impairment (VI)	2	£64k	£32k	2	2.00	£74k	£37k	0	0.00	£10k	£5k
Growth / (Saving Requirement)	-	£1,000k	-	-	-	£47k	-	-	-	£1,047k	-
TOTAL	157	£9,573k	£61k	184	185.72	£9,823k	£53k	27	28.72	£250k	£8k

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

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

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

2.5.3 Key activity data to end of January for Learning Disability Services is shown below:

		BUDGET			ACTUAL (January 19)				Year End		
Service Type		Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	Current Service Users	DoT	Current Average Unit Cost (per week) £	DoT	Forecast Actual £000	DoT	Variance £000
Learning Disability Services	Residential	299	£1,375	£21,372k	279	↓	£1,481	↓	£22,236k	↓	£864k
	Nursing	8	£1,673	£696k	8	↔	£1,634	↓	£714k	↓	£18k
	Community	1,285	£667	£44,596k	1,313	↓	£694	↑	£48,348k	↑	£3,752k
Learning Disability Service Total		1,592		£66,664k	1,600				£71,298k		£4,634k
Income				£2,814k					£3,355k	↑	£541k
Further savings assumed within forecast as shown in Appendix 1											£613k
Net Total				£63,850k							£3,480k

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

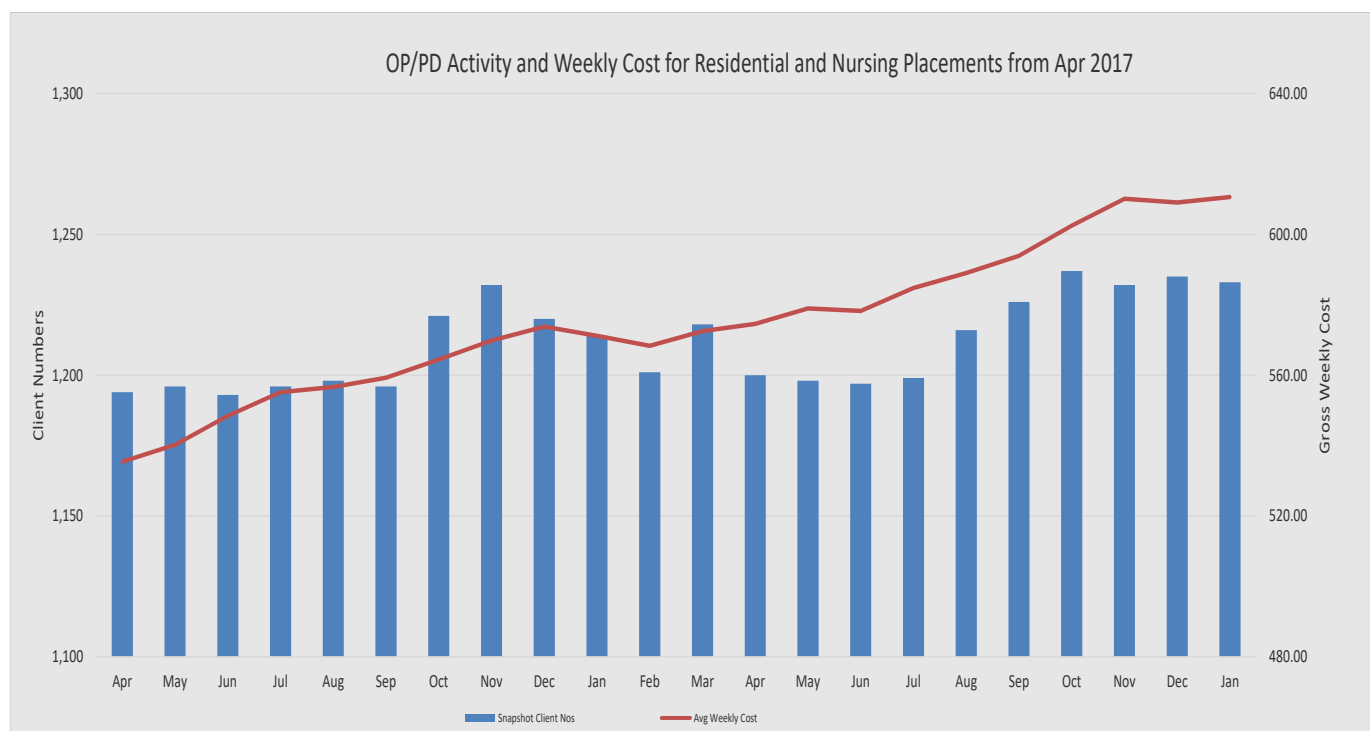
		BUDGET			ACTUAL (January)				Year End		
Service Type		Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000's	Current Service Users	D o T	Current Average Unit Cost (per week) £	D o T	Forecast Actual £000's	D o T	Variance £000's
Adult Mental Health	Community based support	11	£127	£71k	5	↔	£85	↑	£36k	↑	-£34k
	Home & Community support	164	£100	£857k	146	↓	£108	↑	£799k	↑	-£58k
	Nursing Placement	14	£648	£457k	17	↔	£601	↓	£557k	↓	£99k
	Residential Placement	75	£690	£2,628k	63	↓	£660	↑	£2,288k	↑	-£340k
	Supported Accommodation	130	£120	£792k	131	↓	£131	↓	£1,069k	↓	£277k
	Direct Payments	12	£288	£175k	12	↓	£242	↓	£188k	↓	£12k
Total Expenditure		406		£4,980k	374				£4,936k		-£44k
Health Contribution				-£298k					-£120k		£178k
Client Contribution				-£234k					-£371k		-£136k
Total Income				-£532k					-£490k		£42k
Adult Mental Health Net Total		406		£4,448k	374				£4,446k		-£2k

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

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

OP Total		BUDGET			ACTUAL (January 19)				Year End		
Service Type		Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	Current Service Users	D o T	Current Average Unit Cost (per week) £	D o T	Forecast Actual £000	D o T	Variance £000
Residential		514	£541	£14,845k	467	↓	£592	↑	£14,996k	↑	£151k
Residential Dementia		389	£554	£11,484k	379	↑	£562	↓	£11,601k	↑	£117k
Nursing		312	£750	£11,960k	294	↓	£661	↓	£13,112k	↓	£1,152k
Nursing Dementia		62	£804	£2,524k	93	↑	£742	↓	£2,768k	↓	£243k
Respite				£1,558k					£1,508k	↓	-£50k
Community based											
~ Direct payments		538	£286	£8,027k	500	↑	£333	↓	£8,460k	↑	£433k
~ Day Care				£1,095k					£1,000k	↑	-£95k
~ Other Care				£4,893k					£5,018k	↑	£125k
~ Homecare arranged		1,516	per hour £16.31	£14,872k	1,380	↓	per hour £16.16	↑	£14,005k	↓	-£867k
~ Live In Care arranged		50		£2,086k	49	↔	£782.96	↓	£2,032k	↑	-£54k
Total Expenditure		3,381		£73,344k	3,113				£74,499k		£1,155k
Residential Income				-£9,639k					-£9,216k	↑	£423k
Community Income				-£9,351k					-£9,201k	↓	£150k
Health Income				-£804k					-£1,351k	↓	-£547k
Total Income				-£19,793k					-£19,768k		£25k

Note: Funded Nursing Care of around £158 per week was previously paid by the Council; from January the NHS took responsibility for these payments, reducing the unit costs of nursing and nursing dementia care by that amount. Budgeted unit costs are inclusive of FNC – removing this gives comparable unit costs of £592 per week for Nursing and £646 per week for Nursing Dementia. This policy change doesn't have a direct financial impact on CCC.



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

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

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

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

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OPMH Total	BUDGET			ACTUAL (January 19)				Year End		
Service Type	Expected No. of Service Users 2018/19	Budgeted Average Unit Cost (per week) £	Annual Budget £000	Current Service Users	D o T	Current Average Unit Cost (per week) £	D o T	Forecast Actual £000	D o T	Variance £000
Residential	27	£572	£793k	18	↔	£519	↑	£792k	↑	-£1k
Residential Dementia	26	£554	£732k	23	↑	£600	↓	£731k	↑	-£1k
Nursing	29	£648	£939k	19	↑	£585	↓	£877k	↓	-£62k
Nursing Dementia	84	£832	£3,523k	75	↓	£765	↓	£3,290k	↓	-£233k
Respite			£4k					£26k	↑	£22k
Community based										
~ Direct payments	13	£366	£247k	6	↔	£392	↔	£204k	↓	-£43k
~ Day Care			£4k					£5k	↑	£2k
~ Other Care			£43k					£47k	↑	£5k
~ Homecare arranged	50	per hour £16.10	£409k	32	↓	per hour £17.33	↓	£405k	↓	-£4k
~ Live In Care arranged	4		£185k	3	↔	£698.12	↓	£145k	↓	-£40k
Total Expenditure	229		£6,694k	173				£6,524k		-£315k
Residential Income			-£1,049k					-£463k	↑	£586k
Community Income			-£97k					-£268k	↑	-£171k
Health Income			-£65k					-£247k	↓	-£182k
Total Income			-£1,211k					-£978k		£232k

Note: the changes to Funded Nursing Care noted in 2.5.5 above also apply to this activity data

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**

2018-19 Funding Changes

In January 2019 the EFSA announced an additional £1,348k of Devolved Formula Capital funding to be given to Cambridgeshire Maintained Schools.

2018/19 In Year Pressures/Slippage

As at the end of January 2019 the capital programme is forecasting an overspend of £3,908. The level of slippage has not exceeded the revised Capital Variation budget of £10,469k. In January movements on schemes has occurred totaling £1,144k. The significant changes in schemes are detailed below;

- Fulbourn Phase 2; £200k accelerated spend as the scheme continues to progress ahead of original schedule.
- Sawtry Infant; £150k slippage due to the scheme currently being halted at MS4 until the outcome of a new housing development planning application, which could impact on the scope of provision required.
- Sawtry Junior; £138k slippage due to the scheme currently being halted at MS4 until the outcome of a new housing development planning application, which could impact on the scope of provision required.
- Bellbird, Sawston; £150k slippage of 4-5 weeks as a result delays in co-ordination of the steelwork and beams.
- Northstowe Secondary; £1,000k accelerated spend as full works have commenced on site and progressing ahead of schedule due to favorable winter weather conditions allowing for works to be completed ahead of schedule.
- Chesterton Community College; £250k slippage due to delays occurring in the summer for exam and asbestos removal.

