

# ADULTS COMMITTEE



**Date: Thursday, 04 July 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/ccc-conduct-code>

2. **Minutes - 22 May 2019**

**5 - 20**

3. **Petitions and Public Questions**

### DECISIONS

4. **Adult Positive Challenge Reablement Workstream**

**21 - 38**

5. **Adult Social Care Independent Sector - Labour (Workforce) Market Update Report**

**39 - 46**

6. **Service Directors Report Adults and Safeguarding and Commissioning**

**47 - 68**

<b>7.</b>	<b>Finance and Performance Report - May 2019</b>	<b>69 - 116</b>
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## **INFORMATION AND MONITORING**

<b>8.</b>	<b>Adults Committee Agenda Plan</b>	<b>117 - 120</b>
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	<b>Adults Committee Training Plan 2019-20</b>	<b>121 - 124</b>
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## **DECISIONS**

<b>9.</b>	<b>The Haven – Mental Health Supported Accommodation for Older People</b>	<b>125 - 132</b>
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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:** Wednesday 22 May 2019

**Time:** 2.00 pm to 4.20 pm

**Present:** Councillors A Bailey (Chairwoman) A Costello, J French, N Harrison, M Goldsack, M Howell (Vice-Chairman), D Wells, J Whitehead (substituting for Councillor Crawford) and G Wilson.

**Apologies:** Councillor S Crawford.

**174. APOLOGIES FOR ABSENCE AND DECLARATIONS OF INTEREST**

Apologies were received from Councillor Crawford (substituted by Councillor Whitehead) and Councillor Giles.

Councillor Costello declared a disclosable interest under the Code of Conduct in Minute no.178, Housing Related Support (HRS) Services, as she knew a number of the residents at St James Court in Ramsey in a personal capacity. She was not present whilst the item was discussed or for the vote.

**175. NOTIFICATION OF CHAIRMAN/WOMAN AND VICE-CHAIRMAN/WOMAN**

The Committee was advised of the appointment of Councillor Anna Bailey as Chairwoman and Councillor Mark Howell as Vice- Chairman of the Committee by Council for the municipal year 2019-20.

**176. MINUTES AND ACTION LOG – 21 MARCH 2019**

The minutes of the meeting held on 21 March 2019 were agreed as a correct record and signed by the Chairwoman.

Members noted that that the Willow Court tender for contract would be going to the Joint Commissioning Board in June 2019. Members noted the remaining actions on the action plan.

**177. PETITIONS AND PUBLIC QUESTIONS**

The Chairwoman notified the Committee that three requests to speak had been made by members of the public in relation to item 5 on the agenda 'Housing Related Support Review' and one request to speak by the local member for Romsey. The Chairwoman clarified that the requests to speak would be heard as part of item five on the agenda.

**178. HOUSING RELATED SUPPORT (HRS) SERVICES**

The Committee received a report asking them to consider the approach taken to reviewing Housing Related Support Services.

In introducing the report Officers clarified that of the £7.4 million spent on Housing Related Support by the County Council per year, £4.35 million was spent on services for working age adults and £1.2 million was spent on services for older people. Officers explained that it was not a statutory requirement for the County Council to provide Housing Related Support Services, however the Council recognised the potential it had to contribute to the prevention agenda and had continued to invest in these services. The Housing Related Support budget paid for dedicated staff who were able to deliver specialist support to meet specific needs of each person. Cost related to accommodation, such as rent and services charges, were not covered by this funding.

Officers concluded the introduction of the report by confirming that the Committee were being asked to consider and approve the extension to a number of commissioned services for adults as set out in section 2.2 of the report, and to consider and approve the removal of funding for services specified in 2.3.2 of the report.

The Committee heard three Public Speakers in relation to the content of the report.

The first speaker Dr Fiona Blake, Chair of Trustees for Jimmy's spoke in support of the proposals for Jimmy's Assessment Centre. She highlighted that over the last seven years of the contract term with the County Council, the Assessment Centre at Jimmy's had supported over 300 individuals with a move to second stage more sustainable accommodation. She acknowledged that the cut in funding would have an impact on the service that they could provide but that they would be working closely with commissioners and Housing Related Support Providers in the development of innovative and sustainable service transformation reforms to deliver services to the homeless and those who are vulnerable in terms of housing. She hoped that they could seek a sustainable solution beyond the proposed 18 month extension term of the contract.

A Member sought clarification from Dr Blake as to whether Jimmy's was comfortable with the proposed £40,000 cut to funding. Dr Blake acknowledged that they were not completely comfortable with the cut to funding but appreciated the position of the council. She also acknowledged that it was important to assist the council and move forward with future collaborations, calling on their donors to seek to reduce their reliance on the contracts. She concluded that it was a good opportunity but that they knew there were risks and there was a potential impact on service but that they looked to cover this with restructuring.

The Chairwoman explained that the Committee had also received written

comments from Councillor Linda Jones expressing her concerns in relation to the cuts imposed on Jimmy's Assessment Centre (see appendix 1).

The Chairwoman gave a formal response to Dr Blake (see appendix 2).

Before introducing the second speaker the Chairwoman addressed the Committee and stated that a letter had been received from MP Daniel Zeichner in opposition to the proposed cut to funding to An Lac House and the letter had been circulated to the Committee (see appendix 3). She also highlighted that other correspondence had been received from the Cambridge Ethnic Community Forum (see appendix 4) and individuals and relatives of residents of the house.

The second speaker Mrs Trinh Johns, Deputy Chair of the Abbeyfield Cambridgeshire Vietnamese Society/An Lac House, spoke in opposition to the proposed cut to funding for An Lac House. Mrs Johns made five points in her speech focusing on the complex care needs for Vietnamese elderly residents that were currently being met in a culturally appropriate setting at An Lac House. She highlighted their concerns that Vietnamese Elders did not speak English and that currently they had bilingual staff who could support them. The society questioned whether interpretation requirements could be met through the alternative Older Person's Visiting Support Service. She highlighted the view of the society that there would be an increased financial burden to the Council if these needs were to be met through residential or nursing care. She also highlighted the society's view that the County Council's Community Impact Assessment did not acknowledge the disproportionate impact of the proposals on religion and belief.

A Member sought clarification from Mrs Johns on what the practical impact would be in terms of a cut to staffing in relation to the financial impact. Mrs Johns clarified that the figure would be £42,000 a year.

A Member sought further clarification on whether the main part of the money received covered the Manager's position and what their role involved. Mrs Johns explained that this was correct and that the manager checked each room every morning to ensure the welfare of residents, they organised Doctors' appointments and visits to the house, organised shopping every day for the chef and organised lessons and activities to keep the residents active.

A Member questioned whether this was the only scheme of its kind in the Country, how many referrals did they have from outside of the county. A member of the society clarified that three residents were from outside of the county.

The Chairwoman gave a formal response to Mrs Johns (see appendix 5).

Councillor Kavanagh, the local member for Romsey addressed the Committee in relation to his opposition to the cuts proposed for An Lac House. He explained that An Lac House was a hugely important part of the community, and was also important across the county, nationally and

internationally. He drew attention to page 40 of the papers in relation to the negative impacts that were anticipated in the Community Impact Assessment. His view was that there had been a mis-interpretation of equality and diversity and he was not convinced a comprehensive impact assessment has been carried out. He stated that the reputation of the council could be put into question. He highlighted that short term floating support would not be good enough in terms of providing the translating that the residents required. He concluded by stating his view that financially it would cost the council much more in providing alternative support and that the committee should have made this decision under the category of exceptional circumstances.

A Member sought further clarification from Councillor Kavanagh on his concerns in relation to the Impact Assessment. Councillor Kavanagh stated that reading the Impact Assessment on page 40 of the papers, it was vague and lacked depth and he questioned whether it had been carried out properly.

The third public speaker Mr Chris Jenkin, a Trustee of the Cambridge Churches Homeless Project addressed the committee and highlighted the work of the "It Takes a City" (ITAC) initiative emerging from the Cambridge Summit on Homelessness on 29th November 2019. He explained that the ITAC Action Groups were working on digital communications, information development, housing, women, young people, support and employment, and the connections with City and County officials and programmes. He gave endorsement of the direction of travel towards Housing First, but highlighted a concern over scale and timing, given the extremely poor move-on rates currently and the pressure on existing services. He highlighted the current and potential relationship between ITAC and the HRS Review, and the wider Homelessness Transformation Review and the subsequent Cambridgeshire and Peterborough Housing Related Support Commissioning Strategy.