A detailed explanation of the position can be found in [appendix 6](#).

4. **PERFORMANCE**

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

The performance measures included in this report have been developed in conjunction with the People's & Communities management team and link service activity to key Council outcomes. The measures in this report have been grouped by outcome, then by responsible directorate. The latest available benchmarking information has also been provided in the performance table where it is available. This will be revised and updated as more information becomes available. Work is ongoing with service leads to agree appropriate reporting mechanisms for the new measures included in this report and to identify and set appropriate targets.

Following a review of measures across Children's service with the Service Director, Children's and Safeguarding, the following changes to two existing measures are proposed, to make them more useful for comparison.

- Change the 'Rate of referrals per 10,000 of population under 18' to a 12 month rolling figure to enable comparison to statistical neighbours and England.
- Change the timeframe for the children subject to a previous CP plan indicator from 'Proportion of children subject to a Child Protection Plan for the second or subsequent time (within 2 years)' to Proportion of children subject to a Child Protection Plan for the second or subsequent time' to enable comparison to statistical neighbours and England. This is in line with Department for Education reporting.

Eight indicators are currently showing as RED:

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

During December the number of children with a Child Protection plan increased from 492 to 510. The introduction of an Escalation Policy for all children subject to a Child Protection Plan was introduced in June 2017. Child Protection Conference Chairs raise alerts to ensure there is clear planning for children subject to a Child Protection Plan. This has seen a decrease in the numbers of children subject to a Child Protection Plan.

- **Proportion of children subject to a Child Protection (CP) Plan for the second or subsequent time (within 2 years)**

In December there were 9 children subject to a child protection plan for the second or subsequent time. The rate is favourable in comparison to statistical neighbours and the England average, however it is above target this month. NOTE: Target added in July 2018.

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

At the end of December there were 767 children who were looked after by the Local Authority and of these 87 were unaccompanied asylum seeking children and young people. Cambridgeshire are supporting 105 care leavers who were previously assessed as being unaccompanied asylum seeking children and 32 adult asylum seekers whose claims have not reached a conclusion. These adults have been waiting between one and three years for a status decision to be made by the Home Office.

Actions being taken include:

- There is currently a review underway of the Threshold to Resources Panel (TARP) which is chaired by the Assistant Director for Children's Services. The panel is designed to review children on the edge of care, specifically looking to prevent escalation by providing timely and effective interventions. The intention is to streamline a number of District and Countywide Panels to ensure close scrutiny of thresholds and use of resources but also to provide an opportunity for collaborative working across services to improve outcomes for children. It is proposed that the new panel structure will be in place for the implementation of the Change for Children transformation.
- A county wide Legal Tracker is in place which tracks all children subject to the Public Law Outline (pre proceedings), Care Proceedings and children accommodated by the Local Authority with parental agreement. This is having a positive impact on the care planning for Cambridgeshire's most vulnerable

children, for example in the identification of wider family members in pre-proceedings where there are concerns that is not safe for children to remain in the care of their parents. In addition a monthly Permanency Tracker Meeting considers all children who are looked after, paying attention to their care plan, ensuring reunification is considered and if this is not possible a timely plan is made for permanence via Special Guardianship Order, Adoption or Long Term Fostering. The multi-agency Unborn Baby Panel operational in the South and North of the County monitors the progress of care planning, supporting timely decision making and permanency planning.

- Monthly Placement Strategy, Finance and Looked After Children Savings Meetings are now operational and attended by representatives across Children's Social Care, Commissioning and Finance. The purpose of these meetings is to provide increased scrutiny on financial commitments for example placements for looked after children, areas of specific concern and to monitor savings targets. This meetings reports into the People and Communities Delivery Board.
- Supporting this activity, officers in Children's Social Care and Commissioning are holding twice weekly placement forum meetings which track and scrutinise individual children's care planning and placements. These meetings, led by Heads of Service have positively impacted on a number of looked after children who have been consequently been able to move to an in house and in county foster care placement, plans have been made to de-escalate resources in a timely way or children have returned to live with their family. In Cambridgeshire we have 74% of our looked after children in foster care as opposed to 78% nationally and 42% of these children are placed with in-house carers as opposed to 58% in external placements.
- **Average monthly number of bed day delays (social care attributable) per 100,000 18+ population**

In November 2018, there were 921 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 680 delays – a 35% increase. 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.

Delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's remain the key drivers of ASC bed-day delays.

- **Proportion of requests for support where the outcome was signposting, information or advice only**

Performance at this indicator is improving as Adult Early Help & Neighbourhood Cares teams employ use of community and voluntary resources. Recording of these types of services is also improving as contact outcomes are recorded with more detail in Mosaic.

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

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

cumulative effect as clients are reviewed within the period.) No new data is currently available for this measure during ongoing migration of service data to Mosaic system.

- **Proportion of adults receiving Direct Payments**

Target has been increased in line with the average of local authorities in the Eastern region causing performance to fall more than 10% short of the new target. Performance is slightly below target, and continues to fall gradually. 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.

- **Percentage of disadvantaged households taking up funded 2 year old childcare places**

Performance increased by 4 percentage points in comparison to the previous figure for the summer 2018 term. The annual figure reported by the DFE is 68% for 2018 which is below both the statistical neighbour average and the England average. The previous figure for 2017 was 79%.

The DFE estimate there were 1700 Cambridgeshire two year olds eligible for funded early education in 2018. Of those eligible there were 1140 two year olds taking up the funded early education. 95.6% of these met the economic basis for funding criteria. The remaining 4.4% of two years olds met the criteria on a high-level SEN or disability basis or the looked after or adopted from care basis.

- **Ofsted – Pupils attending special schools that are judged as Good or Outstanding**

Performance has remained the same since last month.

There are currently 2 schools which received an overall effectiveness grading of requiring improvement and 137 pupils attend these schools in total.

The statistical neighbour figure has decreased by 0.5 percentage points and the national figure has decreased by 0.2 percentage points.

APPENDIX 1 – P&C Service Level Budgetary Control Report

Forecast Outturn Variance (Dec) £'000	Service		Budget 2018/19 £'000	Actual Jan 2019 £'000	Forecast Outturn Variance £'000 %	
Adults & Safeguarding Directorate						
-2,916	1	Strategic Management - Adults	7,578	-133	-3,116	-41%
0		Principal Social Worker, Practice and Safeguarding	1,575	1,207	-0	0%
-102		Autism and Adult Support	925	617	-97	-10%
-200	2	Carers	661	329	-220	-33%
Learning Disability Partnership						
1,128	3	LD Head of Service	3,614	2,821	1,054	29%
849	3	LD - City, South and East Localities	34,173	30,826	770	2%
908	3	LD - Hunts & Fenland Localities	29,602	25,598	810	3%
398	3	LD - Young Adults	5,760	5,301	526	9%
46	3	In House Provider Services	6,071	4,988	169	3%
-772	3	NHS Contribution to Pooled Budget	-18,387	-18,387	-772	-4%
Older People and Physical Disability Services						
345	4	Physical Disabilities	11,292	10,888	498	4%
978	4	OP - City & South Locality	18,984	17,475	1,273	7%
499	4	OP - East Cambs Locality	5,941	5,550	378	6%
-464	4	OP - Fenland Locality	9,112	7,454	-451	-5%
-484	4	OP - Hunts Locality	12,165	10,472	-507	-4%
0	4	Neighbourhood Cares	710	320	0	0%
0	4	Discharge Planning Teams	1,872	1,895	0	0%
83	4	Shorter Term Support and Maximising Independence	7,958	7,679	83	1%
Mental Health						
-90	5	Mental Health Central	368	610	-90	-24%
36	5	Adult Mental Health Localities	6,821	5,501	-2	0%
-125	5	Older People Mental Health	6,310	5,514	-176	-3%
118	Adult & Safeguarding Directorate Total		153,106	126,525	130	0%
Commissioning Directorate						
-0		Strategic Management –Commissioning	865	996	-0	0%
-0		Access to Resource & Quality	978	565	-0	0%
-10		Local Assistance Scheme	300	141	-10	-3%
Adults Commissioning						
333	6	Central Commissioning - Adults	6,390	11,427	333	5%
0		Integrated Community Equipment Service	925	233	0	0%
8		Mental Health Voluntary Organisations	3,730	3,444	8	0%
Childrens Commissioning						
3,000	7	Looked After Children Placements	19,813	17,578	2,900	15%
0		Commissioning Services	2,452	1,710	0	0%
1,550	8	Home to School Transport – Special	7,871	6,444	1,600	20%

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300	LAC Transport	1,632	1,196	0	0%
5,181	Commissioning Directorate Total	44,956	43,734	4,831	11%

Forecast Outturn Variance (Dec) £'000	Service	Budget 2018/19 £'000	Actual Jan 2019 £'000	Forecast Outturn Variance £'000 %	
Communities & Safety Directorate					
-23	Strategic Management - Communities & Safety	-38	112	-90	-238%
-50	Youth Offending Service	1,650	1,170	-50	-3%
0	Central Integrated Youth Support Services	1,334	653	0	0%
23	Safer Communities Partnership	947	806	0	0%
-26	Strengthening Communities	521	550	-26	-5%
0	Adult Learning & Skills	2,494	2,153	0	0%
-76	Communities & Safety Directorate Total	6,909	5,443	-165	-2%
Children & Safeguarding Directorate					
0	⁹ Strategic Management – Children & Safeguarding	3,747	3,293	500	13%
75	Partnerships and Quality Assurance	2,053	1,806	50	2%
1,224	¹⁰ Children in Care	14,769	14,293	1,184	8%
0	Integrated Front Door	2,614	2,328	-0	0%
0	Children’s Centre Strategy	58	7	0	0%
0	Support to Parents	2,870	259	0	0%
248	¹¹ Adoption Allowances	5,282	5,052	373	7%
0	Legal Proceedings	1,940	2,602	75	4%
District Delivery Service					
0	Safeguarding Hunts and Fenland	4,646	3,819	0	0%
0	Safeguarding East & South Cambs and Cambridge	4,489	3,460	0	0%
0	Early Help District Delivery Service –North	4,801	5,228	-0	0%
0	Early Help District Delivery Service – South	4,736	4,315	0	0%
1,547	Children & Safeguarding Directorate Total	52,004	46,463	2,182	4%

Forecast Outturn Variance (Dec) £'000		Service	Budget 2018/19 £'000	Actual Jan 2019 £'000	Forecast Outturn Variance £'000 %	
Education Directorate						
-359	12	Strategic Management - Education	3,943	977	-264	-7%
-57		Early Years' Service	1,442	1,042	-72	-5%
35		Schools Curriculum Service	276	172	2	1%
85		Schools Intervention Service	1,095	690	29	3%
176	13	Schools Partnership Service	420	459	106	25%
15		Children's' Innovation & Development Service	0	-31	15	4373%
-30		Teachers' Pensions & Redundancy	2,910	1,341	-28	-1%
SEND Specialist Services (0-25 years)						
1,051	14	SEND Specialist Services	8,077	7,378	1,017	13%
1,953	14	Funding for Special Schools and Units	16,889	17,203	2,586	15%
0		Children's Disability Service	6,542	6,555	0	0%
3,500	14	High Needs Top Up Funding	15,028	14,927	4,457	30%
518	14	Special Educational Needs Placements	9,973	13,747	250	3%
130	14	Early Years Specialist Support	381	328	130	34%
291	14	Out of School Tuition	1,519	1,983	791	52%
Infrastructure						
-90	15	0-19 Organisation & Planning	3,742	3,244	-200	-5%
0		Early Years Policy, Funding & Operations	92	43	0	0%
0		Education Capital	168	-27,207	0	0%
200	16	Home to School/College Transport – Mainstream	8,742	6,406	300	3%
7,419		Education Directorate Total	81,239	49,258	9,118	11%
Executive Director						
504	17	Executive Director	802	654	504	63%
-3,663	18	Central Financing	3,504	52	-3,733	-107%
-3,159		Executive Director Total	4,306	706	-3,229	-75%
11,030		Total	342,519	272,131	12,867	4%
Grant Funding						
-6,642	19	Financing DSG	-59,680	-49,733	-8,038	-13%
0		Non Baselined Grants	-39,664	-35,162	0	0%
-6,642		Grant Funding Total	-99,343	-84,895	-8,038	8%
4,388		Net Total	243,175	187,236	4,830	2%

APPENDIX 2 – Commentary on Forecast Outturn Position

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

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
1) Strategic Management – Adults	7,578	-133	-3,116	-41%
<p>A number of mitigations have been applied to this budget line to offset care cost pressures across Adult Social Care.</p> <p>The majority of this is the application of grants from central government, specifically elements of the Improved Better Care Fund and Adult Social Care Support grants, which are given for the purpose of meeting demand pressures on the social care system and to put in place measures to mitigate that demand. Parts of this funding is earmarked against pressures from increasing complexity of people that we support and increasing cost of care packages, and additional funding can be applied where some other planned spend does not happen. Spending plans for these grants, and variations to them, are agreed through either the Health and Wellbeing Board or General Purposes Committee.</p>				
2) Carers	661	329	-220	-30%
<p>The Carers service is expected to be -£220k underspent at the end of the year, an increase of £20k this month. The under spend is due to lower levels of direct payments to carers than was expected over the year to date – work is ongoing to review the support offered to carers, including direct payments, and is a major part of the council's future demand management approach.</p>				
3) Learning Disability Partnership	60,834	51,147	2,557	4%
<p>An over spend of £3,329k is forecast against the Learning Disability Partnership (LDP) at the end of January 19. According to the risk sharing arrangements for the LDP pooled budget, the proportion of the over spend that is attributable to the council is £2,557k, no change from the December forecast.</p> <p>Total new savings / additional income expectation of £5,329k are budgeted for 18/19. As at the end of December, a £992k shortfall is expected as a result of slippage of planned work and a lower level of delivery per case than anticipated. This is primarily against the reassessment saving proposal and from the conversion of residential to supported living care packages.</p> <p>Demand pressures have been higher than expected, exceeding demand funding allocations despite positive work that has reduced the overall number of people in high-cost out-of-area in-patient placements. New package costs continued to be high in 17/18 due to increased needs identified at reassessment that we had a statutory duty to meet. This, together with a shortfall in delivery of 17/18 savings, has led to a permanent opening pressure in the 18/19 budget above that level expected during business planning, reflected in the overall forecast at the end of January.</p> <p>Where there are opportunities to achieve additional savings that can offset any shortfall from the delivery of existing planned savings these are being pursued. For example, work is ongoing to maximise referrals to the in-house Technology Enabled Care team as appropriate, in order to increase the number of 'Just Checking' kits that can be issued to help us to identify the most appropriate level of resource for services users at night. £103k of savings are expected to be delivered by reviewing resource allocation as informed by this technology and this additional saving has been reflected in the forecast. Also, negotiations are continuing with CCGs outside of Cambridgeshire, where people are placed out of area and the CCG in that area should be contributing to the cost of meeting health needs.</p>				

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
4) Older Peoples and Physical Disabilities Services	68,034	61,732	1,274	2%
<p>An overspend of £1,274k is forecast for Older People and Physical Disability Services, an increase of £316k since December.</p> <p>The total savings expectation in this service for 2018/19 is £2.1m, and this is expected to be delivered in full through a programme of work designed to reduce demand, for example through a reablement expansion and review of double-handed care packages, and ensure funding is maximised. This has been bolstered by the fast-forward work in the Adults Positive Challenge Programme.</p> <p>The cost of providing care, however, is generally increasing in 2018/19. The unit costs of most types of care are increasing month-on-month, and the number of people with more complex needs requiring more expensive types of care are 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. These problems are exacerbated by constraints in the local market for domiciliary care, where care packages in parts of the county cannot in all cases be immediately found. We are including an estimate in the forecast of the 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.</p> <p>In the past month a large number of new block beds have been activated, for which we pay a set rate; this aims to minimise the increasing pressure due to rising residential and nursing placement costs. However, we have still seen a £316k increase in the forecast overspend for nursing and residential care, largely due to new placements.</p> <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"> • The Council's new integrated brokerage team brings together two Councils and the NHS 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 • Recent money announced for councils in the budget to support winter pressures will be used 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. <p>An additional pressure of around £83k is projected on the Technology Enabled Care (TEC) budget as a result of more specialist equipment being bought. This is due to more referrals being put through the TEC Team, which is a positive as it should result in lower costs for those people's care and it will be explored whether additional funding is required for this team in future as it forms a key part of preventative work in coming years.</p>				
5) Mental Health	13,499	11,625	-268	-2%
<p>Mental Health Services are forecasting an underspend of £268k, which is an improvement of £89k from last month.</p> <p>Underlying cost of care commitments across Adult Mental Health and Older People Mental Health are showing a small overspend against budget of £53k as the result of a reduction in expected levels of contributions from service users contributing towards the cost of their care. One-off net savings of £230k have been identified from continuation of the work to secure appropriate funding for service users with health needs, and these are expected to be realised prior to year-end to offset this position.</p>				

In addition, there is an expected underspend of £90k on the Section 75 contract with CPFT resulting from vacancies within the service.

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
6) Central Commissioning – Adults	6,390	11,427	333	5%
<p>An overspend of £333k is forecast for Central Commissioning – Adults, due to the slower than expected delivery of a major piece of work to transform the Council's Housing Related Support contracts. It is still expected that this piece of work will be completed and deliver in full, but that this will be phased over a longer time-period due to the large number of contracts and the amount of redesigning of services that will be needed rather than simply re-negotiating contract costs. This is partially offset by savings made through recommissioning other contracts, particularly the rationalisation of block domiciliary care car rounds from the start of 18/19, and mitigations will need to be found until the delivery of the above saving is achieved in full.</p>				
7) Looked After Children Placements	19,813	17,578	2,900	15%
<p>LAC Placements forecast an overspend of £2.9m, which is a reduction of £0.1m this month. A combination of the expected demand pressures on this budget during 18/19, over and above those forecast and budgeted for, and the underlying pressure brought forward from 17/18, results in a forecast overspend of £2.9m. The latest savings forecast shows an overachievement against the £1.5m target. The majority of this relates to some excellent work around the review of high cost placements and negotiating cheaper prices, which has yielded great results (it should be noted that these are diminishing returns and cannot be replicated every year). Much of the additional saving is absorbing the costs associated with the continued increase in LAC numbers and assisting to maintain a steady financial projection. This position continues to be closely monitored throughout the year, with subsequent forecasts updated to reflect any change in this position.</p> <p>The budgeted position in terms of the placement mix is proving testing, in particular pressures within the external fostering line showing a +101 position. Given an average c. £800 per week placement costs, this presents a c. £81k weekly pressure. 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.</p> <p>Overall LAC numbers at the end of January 2019, including placements with in-house foster carers, residential homes and kinship, were 759, 8 less than at the end of December. This includes 83 unaccompanied asylum seeking children (UASC). External placement numbers (excluding UASC but including 16+ and supported accommodation) at the end of January were 385, 10 more than at the end of December.</p>				
External Placements Client Group	Budgeted Packages	31 Dec 2018 Packages	31 Jan 2019 Packages	Variance from Budget
Residential Disability – Children	1	2	2	+1
Child Homes – Secure Accommodation	0	0	2	+2
Child Homes – Educational	16	18	19	+3
Child Homes – General	39	34	35	-4
Independent Fostering	199	294	300	+101
Supported Accommodation	31	20	19	-12
Supported Living 16+	8	7	8	0
TOTAL	294	375	385	+91
<p>'Budgeted Packages' are the expected number of placements by Mar-19, once the work associated to the saving proposals has been undertaken and has made an impact.</p>				

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
Looked After Children Placements continued Mitigating factors to limit the final overspend position include: <ul style="list-style-type: none"> • Reconstitution of panels to ensure greater scrutiny and supportive challenge. • 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 (<i>to be approved</i>). 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 Permanence Tracking meetings (per locality attended by Access to Resources) chaired by the Independent Reviewing Service Manager to ensure no drift in care planning decisions, and support the identification of foster carers suitable for SGO/permanence arrangements. These meetings will also consider children in externally funded placements, ensuring that the authority is maximizing opportunities for discounts (length of stay/siblings), volume and recognising potential lower cost options in line with each child's care plan. • Additional investment in the recruitment and retention of the in-house fostering service to increase the number of fostering households over a three year period. • Recalculation of the Unaccompanied Asylum Seeking Children (UASC) Transfer Scheme allotment (0.07% of the 0-18 year old population to 0.06% - the aim that this will create greater capacity within the local market in the long term). • Access to the Staying Close, Staying Connected Department for Education (DfE) initiative being piloted by a local charity offering 16-18 year old LAC 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 LAC for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care. 				
8) Home to School Transport – Special	7,871	6,444	1,600	20%
Home to School Transport – Special is reporting an anticipated £1.6m overspend for 2018/19. This is largely due to a 20% increase in pupils attending special schools between September 2017 and September 2018 and a 13% increase in pupils with Education Health Care Plans (EHCPs) over the same period, linked to an increase in complexity of need. This has meant that more individual transport with a passenger assistant to support the child/young person is needed. Further, there is now a statutory obligation to provide post-19 transport putting further pressure on the budget. Actions being taken to mitigate the position include <ul style="list-style-type: none"> • A review of processes in the Social Education Transport and SEND teams with a view to reducing costs • A strengthened governance system around requests for costly exceptional transport requests • A change to the process around Personal Transport Budgets to ensure they are offered only when they are the most cost-effective option alongside the promotion of the availability of this option with parents/carers to increase take-up • Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently. 				