The Chairwoman gave a formal response to Mr Jenkin (see appendix 6).

The Chairwoman thanked all of the public speakers for attending the meeting and sharing their views. She explained that the speakers would receive the formal responses given at the meeting and that they would be included as an appendix to the minutes of the meeting.

In discussing the report:

- A Member questioned why the Alms Houses and An Lac House were in a separate category in the report. The Chairwoman explained that there had been a large review of sheltered housing a number of years ago which had resulted in a move to floating support services. She explained that these contracts should have been included in this review at the time but were not included as they had been in a different budget at the time of the review.

- A Member commented that some individuals were not capable of leaving their accommodation and if the funding were to be taken away, where did the council expect them to go. Officers clarified that Housing Related Support Funding was for support services and did not fund accommodation. If these individuals had care needs they would be assessed to identify the care they required and in this would be acted on in accordance with statutory responsibilities. The review was not about closing down accommodation.
- A Member sought agreement from the Chairwoman that the recommendations of the report be considered separately. The Chairwoman agreed that she would take a vote on each recommendation at the end of the debate.
- A Member sought clarity on the value of the grant funding and the additional costs that might be incurred if An Lac House reduced their staffing who were providing care. The Member requested that the value of grant funding per annum be added to the minutes for clarity as follows:
  - An Lac house - £41,729
  - Jimmy's - £40,000
  - Ramsey Welfare Charity - £8,877
  - Wisbech Charities - £3,357
  - Foundation of Edward Storey - £21,874

Officers explained domiciliary care is very different from Housing Related Support. Domiciliary or home care consists of a series of visits to provide personal care- help with food, washing and other personal care needs and the nature of this care means it is Care Quality Commission Regulated. Officers also explained that many people were successfully supported to live independently in their own home and a lot of work could be done with very little additional support required.

- A member queried the reaction from the Alms Houses in relation to the review as the committee had received no representations from them. Officers clarified that every organisation had the opportunity to engage with the review. Officers had one brief exchange with one of the Alms Houses and the others had accepted the proposals that had been put forward.
- A Member questioned the points raised by the public speaker for An Lac House and asked Officers to clarify whether Housing Related Support Funding would cover care and end of life needs and translation. Officers confirmed that this funding would not cover these needs, as these are met through separately funded services. It was clarified that the funding focused on helping individuals to be independent and to move to a stable environment.
- A Member expressed support for the review and commented that a lot of services had been piecemeal and that there was a need to review

services in the interests of value for money and meeting modern needs and being more responsive. She explained that ideally the homelessness review would have been completed before the decisions were made at committee. She expressed her support of the cut to the budget for Jimmy's after hearing their views. She highlighted her concern that the committee had not heard from representatives from the Alms Houses and welcomed that Willow Walk would be tied in to the wider review.

- A Member questioned whether there was anything unique about the Alms Houses. Officers explained that Alms Houses in general did not have any dedicated on-site support and sought support from the community. The Chairwoman reiterated that that this was the focus of future services in terms of support from the wider community.
- A Member expressed concern that the costs for An Lac House might escalate. Officers explained that there was an equity issues and that all individuals regardless of origin or beliefs needed to be treated on an equal basis. They reiterated that this was a very difficult decision for the committee to make.
- A Member sought further reassurances that the other groups highlighted in 2.3.2 of the report had received adequate consultation on the proposals as there was no representation from them at the committee meeting. Officers reassured the committee that there had been full consultation with all of the concerned parties including visits by officers.

In bringing the discussion to a close, the Chairwoman expressed her support for the Housing First Model and the prevention agenda and encouraged further engagement on this with district colleagues. She clarified that Officers would support An Lac House to look for national funding.

It was resolved unanimously to:

- a) review and approve the approach being taken to review Housing Related Support services.
- b) consider and approve the extension to a number of commissioned services for adults, as described in section 2.2.
- d) committee agree to receive a further report on the detailed progress in autumn 2019.

It was resolved by majority to:

- c) consider and approve the removal of funding for services specified in 2.3.2.

**179. PROCUREMENT OF CARE AND SUPPORT SERVICES IN EXTRA CARE SCHEMES – BAIRD LODGE, EDEN PLACE, MILLBROOK HOUSE, NESS COURT AND SOMERS COURT**

The Committee considered a report outlining the case for tendering the care and support services in Baird Lodge, Eden Place, Millbrook House, Ness Court and Somers Court extra care housing schemes.

In discussing the report Members:

- queried the recommendation to tender all of the services together as one lot and asked if there had been any consultation with the market on this approach . Officers explained that they had chosen this method of tendering to avoid applicants “cherry picking” contracts. No issues were anticipated with the tender process.

It was resolved unanimously to:

- a) agree to tender the care and support services in Baird Lodge, Eden Place, Millbrook House, Ness Court and Somers Court extra care housing schemes.
- b) delegate award of the contract to Executive Director for People & Communities for decision.

**180. RE- COMMISSIONING OF THE DIRECT PAYMENT SUPPORT SERVICE**

The Committee received a report asking them to consider the recommissioning of the Direct Payments Service.

In discussing the report Members:

- Noted that work was underway reviewing the take up of Direct Payments and looking at how the take up could be improved in the future. Officers explained that this work would be fed into the recommissioning process.
- Queried whether there would be any training available for Personal Assistants. Officers explained that a strategy was needed in relation to the take up of Personal Assistants and better communications were required in order to attract individuals to the role.
- Noted that the Council was aware that performance on direct payments needed to improve and Officers had been in discussions with other authorities who were having the same challenges. Officers explained that the main issue was the ability to access the right people to be Personal Assistants and a concern amongst older people about managing the process. A direct payments card had been introduced which had helped to improve the process and make it simpler.
- Requested that Officers ensured that as part of the recommissioning

process there was a target for the successful organisation to increase Direct Payments take-up. They also sought assurances that the organisation had an in depth understanding of the needs across Cambridgeshire and Peterborough, helping individuals to access as much as they could in their communities. Officers explained that the provider would be working alongside the social work teams. Officers explained that the contract had been let in Peterborough and they had seen an increase of uptake of 25%.

It was resolved unanimously that:

- a) the re-commissioning of the Direct Payment Support Service to be in place by 1<sup>st</sup> April 2020.
- b) to agree the delegation of award of contract to the Executive Director, People and Communities.

**181. CAMBRIDGESHIRE COUNTY COUNCIL - ADASS REGIONAL SELF ASSESSMENT UPDATE**

The Committee received a report providing feedback from the external challenge process in relation to the Self Assessment which the committee received for consideration in December 2018.

It was resolved unanimously to:

consider the feedback on the Self Assessment and note how this aligns with actions agreed at the regional challenge event.

**182. ADULTS POSITIVE CHALLENGE UPDATE**

The Committee considered a report providing an update on the Adults Positive Challenge programme with an in depth look at the Technology Enabled Care (TEC) Workstream and the interface with the Think Communities Programme. The report also provided feedback on how the learning from the Neighbourhood Cares Pilots (NCP) had been applied to the programme as it developed.

In discussing the report Members:

- Welcomed the case studies included in the report in particularly how outcomes could be achieved for individuals and their families through the delivery of TEC solutions.
- Queried whether an intercom service using landlines could be reviewed as part of the TEC workstream. Officers agreed to review this as part of the workstream. **ACTION**
- Questioned whether the Council could challenge themselves more in

terms of the targets set. Officers explained that they were currently working on a set of targets and would be taking this into consideration.

It was resolved unanimously to:

- a) consider the content of the report and support the increased use of Technology Enabled Care to support people to live independently, and reduce demand for statutory care and support.
- b) note the interface between Think Communities and Adult Positive Challenge Programme.
- c) reflect on how the learning from the Neighbourhood Cares Pilots is being applied to the wider practice change in the Adult Positive Change Programme.

### **183. DELAYED TRANSFERS OF CARE DTOC PROGRESS REPORT**

The Committee received a report providing an update on progress related to Delayed Transfers of Care (DTOC).