Some of these actions will not result in an immediate reduction in expenditure, but will help to reduce costs over the medium term.

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
9) Strategic Management - Children & Safeguarding	3,747	3,293	500	13%
<p>The Children and Safeguarding Director budget is forecasting a £500k over spend.</p> <p>The C&S Directorate is estimated to under-achieve its vacancy saving target of £1.2m by £500k. This is a very testing target and vacancies have not occurred at the rate needed to achieve the target. Also, in the Safeguarding teams, agency use has been necessary to fulfil our statutory safeguarding responsibilities by covering vacant posts.</p> <p><u>Actions being taken:</u></p> <p>In the recent Ofsted inspection, inspectors said that one of the most important issues for us to tackle was that of caseloads which are too high in some parts of the service. High caseloads is partly the result of vacancies. We therefore need to assess the extent to which vacancy savings are realistic within children's services.</p>				
10) Children in Care	14,769	14,293	1,184	8%
<p>The Children in Care budget is forecasting a £1.184m over spend.</p> <p>The UASC U18 budget is currently forecasting a £250k overspend which is a reduction of £50k since last month.</p> <p>As of the 28 January 2019 there were 83 under 18 year old UASC (84 end Dec 2018). Support is available via an estimated £2.5m Home Office grant but this does not fully cover the expenditure.</p> <p>Semi-independent accommodation for this age range has traditionally been possible to almost manage within the grant costs but the majority of the recent arrivals have been placed in high cost placements due to the unavailability of lower cost accommodation.</p> <p>The UASC Leaving Care budget is forecasting a £426k overspend.</p> <p>Support is available via an estimated £525k Home Office grant but this does not fully cover the expenditure. We are currently supporting 108 (End Dec 2018) UASC care leavers of which 32 young people have been awaiting a decision from the Home Office on their asylum status for between 1 and three years. The £536k overspend is partially offset by £50k from the migration fund and £60k from the 14-25 team budget.</p> <p><u>Actions being taken:</u></p> <p>The team proactively support care leavers in claiming their benefit entitlements and other required documentation and continue to review all high cost placements in conjunction with commissioning colleagues but are restricted by the amount of lower cost accommodation available.</p> <p>The Staying Put budget is currently forecasting a £223k overspend.</p> <p>The overspend is a result of the increasing number of staying put arrangements agreed for Cambridgeshire children placed in external placements, the cost of which is not covered by the DFE grant. We currently support 12 in-house placements and 12 independent placements and the DCLG grant of £171k does not cover the full cost of the placements. Staying put arrangements are beneficial for young people, because they are able to remain with their former foster carers while they continue to transition into adulthood. Outcomes are much better as young people remain in the nurturing family home within which they have grown up and only leave they are more mature and better prepared to do so.</p> <p><u>Actions being taken:</u></p> <p>The fostering service are undertaking a systematic 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>				

The Supervised Contact budget is forecasting an over spend of £235k. This is a reduction of £40k since last month due to better management of contact over weekends.

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
Children in Care continued <p>The overspend is due to the use of additional relief staff and external agencies required to cover the current 233 (end Jan 2019) Supervised Contact Cases (225 end Dec) which equate to 711 (756 end Dec) supervised contact sessions a month. 335 (343 end Dec) children are currently open to the service.</p> <p><u>Actions being taken:</u> An exercise is underway reviewing the structure of Children's Services. This will focus on creating capacity to meet additional demand.</p>				
11) Adoption	5,282	5,052	373	7%
<p>The Adoption budget is forecasting a £373k over spend. This is an increase of £125k since last month due to a £60k increase in the forecast of Adoption/SGO allowances and provision of a further two external inter agency placements (£65k) in the adoption budget.</p> <p>In 2018/19 we forecast additional demand on our need for adoptive placements. We have re-negotiated our contract with Coram Cambridgeshire Adoption (CCA) based on an equal share of the extra costs needed to cover those additional placements. The increase in Adoption placements is a reflection of the good practice in making permanency plans for children outside of the looked after system and results in reduced costs in the placement budgets.</p>				
12) Strategic Management – Education	3,943	977	-264	-7%
<p>Mitigations of 264k have been found across the Education Directorate. £178k of this is due to a review of ongoing commitments and using one-off sources of funding to offset pressures emerging across the directorate.</p> <p>The remaining £85k is an over-recovery on vacancy savings due to holding recruitment on a number of vacant management posts while a review of the overall Education structure is undertaken in conjunction with Peterborough.</p>				
13) Schools Partnership Service	420	459	106	25%
<p>Schools Forum took the decision to discontinue the de-delegation for the Cambridgeshire Race Equality & Diversity Service (CREDS) from 1st April 2018, resulting in service closure. The closure timescales have led to a period of time where the service was running whilst staff worked their notice periods. Without any direct funding this led to a resulting pressure of £176k. This will be a pressure in 2018/19 only, and has been partially mitigated by underspends in other areas of the Schools Partnership Service.</p>				

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
14) SEND Specialist Services	51,867	55,566	9,231	18%

SEND Specialist Services (0-25 year)

The SEND service is forecasting a £9.2m overspend in 2018/19. £8m of this pressure is Dedicated Schools Grant expenditure which will be managed within the overall DSG resources and carried forward as a deficit balance into 2019/20. £1.2m of this is a base budget pressure on the Council's bottom line. We saw a net increase of 500 Education, Health and Care Plans (EHCPs) over the course of the 2017/18 academic year (13%) and have been averaging an additional 10 EHCPs a week throughout the 2018/19 academic year. This increase in numbers, as well as an increase in complexity of need, has caused pressures across all elements of the SEN budget:

High Needs Top Up Funding - £4.46m 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.

Funding to Special Schools and Units - £2.59m 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.

SEN Placements - £0.3m DSG overspend

The SEN Placements forecast overspend has decreased by £0.250m this month, the majority of which is due to increased contributions from partners. The overspend is due to a combination of factors, including:

- Placement of one young person in out of county school needing residential provision, where there is appropriate educational provision to meet needs.
- Placement of a young person in out of county provision as outcome of SENDIST appeal.
- We are currently experiencing an unprecedented increase in requests for specialist SEMH (social, emotional and mental health) provision. Our local provision is now full, which is adding an additional demand to the high needs block.

The first of these pressures highlights the problem that the Local Authority faces in accessing appropriate residential provision for some children and young people with SEN. Overall there are rising numbers of children and young people who are LAC, have an EHCP and have been placed in a 52 week placement. These are cases where the child cannot remain living at home. Where there are concerns about the local schools meeting their educational needs, the SEN Placement budget has to fund the educational element of the 52 week residential placement; often these are residential schools given the level of learning disability of the young children, which are generally more expensive.

In addition, there are six young people not able to be placed in county due to lack of places in SEMH provision. Some of these young people will receive out of school tuition package whilst waiting for a suitable mainstream school placement, with support. Others have needs that will not be able to be met by mainstream school, and if no specialist places are available in county, their needs will have to be met by independent/out county placements.

Out of School Tuition - £0.8m DSG overspend

The forecast overspend has increased by £0.5m this month due to a combination of extended provision and also new tuition packages being put in place due to placement breakdowns. This is a continuation of the current theme experienced to date this financial year, resulting in a higher number of children accessing tuition packages than the budget can accommodate.

There has been an increase in the number of children with an Education Health and Care Plan (EHCP) who are awaiting a permanent school placement.

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:

- 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.

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.

SEND Specialist Services - £1.02m overspend, £0.126m DSG underspend £1.2m base budget overspend

SEND Specialist Services is reporting a £1.02m pressure. This is made up of

- Educational Psychologists – Educational Psychologists have a statutory role in signing off EHCPs. Increasing demand for EHCPs, along with recruitment issues meaning that costly locum staff are being used, creating a pressure on the budget.
- Access & Inclusion – there has been an increase in the number pupils without EHCPs being excluded leading to Out of School tuition being required. This has led to a pressure on the Access & Inclusion budget.
- Under-recovery on income generation – increased demand across the service has reduced the capacity of staff to leading to an under-recovery on income generation.

Early Years Specialist Support - £0.13m DSG overspend

Early Years Specialist Support is reporting a £130k pressure. This is due to a combination of tribunal decisions resulting in two high cost provisions being agreed, as well as legal costs incurred over and above the service's SLA.

Mitigating Actions:

In order to mitigate these pressures the following actions are being taken:

- A focus on financial control including a detailed analysis of high cost expenditure to assess whether the current level support is required and, if so, whether the support could be provided in a more cost-effective manner
- An overall review of SEND need across Cambridgeshire, the available provision, and the likely need in future years. This work will inform decision around the development of new provision to ensure that more need can be met in an appropriate manner in county, reducing the number of children and young people who are placed in high-cost, independent or Out of County provision. This will include working with FE providers to ensure appropriate post-16 provision is available.
- Proposal to create an in-house "bank" of teachers, tutors, teaching assistants or specialist practitioners and care workers in order to achieve a cost of providing out of school tuition.
- Move to a dynamic-purchasing system for SEN Placements and Out of School Tuition to provide a wider, more competitive market place, reducing unit costs
- Enhance the preventative work of the Statutory Assessment Team by expanding the SEND District Team, so that support can be deployed for children with an EHCP, where currently the offer is minimal and more difficult to access;
- Creation of an outreach team from the Pilgrim PRU to aid quicker transition from tuition or inpatient care, back into school; and
- Review of existing tuition packages to gain a deeper understanding of why pupils are on tuition packages and how they can be moved back into formal education.
- A review of the Educational Psychologist offer, including a focus on recruiting permanent staff to

mitigate the high locum costs.

Service	Budget 2018/19	Actual	Forecast Outturn Variance	
	£'000	£'000	£'000	%
15) 0-19 Organisation & Planning	3,742	3,244	-200	-5%
<p>0-19 Organisation & Planning is currently forecasting a £200k surplus due to a combination of income over recovery and vacancy savings. £150k of this surplus is council revenue budget, the remaining £50k is Dedicated Schools Grant.</p> <p>Attendance and Behaviour is reporting over recovery of £120k. This is due to changes to the Council's attendance processes and criteria for the issuing of Penalty Notices (PNs) for non-school attendance. There has been an increase level in the numbers of PNs being issued and the associated income generated. The remainder of the surplus is due to a combination of charging for academy conversions and an increase in appeals income as well as vacancies within the Admissions service.</p>				
16) Home to School / College Transport – Mainstream	8,742	6,406	300	3%
<p>Home to School Transport – Mainstream is reporting an anticipated £300k overspend for 2018/19. While savings were achieved as part of the annual tender process we have seen significantly higher costs being quoted for routes in some areas of the county than in previous years, which has challenged both our ability to make savings, as well as increasing the cost of any routes which need to be tendered during the course of the year. Where routes are procured at particularly high rates these are agreed on a short-term basis only with a view to reviewing and retendering at a later date in order to reduce spend where possible.</p> <p>There have also been pressures due to a higher than usual number of in-year admissions requests where the local school is full. These situations require us to provide transport to schools further away, outside statutory walking distance. The effect on the Transport budget is taken into account when pupils are placed in-year which is resulting in a smaller pressure on the budget than would otherwise be the case.</p>				
17) Executive Director	802	654	504	63%
<p>The Executive Director Budget is currently forecasting an overspend of £504k. This is mainly due to costs of the Mosaic project that were previously capitalised being moved to revenue.</p> <p>Changes in Children's Services, agreed at the Children's and Young People's Committee, have led to a change in approach for the IT system for Children's Services. At its meeting on 29th May General Purposes Committee supported a recommendation to procure a new Children's IT System that could be aligned with Peterborough City Council. A consequence of this decision is that the Mosaic system will no longer be rolled out for Children's Services. Therefore £504k of costs for Mosaic, which were formerly charged to capital, will be a revenue pressure in 2018/19.</p>				
18) Central Financing	3,504	52	-3,733	-107%
<p>The underspend within the Central Financing policy line reflects the allocation of the £3.413m smoothing fund reserve to support Children's Services pressures, as recommended by CYP Committee and approved by General Purposes Committee. In addition, unused accruals within A&S and Education have contributed a further £250k and £70k respectively.</p>				
19) Financing DSG	-59,680	-49,733	-8,038	-13%
<p>Within P&C, spend of £59.7m is funded by the ring fenced Dedicated Schools Grant. A contribution of £8.04m has been applied to fund pressures on a number of High Needs budgets including High Needs Top Up Funding (£4.46m), Funding to Special Schools and Units (£2.59m), Out of School Tuition (£0.79m), SEN Placements (£0.25m), Early Years Specialist Support (£0.13m), 0-19 Organisation & Planning (-£0.05m) and SEND Specialist Services (-£0.13m).</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
Better Care Fund	Cambs & P'Boro CCG, and Ministry of Housing and Local Government	26,075
Social Care in Prisons Grant	DCLG	318
Unaccompanied Asylum Seekers	Home Office	2,994
Staying Put	DfE	171
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	2,031
Children's Social Care Innovation Grant (MST innovation grant)	DfE	313
Opportunity Area	DfE	3,400
Opportunity Area - Essential Life Skills	DfE	978
Adult Skills Grant	Skills Funding Agency	2,123
AL&S National Careers Service Grant	European Social Fund	164
Non-material grants (+/- £160k)	Various	148
Total Non Baselined Grants 2018/19		39,664

Financing DSG	Education Funding Agency	59,680
Total Grant Funding 2018/19		99,343

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

Directorate	Grant Total £'000
Adults & Safeguarding	26,513
Children & Safeguarding	5,678
Education	3,422

Community & Safety	4,050
TOTAL	39,664

APPENDIX 4 – Virements and Budget Reconciliation

Virements between P&C and other service blocks:

	Eff. Period	£'000	Notes
Budget as per Business Plan		239,124	
Strategic Management – Education	Apr	134	Transfer of Traded Services ICT SLA budget to Director of Education from C&I
Childrens' Innovation & Development Service	Apr	74	Transfer of Traded Services Management costs/recharges from C&I
Strategic Management – Adults	June	-70	Transfer Savings to Organisational Structure Review, Corporate Services
Strategic Management – C&S	June	295	Funding from General Reserves for Children's services reduced grant income expectation as approved by GPC
Children in Care	June	390	Funding from General Reserves for New Duties – Leaving Care as approved by GPC
Strategic Management – Commissioning	Sept	-95	Transfer of Advocacy budget to Corporate
Central Financing	Sept	3,413	Financing Items, Use of Smoothing Fund Reserve as per GPC
Children's Centres Strategy	Oct	-12	Transfer of Bookstart contribution to Planning & Economy
Strategic Management – Commissioning	Dec	-14	Children's Commissioning contribution towards CCC Shared Services saving target
Integrated Front Door	Jan	-62	Transfer of Budget from Head of Service - Multi-Agency Safeguarding Hub to Contact centre
Budget 2018/19		243,175	

APPENDIX 5 – Reserve Schedule as at January 2019

Fund Description	Balance at 1 April 2018	2018/19		Year End Forecast 2018/19	Notes
		Movements in 2018/19	Balance at January 2019		
	£'000	£'000	£'000	£'000	
<u>General Reserve</u>					
P&C carry-forward	0	0	0	-4,830	Overspend £4,830k applied against General Fund.
subtotal	0	0	0	-4,830	
<u>Equipment Reserves</u>					
IT for Looked After Children	64	0	64	0	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend)
subtotal	64	0	64	0	
<u>Other Earmarked Reserves</u>					
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	55	0	55	0	Programme of community mental health resilience work (spend over 3 years)
Home to School Transport Equalisation reserve	116	-38	77	0	Equalisation reserve to adjust for the varying number of school days in different financial years
Disabled Facilities	38	0	38	0	Funding for grants for disabled children for adaptations to family homes.
Community & Safety					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	60	0	60	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	140	Providing cultural experiences for children and young people in Cambs
Cross Service					
Other Reserves (<£50k)	42	-42	0	0	Other small scale reserves.
subtotal	664	-80	584	351	
TOTAL REVENUE RESERVE	728	-80	648	-4,479	

Fund Description	Balance at 1 April 2018	2018/19		Year End Forecast 2018/19	Notes
		Movements in 2018/19	Balance at January 2019		
	£'000	£'000	£'000	£'000	
<u>Capital Reserves</u>					
Devolved Formula Capital	717	0	717	0	Devolved Formula Capital Grant is a three year rolling program managed by Cambridgeshire Schools.
Basic Need	0	27,532	27,532	27,532	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	1,260	1,265	0	£5k Universal Infant Free School Meal Grant c/fwd.
Other Adult Capital Reserves	56	4,141	4,197	0	Adult Social Care Grant to fund 2018/19 capital programme spend.
TOTAL CAPITAL RESERVE	779	32,932	33,710	27,532	

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2018/19					TOTAL SCHEME	
Original 2018/19 Budget as per BP £'000	Scheme	Revised Budget for 2018/19 £'000	Actual Spend (Jan 19) £'000	Forecast Outturn (Jan 19) £'000	Total Scheme Revised Budget £'000	Total Scheme Forecast Variance £'000
	Schools					
44,866	Basic Need – Primary	34,189	26,311	32,923	309,849	7,278
35,502	Basic Need - Secondary	36,939	20,557	30,395	274,319	0
1,222	Basic Need - Early Years	1,488	2	1,488	6,126	0
2,400	Adaptations	2,381	2,439	2,600	7,329	0
3,476	Specialist Provision	486	12	516	26,631	6,870
2,500	Condition & Maintenance	2,500	4,663	4,001	11,275	0
1,005	Schools Managed Capital	2,947	19	2,947	25,500	0
100	Site Acquisition and Development	100	179	100	200	0
1,500	Temporary Accommodation	1,500	896	954	13,000	0
295	Children Support Services	370	18	415	2,850	75
5,565	Adult Social Care	5,565	5,491	5,565	43,241	0
-12,120	Capital Variation	-10,469	0	0	-58,337	1,651
1,509	Capitalised Interest	1,509	0	1,509	8,798	0
87,820	Total P&C Capital Spending	79,505	60,587	83,413	670,781	15,874

Basic Need - Primary £7,278k increase in scheme cost

A total scheme variance of £7,278k has occurred due to changes since the Business Plan was approved in response to adjustments to development timescales and updated school capacity information. The following schemes require the cost increases to be approved by GPC for 2018/19;

- St Ives, Eastfield / Westfield / Wheatfields; £7,000k overall scheme increase of which £300k will materialise in 2018/19. The scope of the project has changed to amalgamate Eastfield infant & Westfield junior school into a new all through primary. The scheme is currently subject to a further review by the CYP Committee.
- St Neots, Wintringham Park; £5,150k increase in total scheme cost. £3,283k will materialise in 2018/19. Increased scope to build a 3FE Primary and associated Early Years, Offset by the deletion of the St Neots Eastern Expansion scheme.
- Wing Development; £400k additional costs in 2018/19. New school required as a result of new development. Total scheme cost £10,200k, it is anticipated this scheme will be funded by the ESFA as an approved free school and S106 funding.
- Bassingbourn Primary School; £3,150k new scheme to increase capacity to fulfil demand required from returned armed forces families. £70k expected spend in 2018/19.

The following scheme has reduced in cost since Business Plan approval.

- St Neots – Eastern expansion; £4,829k reduction. The only requirement is spend on a temporary solution at Roundhouse Primary. Wintringham Park scheme will be progressed to provide places.