In considering the report Members:

- Discussed the commissioning criteria and the examples given of how the authority could commission differently. Members highlighted their concerns in relation to use of mixed sex wards. Officers explained that this was an NHS responsibility and that sometimes there was a need to be flexible about use of space to make maximum use of capacity. Officers to share these concerns with NHS colleagues.
- Noted that over the last two months there had been some improvements in performance. Officers explained that there had been a review of how delays were recorded and that the brokerage team was now fully staffed. Officers were reviewing the data on a weekly basis.

It was resolved unanimously to note and comment the report.

### **184. FINANCE AND PERFORMANCE REPORT – OUTTURN 2018 – 19**

The Committee considered a report on the 2018/19 outturn Finance and performance report for the People and Communities Service (P&C).

In presenting the report it was noted that People and Communities at the end of the year was overspent by £4.8 million, which was around 2% of the budget, and £180,000 less than the latest forecast. Within these figures Services related to Adults Committee were forecast overall in January an overspend of £1.15 million for the year – around 0.8% of the budget.

In discussing the report Members:

- Congratulated Officers on the huge amount of work that had been done throughout the year to ensure that any overspend was minimal.
- Queried how confident Officers were that the Council would receive the grants that they were expecting. Officers explained that they were confident for this financial year but that there was great uncertainty in relation to April 2020 and this was a major concern, in particular in relation to the Older Peoples budget and continuous price increases.
- Noted that the Social Care Green Paper continued to be delayed by Government.

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

**185. MULTI AGENCY SAFEGUARDING ARRANGEMENTS FOR CAMBRIDGESHIRE AND PETERBOROUGH**

The Committee received a report outlining the new safeguarding arrangements for Cambridgeshire and Peterborough.

In presenting the report Officers explained that there was now one single governance structure for Cambridgeshire and Peterborough for both Adults and Children's Safeguarding and that separate Adults and Children's.

In discussing the report Members:

- Noted that there had been a lot of national interest in the new model as an example of best practice and that the sovereignty of both Councils had been recognised within the model.

It was resolved unanimously to note the report for information.

**186. APPOINTMENTS TO OUTSIDE BODIES**

The Committee considered a report containing the Committees agenda plan and training plan and asking them to consider appointments to outside bodies and internal advisory groups and panels.

In discussing the report Members:

- Noted that Councillor Bailey would be visiting the Isle of Ely Society of the Blind to discuss the Council's representation on their Board.
- Noted that a revised Training Plan would be available at the next meeting.

It was resolved to:

- (i) review its agenda plan attached at Appendix 1 of the report;
- (ii) review its training plan attached at Appendix 2 of the report;
- (iii) agree the appointments to outside bodies as detailed in Appendix 3 of the report and
  - appoint Councillor Howell as the representative for Camsight.
  - appoint Councillor Goldsack as the representative on the Older Peoples Partnership Board.
  - appoint Councillor Howell as the representative on the Adults Safeguarding Board.

**187. DATE OF NEXT MEETING**

Members noted the date of the next meeting as Thursday 4 July 2019.

**Chairwoman**



# ADULTS COMMITTEE

## Minutes Action Log



**Agenda Item No: 2a**  
**Cambridgeshire**  
**County Council**

### Introduction:

This log captures the actions arising from the Adults Committee up to the meeting on **22 May 2019** and updates Members on progress in delivering the necessary actions.

This is the updated action log as at 6 June 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.	Willow Court tender has been awarded to Mears Care Ltd	Complete	

### **Meeting of 18 October 2018**

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
117.	Learning Disability Employment Strategy Update	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.	CCC Benefits Team are currently writing the fact sheet and hope to complete by the end of May. The fact sheet will be circulated to the Operational Teams, and will be made available on the website.  Possibility of workshops hosted by the DWP will be further investigated.	Complete	

Meeting of 10 January 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
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	There is currently a piece of work being undertaken to map in detail the changes being implemented in each work stream and create 3 Key PIs and a suite of other metrics for the each work stream so that impact can be fully understood.	Complete	
		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.	The changing the conversation work stream includes a post hospital discharge element that includes metrics around decreasing the number of hospital admissions for existing clients. The programme will consider whether there is a specific hospital admission reduction target that could be linked to either reablement or ERS or both also. There will also be likely to be hospital admissions related targets identified for the neighbourhoods work stream in relation to the link to the integrated neighbourhood teams and GP networks.	Complete	

Meeting 22 May 2019

Minute No.	Report Title	Action to be taken by	Action	Comments	Status	Review Date
182.	ADULTS POSITIVE CHALLENGE UPDATE	Tina Hornsby	Queried whether an intercom service using landlines could be reviewed as part of the TEC workstream. Officers agreed to review this as part of the workstream.	This will be included in the scope of current work underway to explore the opportunities for aligning lifeline arrangements across the county.	Complete	



**ADULT POSITIVE CHALLENGE REABLEMENT WORKSTREAM**

**To:** Adults Committee

**Meeting Date:** 4 July 2019

**From:** Service Director: Adults and Safeguarding

**Electoral division(s):** All

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

**Purpose:** To provide an update on the Adult Positive Challenge programme with an in-depth look at the Targeted Reablement work stream, and to provide an update on the development of key metrics to monitor progress.

**Recommendation:** The Committee is asked to consider the content of the report and note the work underway in the Reablement work stream.

The Committee is asked to note the progress on tracking the impact of the programme and benefits achieved so far.

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	Tina Hornsby	Names:	Cllr A Bailey, Cllr M Howell
Post:	Head of Service Integration	Post:	Chair/Vice-Chair
Email:	<a href="mailto:Tina.hornsby@cambridgeshire.gov.uk">Tina.hornsby@cambridgeshire.gov.uk</a>	Email:	<a href="mailto:Anna.bailey@cambridgeshire.gov.uk">Anna.bailey@cambridgeshire.gov.uk</a>
Tel:	01480 376338	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 The Adult's Positive Challenge Programme vision is that by 2023 local people will drive the delivery of care, health and wellbeing in their neighbourhoods, delivering a financially sustainable service which will enable a neighbourhood approach which supports more people to live independent and fulfilling lives for longer.
- 1.2 The Adults Positive Challenge Programme has eight work streams in total which all interact positively with each other in order to deliver the overall change, outcomes and financial benefits;
- Neighbourhood Based Operating Model
  - Increasing Carers Support
  - Embedding Technology Enabled Care (TEC)
  - Changing The Conversation
  - Commissioning
  - Targeted Reablement
  - Learning Disability Developing An Enablement Approach
  - Review of Panels

Funding of £3 million has been identified by General Purpose Committee to support transformation proposals to deliver these work streams.

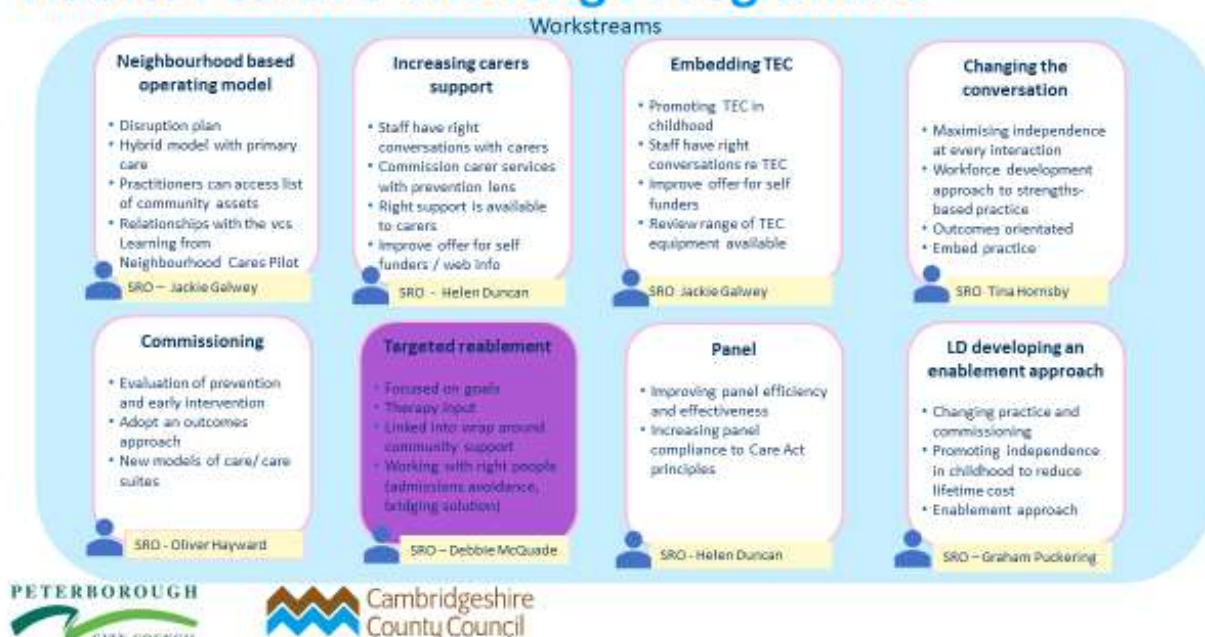
- 1.3 There are regular updates for Committee scheduled to provide detail on progress on the Adult Positive Challenge Programme. This update provides a deeper dive insight into the work being undertaken in the Targeted Reablement work stream and also provides an update on progress in developing key metrics which to monitor the impact of the programme.

## **2. MAIN ISSUES**

### **2.1 Targeted Reablement**

- 2.1.1 Targeted Reablement is one of the work streams within the Adults Positive Challenge Programme. For 2019/20 the overall financial benefits delivery target from Cambridgeshire is £3.8 million, with the reablement work stream targeted to achieve around £1.3 million of that total.
- 2.1.2 The diagram below shows how targeted reablement sits within the wider Adults Positive Challenge programme.

# Adults Positive Challenge Programme



- 2.1.3 The provision of reablement services is covered by The Care Act 2014 Care & Support Statutory Guidance, Section 2, Preventing, reducing or delaying needs. This states that local authorities, with social care responsibilities, must provide or arrange services, resources or facilities that prevent, delay or reduce individual's needs for care and support, or the needs for support of carers.
- 2.1.4 Reablement services are a key element of delivering on this agenda. The act states that where reablement is required, it must be provided free of charge for a period of up to 6 weeks and applies to all adults, irrespective of whether they have eligible needs for ongoing care and support. The Act states that whilst the local authority does have the power to charge for this where it is beyond six weeks, local authorities can consider continuing to provide beyond six weeks free of charge if there are clear preventative benefits to the individual.
- 2.1.5 The primary objectives of the reablement services across Cambridgeshire & Peterborough are to:
- Enable individuals to remain living in the home, and community, of their choice for as long as possible whilst maintaining their optimum level of independence
  - Provide personalised, time limited support for individuals which helps them to meet their aspirations and agreed goals, supports carers, and allows them to exercise choice and control.
  - Deliver targeted, outcome focussed, interventions that prevent and reduce the need for long term care and support in line with comprehensive service criteria
  - Facilitate discharge from hospital at the optimum time for the individual thereby reducing delayed transfers of care within the acute and community hospitals
  - Ensure that ongoing care needs upon discharge from reablement are at the point when the individual has reached optimum levels of independence.
  - Reducing costs for the Councils in terms of managing demand through Adult Early

- Help where reablement is the default before any long term care is considered.
- vii. Reducing the financial cost to the Councils where reviews of service users have identified that a period of reablement may achieve a reduction in their existing care package or reduce the need for increased purchased care provision

2.1.6 Supplementary services are those which are delivered by the reablement services but are in addition to the standard reablement offer. These services include:

- i. **Domiciliary Care** prior to and/or following a period of reablement whilst ongoing domiciliary care is sourced (referred to locally as “bridging”). This would be chargeable.
- ii. **Reablement Flats** specialist care facilities for those who meet the reablement criteria.

2.1.7 The Reablement services in Cambridgeshire and Peterborough are working successfully with many people supported to retain longer term independence and maximised outcomes. However current data to show levels of independence after Reablement suggests that Reablement are working with a cohort of people who may be more capable, or who could recover without reablement support. This would suggest we could target resources on those who would benefit most and therefore provide a higher demand management impact. This provides evidence for potential improvements that will increase the impact of Reablement by targeting the service towards specific cohorts.

2.1.8 The Reablement work stream is addressing this issue by focussing on maximising outcomes, aligning capacity to clients who will benefit the most, and creating a consistent Reablement model across Peterborough and Cambridgeshire. The proposed changes will increase the impact of the Reablement service.

- Cambridgeshire has a higher proportion of people receiving Reablement than their statistical neighbours (23% compared to comparators 10%). This confirms that the service makes a strong contribution as part of the health and social care system and the capacity to maximise outcomes and increase effectiveness.
- In Cambridgeshire over half of clients going through Reablement services leave without any ongoing care (56%). Although it is positive that clients do not have any ongoing care needs, this could demonstrate that the service is working with clients with low needs who may have recovered anyway, instead of targeting the service to more complex clients who may benefit more.
- A significantly lower proportion of people receiving reablement in Cambridgeshire are already receiving Council funded care and support (4%) than in statistically neighbouring areas (10%). The high number of new clients is due to the service providing a high level of support to the hospitals and providing a discharge pathway and a response the capacity issues within the domiciliary care market. There is a significant opportunity to work with an increased number of existing clients to maximise their independence and reduce current or future dependency on adult social care support. This is supported by the fact that in 2018/19 of the 88 clients with existing Council funded care and support that went through reablement 24 (27%) on completing their period of reablement required no further long term care and support.
- In Cambridgeshire, the service is using a high proportion of hours providing “bridging care”, supporting hospital discharge due to the lack of capacity in the domiciliary care market. This was part of the rationale for the expansion of the Reablement service, but reduces the capacity available to deliver reablement to those who might benefit.

## **Anticipated Outcomes or Impact of the Workstream**

2.1.9 The anticipated outcomes for the Reablement workstream are as follows:

1. Improving the quality of life of service users and supporting people to remain as independent as possible for as long as possible
  - Reablement improves independence, prolongs people's ability to live at home and prevents or reduces the need for social care. This opportunity will expand these benefits to existing service users and those with long term conditions such as moderate learning disabilities, supporting them to maximise their independence and reach their potential.
2. Cambridgeshire and Peterborough have a targeted Reablement service that maximises outcomes for clients
  - Reablement reduces, prevents and delays the need for ongoing care by keeping people independent in their homes and reducing the need for long term care and support.
3. All Reablement support is focused on 'reabling' and improving people's outcomes:
  - Every individual has personalised goals set and an action plan that they work towards with Reablement staff to achieve the goals
  - Reablement is not used as a bridging service and staff spend the majority of their time supporting residents to achieve their outcomes
4. Reablement supports the appropriate clients to increase their independence regardless of their entry route
  - Reablement is incorporated into a range of service pathways, including hospital discharge, planned reviews and community referrals.
  - Reablement consideration is incorporated into behaviours and culture so that the service pathways into reablement are followed
5. Reablement are enabled to maximise capacity and increase efficiency of the service
  - Reablement have the training and equipment necessary to perform their roles and provide accurate and consistent performance information
6. There are clear expectations around levels of 'bridging' care in the Reablement service through the creation of a shared service specification
  - Reablement will significantly reduce the volume of bridging to improve outcomes (20% bridging is the target but reliant on commissioning outcomes for domiciliary care)
  - Commissioning will work to stimulate the domiciliary care market

2.1.10 The workstream has designed the following key performance indicators to capture the performance of the workstream:

- RBT 1 Number of people leaving reablement with reduced or no care outcomes
- RBT 2 Number of people leaving reablement with no long term care
- RBT 3 Number of completed reablement episodes
- RBT 4 Number of existing clients receiving reablement
- RBT 5 Percentage of capacity utilised for direct reablement delivery
- Savings attributed to reablement

2.1.11 These KPIs capture the progress on the workstream's key ambitions to:

- Have a more efficient service with a greater proportion of time and capacity to be used directly delivering reablement
- Have a more targeted service which has an increased number of referrals from the communities to reduce the needs of existing service users.
- Have greater parity between CCC and PCC Reablement Services

2.1.12 In order for us to achieve our goal of targeting reablement where it makes most impact there will also be using locally captured qualitative information. For example rather than setting a metric to monitor the number of repeat recipients of reablement with view to setting a limit on how many times the service can be received, we instead wish to have clarity around when a repeat reablement episode is provided in response to a different driver.