Basic Need - Primary £1,266k slippage

The following Basic Need Primary schemes have experienced slippage in 2018/19 as follows;

- Waterbeach Primary scheme has experienced slippage of £631k due to start on site now being January 2019, a one month delay. The contract length has also increased from 13 to 15 months.
- North West Cambridge (NIAB) scheme has incurred accelerated spend of £50k to undertake initial ground works within the planning permission timescales.
- Wyton Primary has experienced £149k slippage due to slighter slower progress than originally expected.
- St Neots – Eastern expansion has experienced £35k slippage as a proportion of costs will not be due until 2019/20 financial year.
- Ermine Street Primary has experienced £140k slippage due to revised phasing of the scheme.
- Littleport 3rd Primary has experienced £180k slippage as the scheme is now not required until September 2021.
- Sawtry Infant School £237k and Sawtry Junior school £178k due to the schemes currently being halted, until the outcome of a planning application for a new housing development is known which could impact scope of provision required.
- Chatteris additional primary places has incurred slippage of £150k due to the delay in the start of works, this will have no impact on the completion date of summer 2020.
- St Ives, Eastfield / Westfield scheme has experienced overall slippage of £480k due to delays in agreeing the scope and the financial envelop of the project. This project is currently subject to a Member review.
- Bellbird Primary, Sawston has experienced £111k slippage due to a 4-5week delay on site arising from delays in co-ordination of the steelwork and beams.

The slippage above has been offset by accelerated expenditure incurred on Meldreth, Fulbourn and Bassingbourn where progress is ahead of originally planned.

Isle of Ely Primary has experienced £432k overspend on the total project budget due to additional cost of soil removal. This cost was approved by corporate property colleagues, but was not budgeted within the original scope of works.

Basic Need - Secondary £6,544k slippage

The following Basic Need Secondary schemes have experienced slippage in 2018/19 as follows;

- Northstowe Secondary & Special has experienced £4,200k slippage due to a requirement for piling foundations on the site, which will lead to an increase in scheme cost and also extend the build time, some initial slippage has been regained due to full works being able to commence on site.
- Alconbury Weald Secondary & Special is, to date, forecast to experience £200k slippage as, currently, there is no agreed site for the construction. Scheme expected to be delivered for September 2022 in line with the timetable set by the ESFA for this new free school scheme.
- Cambourne Village College is not starting on site until February 2019 for a September 2019 completion the impact being £1,599k slippage.
- North West Fringe School; £350k slipped as the scheme has not yet progressed.
- Cromwell Community College has experienced £100k slippage in October 2018 as early highways works to the site have been delayed to enable a bigger highways element to be undertaken in summer 2019.
- Wisbech Secondary scheme has experienced £100k of accelerated spend as works were expected to commence ahead of anticipated schedule, however there has been a further delay due to potential revised scope.

Specialist Provision £6,870k increase in scheme cost

Highfields Special School has experienced £250k additional cost in 2018/19. New scheme to extend accommodation for the current capacity and create teaching space for extended age range to 25 total cost £6,870k

Adaptations £219k accelerated spend

Morley Memorial Primary Scheme is experiencing accelerated spend as works is progressing slightly ahead of the original planned timescales. The final accounts will be settled in 2018/19.

Condition, Maintenance and Suitability £1,501k 2018/19 overspend

Condition & Maintenance; £1,501k overspend is due a number of unplanned emergency projects requiring urgent attention to ensure the schools concerned remained operational and to maintain schools condition.

Schools Managed Capital

The revised budget for Devolved Formula capital has reduced by £123k due to government confirming the funding for 2018/19 allocations.

Temporary Accommodation £546k 2018/19 underspend.

£546k underspend in 2018/19 as the level of temporary mobile accommodation was lower than initially anticipated as part of the Business Planning process.

Children's Minor Works and Adaptions £75k increased scheme costs. £45k 2018/19 overspend.

Additional budget to undertake works to facilitate the Whittlesey Children's Centre move to Scaldgate Community Centre. There has also been a further increase in the cost of the Scaldgate scheme resulting in an estimated £45k overspend in 2018/19.

P&C Capital Variation

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

2018/19					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (Jan 19) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (Jan 19) £000
P&C	-10,469	-6,561	-6,561	62.7	3,908
Total Spending	-10,469	-6,561	-6,561	62.7	3,908

6.2 Capital Funding

2018/19				
Original 2018/19 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2018/19 £'000	Forecast Funding Outturn (Jan 19) £'000	Forecast Funding Variance - Outturn (Jan 19) £'000
24,919	Basic Need	24,919	24,919	0
4,043	Capital maintenance	4,202	4,202	0
1,005	Devolved Formula Capital	2,947	2,947	0
4,115	Adult specific Grants	4,171	4,171	0
5,944	S106 contributions	6,324	6,324	0
833	Other Specific Grants	833	833	0
1,982	Other Capital Contributions	1,982	1,982	0
47,733	Prudential Borrowing	36,881	40,789	3,908
-2,754	Prudential Borrowing (Repayable)	-2,754	-2,754	0
87,820	Total Funding	79,505	83,413	3,908

APPENDIX 7 – Performance at end of December 2018

Outcome		Adults and children are kept safe								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of adult safeguarding enquiries where outcomes were at least partially achieved	Adults & Safeguarding	73.0%	87.0%	95.0%	2017/2018	↑	On Target (Green)	n/a	n/a	Performance is improving as the 'Making Safeguarding Personal' agenda become imbedded in practice
% of people who use services who say that they have made them feel safer	Adults & Safeguarding	84.8%	86.3%	83.2%	2017/2018	↓	Within 10% (Amber)	n/a	n/a	Performance has fallen since last year's survey, however the change is not considered statistically significant based on the survey methodology used.
Rate of referrals per 10,000 of population under 18	Children & Safeguarding	37.0	n/a	24.7	Dec	↑	No target	443.5	552.5	The referral rate decreased this month.
% children whose referral to social care occurred within 12 months of a previous referral	Children & Safeguarding	19.5%	20.0%	18.7%	Dec	↑	On Target (Green)	22.6%	21.9%	Re-referrals to children's social care decreased this month. It is below average in comparison with statistical neighbours and the England average.

Outcome		Adults and children are kept safe								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Number of children with a Child Protection Plan per 10,000 population under 18	Children & Safeguarding	36.6	30.0	38.0	Dec	↓	Off target (Red)	41.6	45.3	During December the number of children with a Child Protection plan increased from 492 to 510.
Proportion of children subject to a Child Protection Plan for the second or subsequent time (within 2 years)	Children & Safeguarding	14.6%	5%	21.4%	Dec	↓	Off target (Red)	N/A	N/A	In December there were 9 children subject to a child protection plan for the second or subsequent time. NOTE: Target added in July 2018.
The number of looked after children per 10,000 population under 18	Children & Safeguarding	56.8	40	57.0	Dec	↓	Off target (Red)	46.3	64	At the end of December there were 767 children who were looked after by the Local Authority and of these 87 were unaccompanied asylum seeking children and young people.
Number of young first time entrants into the criminal justice system, per 10,000 of population compared to statistical	Community & Safety	2.18	n/a	1.13	Q2	↑	No target			Awaiting comparator data to inform target setting

Outcome	Adults and children are kept safe									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
neighbours										

Outcome	Older people live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Number of contacts for community equipment in period	Adults & Safeguarding		n/a				No target	n/a	n/a	New measure, currently in development
Number of contacts for Assistive Technology in period	Adults & Safeguarding		n/a				No target	n/a	n/a	New measure, currently in development
ASCOF 2D: % of new clients where the sequel to Reablement was not a long-term service.	Adults & Safeguarding	92.9%	77.8%	93%	2017/2018	↑	On Target (Green)	n/a	77.8%	Performance continues to improve, and is well above the national average.

Outcome		Older people live well independently								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Average monthly number of bed day delays (social care attributable) per 100,000 18+ population	Adults & Safeguarding	153	114	157	Nov-18	↑	Off target (Red)	n/a	n/a	<p>In November 2018, there were 921 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 680 delays – a 35% increase. 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.</p> <p>Delays in arranging residential, nursing and domiciliary care for patients being discharged from Addenbrooke's remain the key drivers of ASC bed-day delays.</p>
Proportion of requests for support where the outcome was signposting, information or advice only	Adults & Safeguarding	39.7%	55.0%	44.1%	2017/2018	↑	Off target (Red)	n/a	n/a	<p>Performance at this indicator is improving as Adult Early Help & Neighbourhood Cares teams employ use of community and voluntary resources. Recording of these types of services is also improving as contact outcomes are recorded with more detail in Mosaic.</p>
Number of new people receiving long-term care per 100,000 of population	Adults & Safeguarding	228.4	408	289.6	2017/2018	↓	On Target (Green)	n/a	n/a	<p>Although a greater number of people went on to receive long-term care compared to the previous year, the numbers compare favourably to target which is based on average rate for local authorities in the Eastern region.</p>

Outcome		Older people live well independently								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
BCF 2A PART 2 - Admissions to residential and nursing care homes (aged 65+), per 100,000 population	Adults & Safeguarding	164.8	282.0 (Pro-rata)	195.6	Sep*	↑	On Target (Green)	n/a	n/a	<p>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.</p> <p>N.B. This is a cumulative figure, so will always go up. An upward direction of travel arrow means that if the indicator continues to increase at the same rate, the ceiling target will not be breached.</p> <p>*No new data is currently available for this measure during ongoing migration of service data to Mosaic system.</p>

Outcome	People live in a safe environment									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Victim-based crime per 1,000 of population compared to statistical neighbours (hate crime)	Community & Safety	49.90	n/a	49.54	Q2	↑	No target	55.81	69.23	New measure, in development

Outcome	People with disabilities live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of service users (18-64) with a primary support reason of learning disability support in paid employment (year to date)	Adults & Safeguarding	1.4%	3.0% (Pro-rata)	1.4%	Sep*	→	Off Target (Red)	n/a	n/a	<p>Performance remains low. As well as a requirement for employment status to be recorded, unless a service user has been assessed or reviewed in the year, the information cannot be considered current. Therefore this indicator is also dependent on the review/assessment performance of LD.</p> <p>(N.B: This indicator is subject to a cumulative effect as clients are reviewed within the period.)</p> <p>*No new data is currently available for this measure during ongoing migration of service data to Mosaic system.</p>

Outcome		People with disabilities live well independently								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of adults in contact with secondary mental health services in paid employment	Adults & Safeguarding	12.6%	12.5%	14.1%	Dec	↑	On Target (Green)	n/a	n/a	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.
Proportion of adults with a primary support reason of learning disability support who live in their own home or with their family	Adults & Safeguarding	68.0%	72.0%	68.0%	Sep*	→	Within 10% (Amber)	n/a	n/a	Performance is slightly below target, but improving generally. *No new data is currently available for this measure during ongoing migration of service data to Mosaic system.
Proportion of adults in contact with secondary mental health services living independently, with or without support	Adults & Safeguarding	81.3%	75.0%	81.3%	Dec	→	On Target (Green)	n/a	n/a	Performance is above target.
Proportion of adults receiving Direct Payments	Adults & Safeguarding	23%	27%	23.0%	Dec	→	Off target (Red)	n/a	n/a	Target has been increased in line with the average of local authorities in the Eastern region causing performance to fall more than 10% short of the new target. Performance is slightly below target, and continues to fall gradually.