2.1.13 Case example

Mrs Smith has a fall at home and is admitted to hospital, she is diagnosed with a urinary tract infection resulting in confusion and ultimately the fall. Mrs Smith is treated in hospital for the urinary infection and has some pain management for severe bruising on her hip from the fall. She is discharged after a week and has some reablement to help her get back on her 'usual' level of independence and confidence in undertaking daily activities. The reablement episode ends with the outcome of no long term care. 4 months later Mrs Smith is admitted to hospital having suffered a mild stroke. She is in hospital for 2 weeks after which time she has regain most of her former functioning ability but she still has slight paralysis on her left side. Mrs Smith is an appropriate candidate for reablement as it will be targeting a new need and the likelihood of success is as high as for anyone in the same situation.

2.1.14 We will be collecting case examples from the reablement services to support our tracking of savings and KPIs in order to really understand the rounded impact of the work stream.

### **Work stream Project Plan**

2.1.15 The initial priority of the work stream was to develop a shared specification for CCC and PCC Reablement services. The specification focuses on the aims of the service and the outcomes expected from reablement interventions without being prescriptive about the models of service delivery used to achieve those outcomes. The specification provides a basis for service delivery in relation to all elements of reablement, and includes key performance metrics against which services will report so as to achieve aligned and consistent outcome reporting across the two local authorities. The specification was agreed and signed-off by March Adults Positive Challenge Programme Board. The specification is attached as Appendix 1.

2.1.16 The subsequent focus of the work stream is divided into three key areas:

1. An in-depth review to identify process and practice changes that will reduce bridging.

This will consider:

- Referrals data for Cambridgeshire and Peterborough
- The length of time bridging arrangements are in place

- Whether there are changes to process or practice in the Brokerage Service that could reduce level of bridging.
- Whether changing the conversations that reablement workers have will impact on the level of bridging.

## 2. A review to identify the opportunities to increase numbers of community referrals

This will involve:

- Reviewing the referrals data
- A series of engagement with teams that could be a source of targeted reablement referrals.

## 3. Making the best use of resources to maximise reablement impact

- Taking forward early discussions about how roles and responsibilities could be adapted to better meet the needs of a place based approach in future taking forward the learning from Neighbourhood Cares.

2.1.17 To support the achievement of the outcomes Cambridgeshire will be implementing a new mobile working solution for the reablement service staff. This is anticipated to create improved productivity and release capacity for direct service delivery, and includes the following two systems:

**Mobilise:** A mobile app which integrates with the Adults Social Care case management system, Mosaic, meaning front line workers appointments, key summary information, progress notes and assessment forms will be available on their mobile device. Any assessment forms or other data entered via the mobile device will be synchronised into Mosaic whenever the device is within range of Wi-Fi or a mobile signal.

**Optimise:** A dynamic appointment scheduler which follows pre-determined rules based on skills, needs and locality. This will release capacity by reducing the work involved in workers getting changes to their schedules or needing to return to their base as frequently.

## 2.1.18 Case Examples

The following case examples illustrate how reablement services have delivered outcomes recently:

### Case 1

Adult Early Help referred a service user who was having digestive problems. The health issue made it difficult for her to manage her personal care and she was very low in mood due to discomfort. Her husband had his own care package but she did support her husband with meals etc.

The Reablement service were able to motivate and support her. She was given a long handled sponge to help with washing lower legs and feet whilst in the shower. The long handled sponge helped her with the lower half washing when she wasn't feeling well.

Reablement discharged as independent after a total of 10 days of reablement input.

### Case 2

Referral from Intermediate Care Team (ICT) who had been delivering 4 calls daily, due to health concerns. Once the service user had stabilised ICT referred to Reablement to assist with lower half dressing including socks.

Reablement started the once daily care and the lead worker identified the need for a sock aid and was able to demonstrate how to use it. The service user managed very well with the sock aid and his wife said it had made a lot of difference as he would always ask his wife to put his socks on.

Reablement discharged as independent after a total of 30 days of reablement input

## 2.2 How are we measuring impact of the Adult Positive Challenge Programme

- 2.2.1 The Adult Positive Challenge Programme impact is being measured in a number of ways to reflect the complexity of the programme. We are seeking to ensure that we capture both financial and outcome impacts via both top down monitoring and perhaps more importantly the sharing of individual outcomes from the front line delivery.

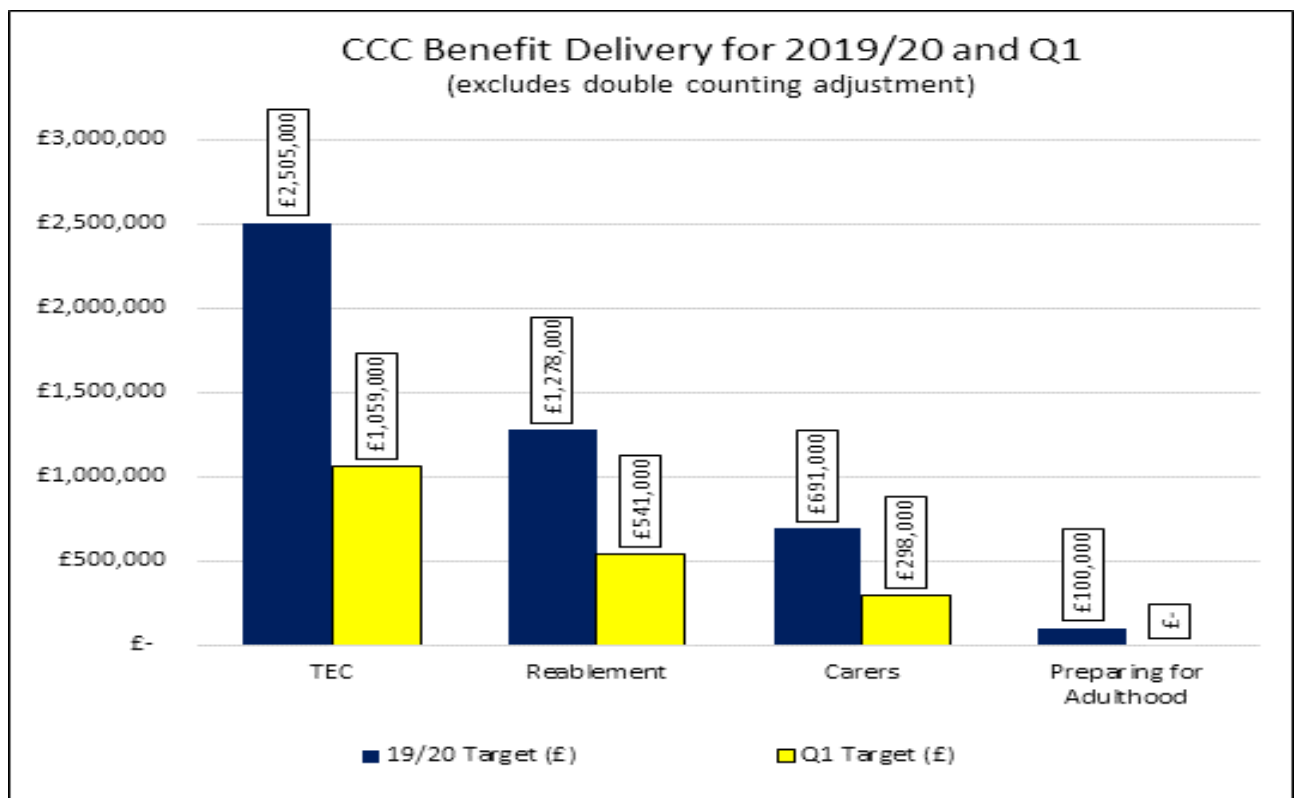
### Financial Impact

- 2.2.2 Tracking the financial benefit of this programme is challenging as we are mainly working to avoid or mitigate increases in demand, and so we using a two-pronged approach – tracking savings captured by the individual workstreams, as well as looking at the overall change in forecast spend to validate that those savings are real.
- 2.2.3 There is a risk of double counting in this approach as a person may receive interventions from several workstreams, such as TEC and Reablement. We have estimated the impact of this as part of the original savings modelling and will adjust for it when tracking savings. The work streams individually have been set targets for cost avoidance which total £4.6 million, which allows for £800k (17%) of double counting overall, and the monitoring of the overall expenditure trajectory will provide further assurance that savings are not over-reported
- 2.2.4 The estimated profile of the saving is:



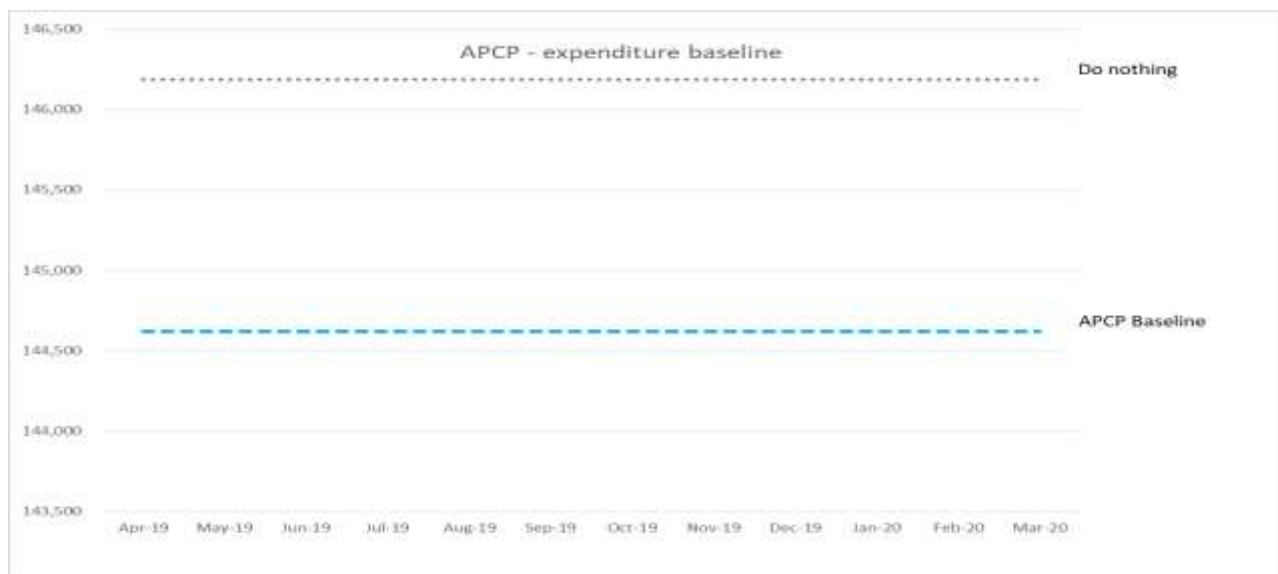
- 2.2.5 Over the first quarter, this process will be refined and tested against actual expenditure information, and will form part of the service forecasts reported to Committee in the Finance and Performance Report bimonthly as well as in the Savings Tracker quarterly.
- 2.2.6 Financial savings delivered by the work streams are captured at individual work stream level using the agreed financial impact criteria, with adjustment made by finance team to mitigate the effect of double counting, where more than one work stream might have affected the benefit.

The graph below shows the target against each workstream.



- 2.2.7 Overall forecast spend against plan at a service level will be used to triangulate the savings reported by each workstream and give a 'top-down' view of how the programme is performing against budget.

2.2.8 To be on track, we would expect the overall forecast spend on care each month to track the blue line:



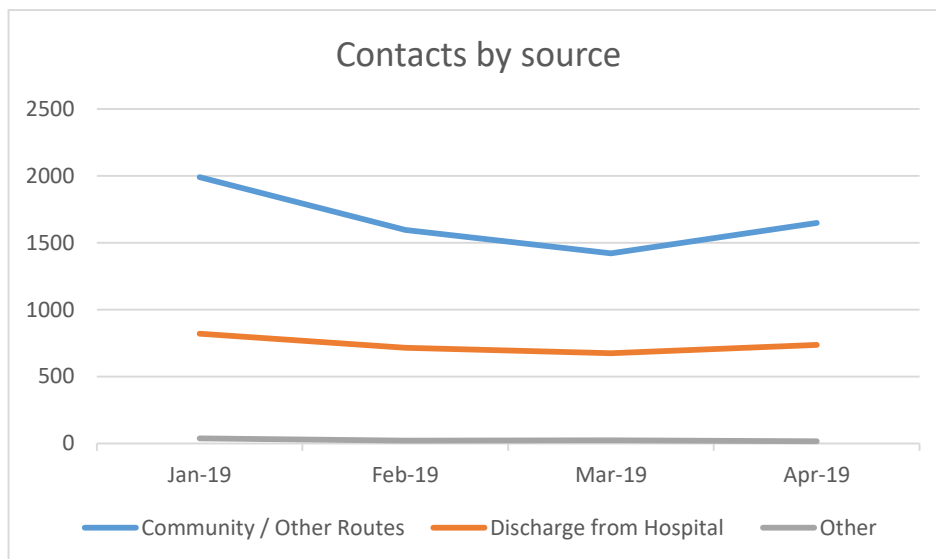
2.2.9 There will be a number of other things impacting on care spend as well as the work of this programme, however, particularly the impact of price increases. We will therefore be tracking an estimate of forecast spend based on original prices as well as overall forecast spend, to try to isolate the impact that this programme is having.

#### **Impact on key service flows**

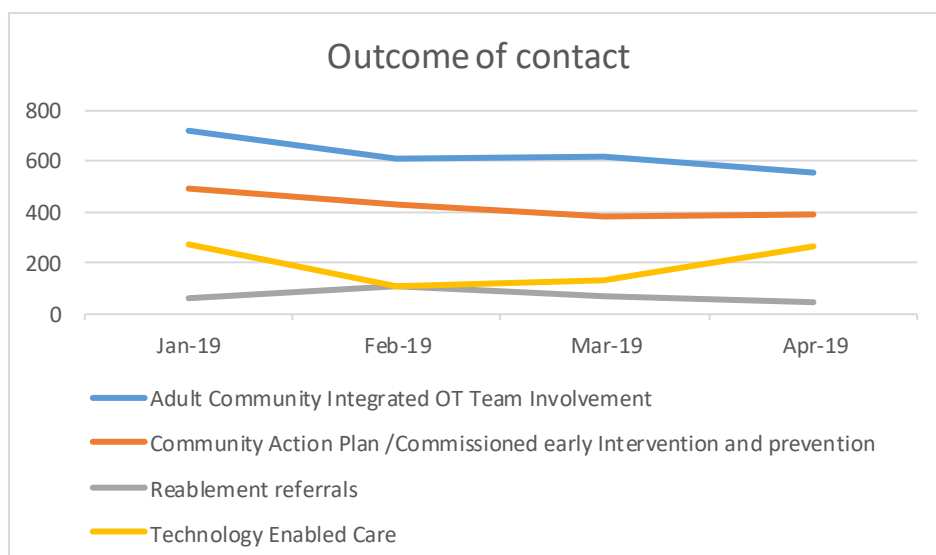
2.2.10 Impact is also monitored by tracking changes in demand activity and flow through adult social care pathways. This is in order to determine whether the action we are taking have the impact in the areas of demand we anticipate.

2.2.11 The graphs below illustrate the key service flows we are tracking.

Contacts by source



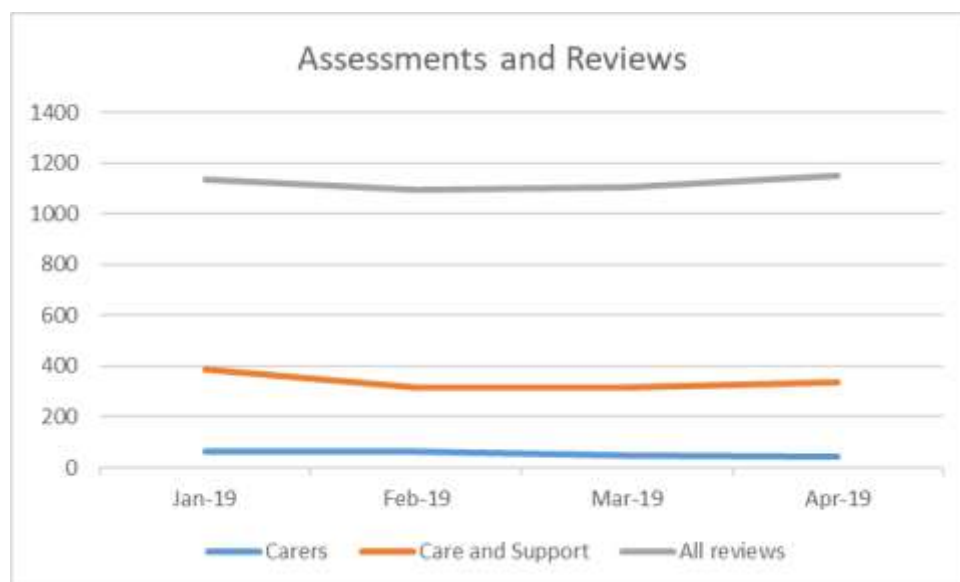
2.2.12 Other referrals include self-funders with depleted funds, transitions and hospital diversion. Contact outcomes – the outcome following the intervention at the initial contact. The outcome expected from the programme would be over time to see a decrease in community contacts as residents find support options for themselves via alternative routes, including on line information and Community / VCS organisations. The trend for community contacts, the blue line in the graph above, has been downwards from January 2019, all be it with a slight increase in April.