Outcome	People with disabilities live well independently									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of carers who are satisfied with the support or services that they have received from social services in the last 12 months	Adults & Safeguarding	41.6%	38.9%	35.1%	2016/2017	↓	Within 10% (Amber)	38.9%	39.0%	Performance at this indicator is calculated using data from the biennial carer survey. The 2018-2019 survey is currently underway.

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of EHCP assessments completed within timescale	Children & Safeguarding	63.4%	70.0%	70.6%	Dec	↑	On Target (Green)			Performance has improved significantly this month and has gone above target
Number of young people who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding	254.0	n/a	256.0	Dec	↓	No target	213.8	271.1	The rate increased against the previous reporting period. The rate remains higher than statistical neighbours.

Outcome		Places that work with children help them to reach their full potential								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of young people with SEND who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding	738.00	n/a	567	Q2	↑	No target	524		The figure for Q2 is lower than Q1 however it is higher than statistical neighbours
KS2 Reading, writing and maths combined to the expected standard (All children)	Education	58.7%	65.0%	61.4%	2017/18	↑	Within 10% (Amber)	64.7% (2017/18)	64.4% (2017/18)	2017/18 Performance increased but remains below that of the national average.
KS4 Attainment 8 (All children)	Education	47.7	50.1	48.0	2017/18	↑	Within 10% (Amber)	48.2 (2017/18)	46.5 (2017/18)	<p>The 2017/18 Attainment 8 average score increased by 0.3 percentage points in comparison to 2016/17. This is now 2.1 percentage points away from reaching our target.</p> <p>Cambridgeshire is currently 1.5 percentage points above the England figure which remained the same as the 2016/17 figure.</p> <p>The 2017/18 statistical neighbour average increased by 0.7 percentage points.</p>

Outcome	Places that work with children help them to reach their full potential									
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of Persistent absence (All children)	Education	9.2%	8.5%	8.9%	2016/17	↑	Within 10% (Amber)	10.0%	10.8%	2016/17 Persistent absence has reduced from 9.2% to 8.9% and is below both the statistical neighbour and national averages.
% Fixed term exclusions (All children)	Education	3.47%	3.7%	3.76%	2016/17	↓	On target (Green)	4.30%	4.76%	The % of fixed term exclusions rose by 0.5 percentage points in 2016/17 in comparison to the previous year. This is well below the statistical neighbour average and the national figure.
% receiving place at first choice school (Primary)	Education	93.2%	93.0%	94.7%	Sept-18	↑	On target (Green)	91.2%	91.0%	Performance increased by 1.5 percentage points in comparison to the previous reporting period and is above both the statistical neighbour average and the national figure.
% receiving place at first choice school (Secondary)	Education	92.5%	91.0%	87.8%	Sept-18	↓	Within 10% (Amber)	87.2%	82.1%	Performance fell by 4.7 percentage points in comparison to the previous reporting period although it remains above both the statistical neighbour average and the national figure. The statistical neighbour average fell 1.2 percentage points and the national figure fell by 1.4 percentage points in the same period.

Outcome		Places that work with children help them to reach their full potential								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
% of 2 year olds taking up the universal entitlement (15 hours)	Education	66.7%	75.0%	70.7%	Autumn term 2018	↑	Within 10% (Amber)	73.3% (2018 academic year)	71.8% (2018 academic year)	<p>Performance increased by 4 percentage points in comparison to the previous figure for the summer 2018 term. The annual figure reported by the DFE is 68% for 2018 which below both the statistical neighbour average and the England average. The previous figure for 2017 was 79%.</p> <p>The DFE estimate there were 1700 Cambridgeshire two year olds eligible for funded early education in 2018. Of those eligible there were 1140 two year olds taking up the funded early education. 95.6% of these met the economic basis for funding criteria. The remaining 4.4% of two years olds met the criteria on a high-level SEN or disability basis or the looked after or adopted from care basis.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Primary Schools)	Education	82.0%	90%	82.0%	Dec-18	→	Within 10% (Amber)	88.2%	87.3%	<p>Performance has increased by remained the same as the previous month. Both the national figure and the statistical neighbour figures have also remained the same.</p>

Outcome		Places that work with children help them to reach their full potential								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Secondary Schools)	Education	91.0%	90%	91.0%	Dec-18	➡	On target (Green)	84.9%	80.1%	<p>Performance has remained the same since last month and is now above the target and nearly 10 percentage points above the national average.</p> <p>The statistical neighbour figure has increased by 0.3 percentage points and the national figure has decreased by 0.2 percentage points.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Special Schools)	Education	87.0%	100%	87.0%	Dec-18	➡	Off target (Red)	93.4%	93.7%	<p>Performance has remained the same since last month.</p> <p>There are currently 2 schools which received an overall effectiveness grading of requiring improvement and 137 pupils attend these schools in total.</p> <p>The statistical neighbour figure has decreased by 0.5 percentage points and the national figure has decreased by 0.2 percentage points.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Nursery Schools)	Education	100%	100%	100%	Dec-18	➡	On target (Green)	100%	97.9%	<p>Performance is high and has remained the same as the previous month. The national figure and the statistical neighbour average both remain unchanged.</p>

Outcome		The Cambridgeshire economy prospers to the benefit of all residents								
Measure	Responsible Directorate(s)	Previous period	Target	Actual	Date of latest data	Direction of travel (up is good, down is bad)	RAG Status	Stat Neighbours	England	Comments
Proportion of new apprentices per 1,000 of population, compared to national figures	Community & Safety		n/a				No target			New measure in development
Engagement with learners from deprived wards as a proportion of the total learners engaged	Community & Safety		n/a				No target			New measure in development

Savings Tracker 2018-19

End of Quarter 3 - 2018/19

Planned £000	Forecast £000
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2,797	-21,287	-13,764	-2,202	-1,568	-1,374	-18,906	2,381
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Reference	Title	Service	Committee	Investment 18-19 £000	Original Saving 18-19	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	% Variance	RAG	Direction of travel	Forecast Commentary
A/R.6.001	P&C Contribution to Organisational Review Mileage Saving	P&C	P&C Cross Committee	0	-63	-63	0	0	0	-63	0	0.00	Green	↔	On track
A/R.6.111	Physical Disabilities - Supporting people with physical disabilities to live more independently and be funded appropriately	P&C	Adults	0	-440	-110	-110	-110	-110	-440	0	0.00	Green	↔	On track
A/R.6.114	Learning Disabilities - Increasing independence and resilience when meeting the needs of people with learning disabilities	P&C	Adults	786	-3,100	-1,409	-328	-127	-127	-1,991	1,109	35.77	Red	↓	A refreshed scoping of potential savings has been undertaken, and this work has taken into account previous experiences around the complexity and the level of challenge which impact on the pace at which savings can be delivered. In addition we anticipate a challenging round of fee uplift negotiations requiring officer input - these two aspects have resulted in the projected shortfall in savings.
A/R.6.115	Retendering for domiciliary care for people with learning disabilities	P&C	Adults	0	-100	0	-100	0	0	-100	0	0.00	Green	↔	On track
A/R.6.122	Transforming Learning Disability In-House & Day Care Services	P&C	Adults	0	-50	-13	-13	-13	-13	-50	0	0.00	Green	↔	On track
A/R.6.126	Learning Disability - Converting Residential Provision to Supported Living	P&C	Adults	0	-794	-25	0	0	-143	-168	626	78.84	Red	↔	Having better appreciation with level of challenge from family carers, service user advocates and housing providers in the last financial year has resulted in a better understanding of timescales and challenges in this work, and much of this work is expected to deliver in 2019/20 instead.
A/R.6.127	Care in Cambridgeshire for People with Learning Disabilities	P&C	Adults	75	-315	-168	-49	-49	-49	-315	0	0.00	Green	↔	On track
A/R.6.128	Use of grant funding to reduce demand and service pressures	P&C	Adults	0	-7,200	-7,200	0	0	0	-7,200	0	0.00	Green	↔	On track
A/R.6.129	Russell Street Learning Disability Provision Re-design	P&C	Adults	0	-70	0	0	0	-24	-24	46	65.71	Amber	↓	Changes to Russel St are not possible at this time. It was anticipated that this saving could be offset through other efficiencies realised across the In House Provider Services, particularly through vacancy savings. However, due to pressures across the system and the need to use relief staff and agency staff to provide statutory care, this will not be possible and an overall shortfall of £46k is currently forecast
A/R.6.132	Mental Health Demand Management	P&C	Adults	340	-400	-275	-125	0	0	-400	0	0.00	Green	↔	On track
A/R.6.143	Homecare Retendering	P&C	Adults	100	-306	-306	0	0	0	-306	0	0.00	Green	↔	On track
A/R.6.172	Older People's Demand Management Savings	P&C	Adults	116	-1,000	-250	-250	-250	-250	-1,000	0	0.00	Green	↔	On track
A/R.6.173	Adult Social Care Service User Financial Reassessments	P&C	Adults	280	-412	-180	-129	-77	-26	-412	0	0.00	Green	↔	On track
A/R.6.174	Review of Supported Housing Commissioning	P&C	Adults	250	-1,000	-100	0	0	0	-100	900	90.00	Red	↓	The phasing of this saving will now be over several years - a major redesign of some services is needed, and this will need to be done in conjunction with changes in the housing support being provided by district councils. The overall saving delivered will be lower, with the remaining part reversed in the 2019-24 business plan.