2.2.13 The graphs illustrates only the outcomes which are specifically impacted by the programme. There has been a decrease in contacts passed through to Occupational therapy but an increase in contacts referred on the TEC. Community Action Plans and commissioned early

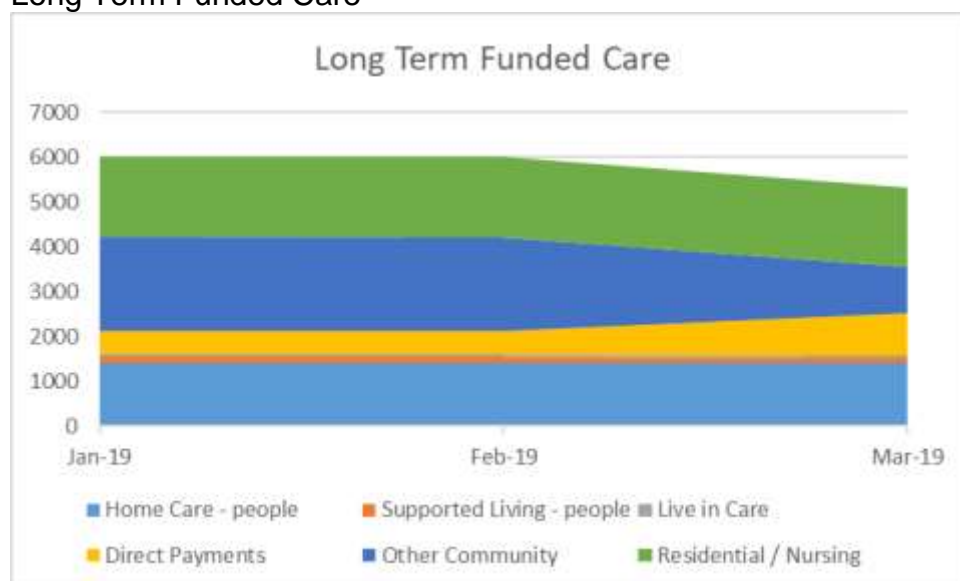
intervention and prevention outcomes are down, as are reablement outcomes. Overall we would expect to see an increase in TEC and Reablement outcomes, although a decrease in Community Action Plans might be evidence of residents and communities determining their own solutions without making contact with the Council.

#### 2.2.14 Assessments and Reviews



2.2.15 The graphs illustrates and the position on carers assessments in blue, care and support assessments in orange and reviews in grey. Showing a general decrease in assessments and a slight increase in reviews in line with the programme. The position on carers assessment is quite static but mostly reflects the position prior to the carers work stream entering the delivery phase.

#### 2.2.16 Long Term Funded Care



2.2.17 The graph illustrates that overall the number of people receiving long term Council funded care is down, in line with the goals of the programme. Some of the decrease in “other

community” and increase in “direct payments” is likely to reflect some data quality changes where direct payments had been previously captured as other community.

### **KPIs – To track key work stream impact**

2.2.18 Key Performance Indicators have been identified to track whether the changes implemented by work streams are having the impact on activity or outcomes that is expected. Some of these KPIs are collected currently and others are being developed as part of the implementation of changes themselves.

2.2.19 At this stage three of the work streams are mobilised to an extent that impact can be tracked in operation. These are:





- Changing the Conversation
- Technology Enabled Care
- Targeted Reablement

2.2.20 Although the carers work stream is mobilised in respect of the transfer of operational staff back into the Council the fact that recording has only just changed from April has impacted the availability of the metrics for the beginning of the financial year.

2.2.21 The following KPIs are already in place and being monitored.





### **Changing The Conversation**

2.2.22 The work stream recognises that much of the current review activity currently is the result of responding to unexpected events. These reviews are difficult to plan for and at the time of a health or family crisis it is not always best time to have a strengths and asset based conversation which leads to an innovative and flexible care and support plan. The work stream aims to change the model of how we target reviews, to plan in reviews more flexibly linked to the potential for changing support needs for the individual concerned. Getting this right should lead to an increase in planned reviews and a decrease in unplanned (crisis response) reviews.

Metric	Outcome	Monthly Ave	Latest	Monthly Trajectory	Annual Trajectory
CTC1. Number of unplanned reviews	Decrease	28	53		
CTC2. Number of reviews where planned / unplanned status is unknown	Decrease	963	977		







2.2.23 The reviews indicators CTC1 and CTC2 are currently reflecting the case migration into Mosaic. As all first reviews have to be recorded as an assessment these cannot indicate whether the review was planned or unplanned, hence the large number recorded in indicator CTC2 as unknown. Over time this should reduce to minimal numbers, whilst indicator CTC1 increases and then stabilises / reduces reflecting our overall goal to better target planned reviews in order to prevent unplanned reviews arising for client crisis.

## 2.2.24 Technology Enabled Care

Metric	Outcome	Monthly Ave	Latest	Monthly Trajectory	Annual Trajectory
TEC1.Number of TEC referrals	Increase	264	352		
TEC2.Number of items of telecare technology issued that facilitates independence	Increase	380	484		

2.2.25 The TEC promotion carried out has significantly increased the number of referrals to the service and subsequently the number to items of TEC issued.

## 2.2.26 Targeted Reablement

Metric	Outcome	Monthly Ave	Latest	Monthly Trajectory	Annual Trajectory
RBT1. Number of clients completing reablement with reduced / or no ongoing long term care and support	Increase	126	148		
RBT2. Number of clients completing reablement with no ongoing long term care and support	Increase	114	128		
RBT3. Number of clients completing reablement within the month	Increase	200	204		

2.2.27 Measures RB1 and RB2 both evidence the impact of reablement in relation to long term care and support need. In total 148 people completed reablement with either reduced care and support needs (20) or no further care and support needs (128), both higher than average and on an increasing trajectory. As we see an increase in the numbers of people with existing care and support plans be referred into and benefitting from reablement we expect to see a slight swing in the balance between those ending with reduced and no care and support needs. However overall numbers (RT1) should increase.

2.2.28 RBT3 shows the numbers of all clients completing a period of reablement. This is in order to track whether the capacity within reablement is being used to sustain growth in the service. In April the number dipped slightly from 211 to 204, reflecting the amount of capacity being used for bridging, it remained higher than the monthly average however, indicating that we are moving in the right direction.

The following KPIs are in the process of being implemented

### 2.2.29 Changing the Conversation

Metric	Outcome	Comments
CTC3. Proportion of new client contacts where the recorded outcome is long term support (under development)	Decrease	The reporting of these metrics has been constrained by the migration to the new Mosaic care management system and the need to finalise migration of care package information in order to report on some indicators. A report to track outcomes at the front door is being developed to track outcomes from front door contacts.
CTC4. Proportion of audited cases where community assets are evidenced as part of the care and support plan (under development)	Increase	There is a new monthly Team Manager audit which will capture information for indicator CTC4, around evidence of community assets as part of care and support plans.

### 2.2.30 Technology Enabled Care

Metric	Outcome	Comments
TEC3. Number of referrals for double up reviews. (under development)	Increase	The third key metric seeks to track the work the team does around high cost double up packages, this is an indicator that will be able to be reported once care packages data is migrated to Mosaic in order to clearly match referrals to double up (2 carer) packages were in place.