Planned £000	Forecast £000
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2,797	-21,287	-13,764	-2,202	-1,568	-1,374	-18,906	2,381
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Reference	Title	Service	Committee	Investment 18-19 £000	Original Saving 18-19	Current Forecast Phasing - Q1	Current Forecast Phasing - Q2	Current Forecast Phasing - Q3	Current Forecast Phasing - Q4	Forecast Saving	Variance from Plan £000	% Variance	RAG	Direction of travel	Forecast Commentary
A/R.6.175	Automation - Mosaic and Adult Business Support Processes	P&C	Adults	0	-150	0	0	0	0	0	150	100.00	Black	↔	Realignment of business support ahead of Mosaic implementation is not expected to deliver this saving in year, but the alignment of support funcitons will be reviewed next year once the Mosaic implementation is complete.
A/R.6.177	Further savings required within Adults Services	P&C	Adults	0	-282	-282	0	0	0	-282	0	0.00	Green	↔	On track
A/R.6.178	Local Assistance Scheme	P&C	Childrens	0	-21	-21	0	0	0	-21	0	0.00	Green	↔	On track
A/R.6.201	Staffing efficiencies in Commissioning	P&C	Childrens	0	-94	-94	0	0	0	-94	0	0.00	Green	↔	On track
A/R.6.204	Childrens Change Programme (later phases)	P&C	Childrens	0	-594	-507	0	0	-87	-594	0	0.00	Green	↔	On track
A/R.6.210	Total Transport - Home to School Transport (Special)	P&C	Childrens	0	-324	-45	-35	-60	-59	-199	125	38.58	Amber	↔	199k of savings have been made through tender rounds and other route efficiencies, however increasing demand means that it is unlikely that the full savings target will be achieved in 2018/19
A/R.6.214	Total Transport - Home to School Transport (Special) - Moving towards personal budgets	P&C	Childrens	0	-100	0	0	0	0	0	100	100.00	Black	↔	An anticipated move to banded PTBs has not taken place so savings are not expected to be achieved in 2018/19.
A/R.6.224	Children's Centres - Building a new service delivery model for Cambridgeshire Communities	P&C	Childrens	0	-772	-772	0	0	0	-772	0	0.00	Green	↑	On track
A/R.6.227	Strategic review of the LA's ongoing statutory role in learning	P&C	Childrens	50	-324	-65	0	-129	-130	-324	0	0.00	Green	↔	On track
A/R.6.244	Total Transport - Home to School Transport (Mainstream)	P&C	Childrens	0	-342	-138	-27	-81	-81	-327	15	4.39	Green	↔	On track
A/R.6.250	Grants to Voluntary Organisations	P&C	Childrens	0	-168	-168	0	0	0	-168	0	0.00	Green	↔	On track
A/R.6.251	Automation - Education and Children's Guidance	P&C	Childrens	0	-100	0	0	0	0	0	100	100.00	Black	↔	As yet no delivery plan in place for this saving and, due to the lead in time needed to achieve savings through automation, it is unlikely that any savings will be achieved in year.
A/R.6.253	LAC Placement Budget Savings	P&C	Childrens	705	-1,500	-669	-1,012	-553	-156	-2,390	-890	-59.33	Blue	↔	On track
A/R.6.254	Looked After Children Transport	P&C	Childrens	50	-100	0	-20	-40	-40	-100	0	0.00	Green	↔	On track
A/R.6.256	Delivering Greater Impact for Troubled Families	P&C	Childrens	45	-150	0	0	-75	-75	-150	0	0.00	Green	↑	On track
A/R.6.257	Automation - Admissions & Additional Automation Initiatives	P&C	Childrens	0	-100	0	0	0	0	0	100	100.00	Black	↔	As yet no delivery plan in place for this saving and, due to the lead in time needed to achieve savings through automation, it is unlikely that any savings will be achieved in year.
A/R.7.101	Early Years subscription package	P&C	Childrens	0	-16	-4	-4	-4	-4	-16	0	0.00	Green	↔	On track
A/R.7.110	Learning Disability - Joint Investment with Health Partners in rising demand	P&C	Adults	0	-900	-900	0	0	0	-900	0	0.00	Green	↔	On track

ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 1st March 2019
Updated 13th March 2019



Cambridgeshire
County Council

Agenda Item: 10

Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

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

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 and Performance Report;
- Agenda Plan, and Appointments to Outside Bodies.

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
21/03/19	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Work Programme Update	F Davies / J Frake Harris	Not applicable	08/03/19	12/03/19
	Better Care Fund – Deep Dive	W Patten	Not applicable		
	Hancock Winter Monies - Update	W Patten	Not applicable		
	Peer Review Action Plan Delivery	C Black	Not applicable		
	Sustainability and Transformation Partnership (STP) – update on the work of the North & South Alliances	N Modha / C Walker J Morrow / N Ayton	Not applicable		

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
<i>14/04/19 Provisional meeting</i>	<i>Utilising for a workshop on Neighbourhood Cares</i>			<i>01/04/19</i>	<i>05/04/19</i>
22/05/19	Procurement of care and support services in extra care schemes – Baird Lodge, Millbrook House, Ness Court, Somers Court and Eden Place	L O'Brien	2019/026	09/05/19	14/05/19
	Housing Related Support – Extension of Contracts	O Hayward	2019/036		
	Deep Dive – Feedback and challenge from our Self-assessment	C Black / W Patten	Not applicable		
	Update on Adults Positive Challenge	T Hornsby	Not applicable		
	Delayed Transfers of Care (DTC) Progress Report (including Market Capacity)	C Black	Not applicable		
	Carers Recommissioning Update	L McManus	Not applicable		
<i>13/06/19 Provisional meeting</i>				<i>31/05/19</i>	<i>05/06/19</i>
04/07/19	Risk Register	C Black	Not applicable	21/06/19	26/06/19
	Annual Complaints Report	C Black / Jo Collinson	Not applicable		
	Deep Dive – Workforce (include Brexit implications)	C Black / W Patten	Not applicable		
	Increasing Care Home Capacity – Work Stream 2	W Patten	Not applicable		
	Adults & Safeguarding Service Directors Report Update	C Black	Not applicable		
	Service Directors Report – Commissioning / Health / Financial	W Patten	Not applicable		
<i>15/08/19 Provisional meeting</i>				<i>02/08/19</i>	<i>07/08/19</i>

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
12/09/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	30/08/19	04/09/19
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Annual Report	F Davies	Not applicable		
	Annual Safeguarding Board Report	R Waite	Not applicable		
	Deep Dive - Reablement	C Black / W Patten	Not applicable		
	Discharge and Transition Cars Contract Award Update	O Hayward	Not applicable		
10/10/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	27/09/19	02/10/19
07/11/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	25/10/19	30/11/19
	Deep Dive – Quality of Social Care Provision (Care Providers)				
	Update on Adults Positive Challenge	C Black / T Hornsby	Not applicable		
12/12/19	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	29/11/19	04/12/19
	Full Evaluation of Neighbourhood Cares	L Tranham / C Black	Not applicable		
	Adults & Safeguarding Service Directors Report Update (includes Self-Assessment)	C Black	Not applicable		
	Service Directors Report – Commissioning / Health / Financial	W Patten	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 (DTOC) Progress Report	C Black	Not applicable		
	Deep Dive – Carers Update				
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>

Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
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		
<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)
- Section 75 Partnership Agreement (Fiona Davies)
- Learning Disability Partnership Section 75 and pooled budget arrangements (Will Patten)

Adults Committee Training Plan 2018/19 – Updated 13 March 19

Agenda item: 10

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:

Date	Timings	Topic	Presenter	Location	Audience
12 April 2018	2:30 - 4:30pm	Adults Positive Challenge	Geoff Hinkins	KV Room	Completed
Friday 12 October 2018	10.30am – 12.30pm This overview will be on the agenda at this Members seminar	An overview of Mental Health	Katrina Anderson	Kreis Viersen Room, Shire Hall, Cambridge.	Completed
Friday 26 October 2018	9.00am – 5.00pm	A service-users journey Induction to early intervention and prevention: - ATT - Adults early help - Sensory - Reablement	Jackie Galwey	Various	Completed
Friday 16 November 2018 OR Wednesday 20 February 2019	10.30am – 12.30pm This overview will be on the agenda at this Members seminar	An overview of the Adults Social Care: - Support plans - Advocacy - Assessments - Performance To include LD, MASH, DoLs	Jackie Galwey	<i>Amunsden House / Hinchingsbrooke Hospital</i>	All Adults Members Completed
Tuesday 6 November 2018	11.30am -1.00pm	Commissioning Services – what services are commissioned and how our services are commissioned across P&C	Oliver Hayward / Shauna Torrance	KV Room	All Members Completed

Date	Timings	Topic	Presenter	Location	Audience
Tuesday 4 December 2018	9.00am – 5.00pm	Introduction to Learning Disability / Physical Disability	Tracey Gurney	Various	Completed
1 February 2019	This overview will be on the agenda at the Members seminar	Positive Behavioural Support Session <i>PROACT SCIP is the Positive behavioural support approach used within LD services, and some Older Peoples services and it stands for: Positive Range of Options to Avoid Crisis and use Therapy – Strategies for Crisis Intervention and Prevention, revised for the UK.</i>	Emily Wheeler	Shire Hall	All Adults Members Completed
14 February 2019 (Utilise reserve meeting)	2.00pm - 5.00pm	Safeguarding: - Overview of Safeguarding - Visit to the Multi-agency Safeguarding Hub (MASH)	Julie Rivett	Chord Park	All Adult Members Completed
12 April 2019	Slot at Members seminar	Adults Positive Challenge	Louise Tranham	Shire Hall	All Adults Members
18 April 2019	Utilise reserve date for Adult Committee Members	Adults Positive Challenge	Louise Tranham	Shire Hall	All Adults Members
Friday 10 May 2019	This overview will be on the agenda at the Members seminar	An overview of Adults Social Care Finance	Stephen Howarth	Shire Hall	All Adults Members
Dates arranged to suit	9.00am – 5.00pm	Introduction to Learning Disability / Physical Disability <i>Visit your local Learning Disability Team or Day Centre. This is an opportunity to meet service users and the teams in their own environment.</i>	Tracey Gurney	Various	All Adults Members
TBC		Site visit - Huntingdon TAG Bikes and Community Garden Project	Emily Wheeler	Huntingdon	All Adults Members

Date	Timings	Topic	Presenter	Location	Audience
TBC		Site Visit – Ely Visit to the Community Café in Ely	Emily Wheeler	Ely	All Adults Members
As and when required		Neighbourhood cares	Louise Tranham	1 Member (tba)	Please contact Lesley Hart to arrange a visit or for further information.
		Counting Every Adult	Tom Tallon	1 Member (tba)	
		Learning Disability Provider Services	Emily Wheeler	1 Member (tba)	
		Discharge Planning Team	Social Worker	1 Member (tba)	

Reserve Committee dates for 2018/19:

- 14 February 2019