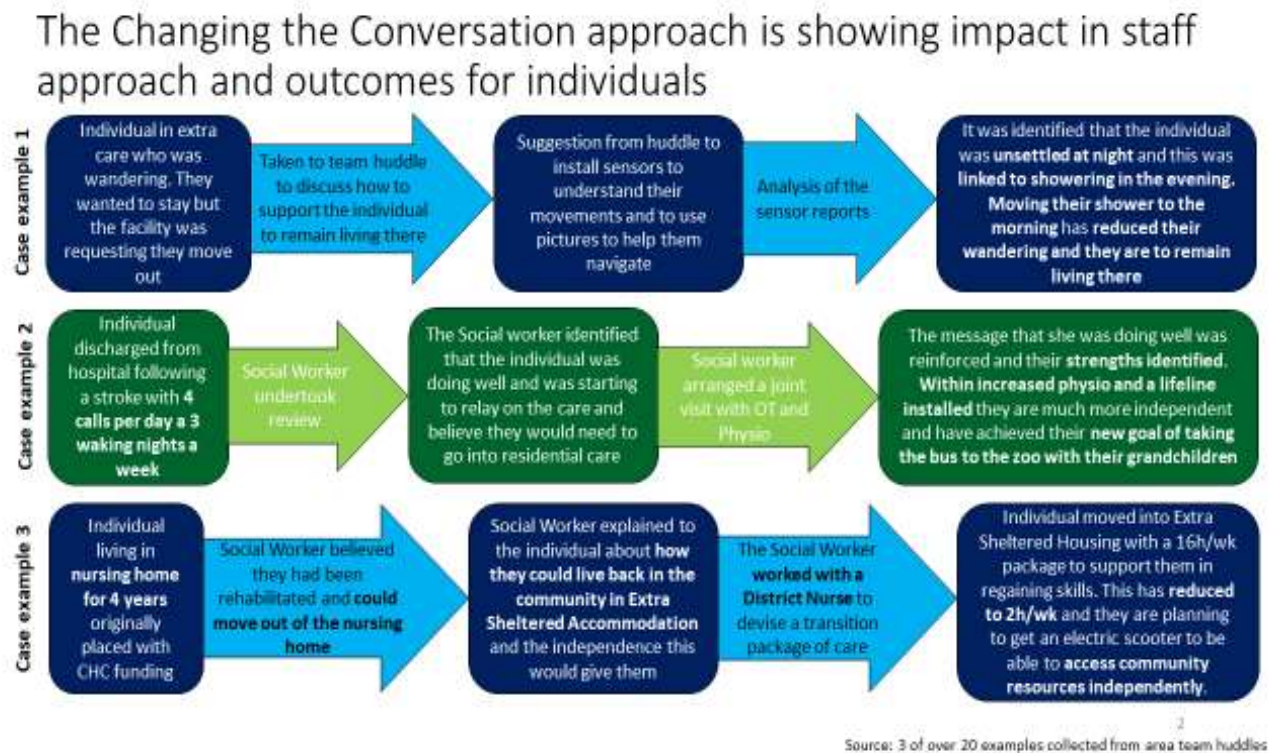
### 2.2.31 Reablement

Metric	Outcome	Comments
RBT4. Number of existing clients receiving reablement (under development)	Increase	Measure RBT4 will allow tracking of how many clients already in receipt of long term care and support are referred into the service, either to reduce back the care and support provided in excess of need, or to prevent further deterioration. In 2018/19, 88 existing clients went through reablement, 24 of those completed reablement with all long term support ended, due to having no ongoing eligible needs
RBT5. Percentage of capacity utilised for direct reablement delivery.	Increase	Measure RBT5 will allow tracking of how much of the available reablement capacity is used to deliver reablement versus "bridging" domiciliary care. This will enable the goal of ensuring reablement capacity is focussed on delivering the right type of care to be tracked.

### Locally collected outcomes to track impact on individuals

2.2.32 One of the key elements of the Adult Positive Challenge Programme is bringing practice challenge and reflection into everyday working practice. As such Managers and workers are encouraged to collect and share their successes.

- 2.2.33 To support this a tool has been created for Huddles to capture specific cases where they feel a real difference has been made.
- 2.2.34 There is also a tracker for Team Managers to use to track cases they are aware of that have resulted in better outcomes due to a specific strengths and asset based approach.
- 2.2.35 The case studies below are examples of case specific outcomes which have been identified.



### 3. ALIGNMENT WITH CORPORATE PRIORITIES

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

The Adults Positive Challenge Programme and Reablement services actively seek to improve quality of life for recipients by enabling them to remain independent and in control of their own lives as far as possible, whilst providing helpful advice and training to effectively support the mitigation of risk.

#### 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**

The report above sets out details of significant implications in paragraph 2.2.2 to 2.2.7

##### 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.*

<b>Implications</b>	<b>Officer Clearance</b>
<b>Have the resource implications been cleared by Finance?</b>	Yes Name of Financial Officer: Stephen Howarth
<b>Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?</b>	Yes Name of Officer: Gus De Silva
<b>Has the impact on statutory, legal and risk implications been cleared by LGSS Law?</b>	Yes Name of Legal Officer: Fiona McMillan
<b>Have the equality and diversity implications been cleared by your Service Contact?</b>	Yes Name of Officer: Charlotte Black

<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Mathew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes Name of Officer: Charlotte Black
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
None	

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

*To:* **Adults Committee**

*Meeting Date:* **4 July 2019**

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

*Electoral division(s):* **All**

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

*Purpose:* **The report provides an update on the social care labour (workforce) market across the Independent Sector**

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

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
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Tel:	07919 365883	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 This paper provides an update on the Adult social care labour (workforce) market across the independent sector, including an overview of current challenges faced and our approach to address these.

## **2. MAIN ISSUES**

### **2.1 The National, Regional and Local Picture**

- 2.1.1 Across the Eastern Region, the latest Skills for Care data shows us that the number of adult social care jobs across the Eastern region has increased by 8.6% since 2012 (by 13,500) jobs and increased by around 1.4% (2,000 jobs) between 2016 and 2017. 90% are on permanent contracts with 52% full time, 38% part time and 10% have no fixed hours. The staff turnover rate was 33.9% which equates to approximately 47,000 people per year. 83% of the workforce are female, with males having a slightly higher prevalence in senior management jobs (31%). The majority of the workforce are British, 10% had an EU nationality and 9% a non-EU nationality. Prior to the National Living Wage, care worker hourly rates increased by around 13p (1.7%) per year between September 2012 and March 2016. Since the launch of the National Living Wage, the average hourly rate has increased by 36p (4.7%) between 2016/17 and 2017/18. The proportion of the Eastern region aged 65 and over is projected to increase between 2017 and 2035 from 1.21 million to 1.76 million. If the workforce grows proportionally to this, an increase of 47% (80,000 jobs) would be required by 2035.
- 2.1.2 In Cambridgeshire there are an estimated 13,500 jobs in adult social care split between local authorities (8%), independent sector providers (84%) and jobs for direct payment recipients (8%). As at September 2018 Cambridgeshire contained 229 CQC regulated services; of these, 133 are residential and 96 are non-residential services.
- 2.1.3 Skills for Care estimates that the turnover rate in Cambridgeshire was 33.9%, which was similar to the region average of 33.9% and higher than England at 30.70%. Not all turnover results in workers leaving the sector, over two thirds (71%) of those recruited came from within the adult social care sector, therefore although employers need to recruit to these posts, the sector retains their skills and experience. Adult social care has an experienced 'core' of workers. Workers in Cambridgeshire had on average 6.8 years of experience in the sector and 65% of the workforce had been working in the sector for at least three years. 21% Skills for Care estimates that in Cambridgeshire, 8.4% of roles in adult social care are vacant, this equates to around 1,100 vacancies at any one time. This vacancy rate was similar to the region average, at 9.7% and similar to England at 8.0%.
- 2.1.4 The majority (81%) of the workforce in Cambridgeshire are female and the average age is 43.5 years old. Those aged 24 and under make up 10% of the workforce and those aged over 55 represent 25%. Given this age profile approximately 3,300 people will be reaching retirement age in the next 10 years.

2.1.5 Nursing provides a real issue for the sector and this is evidenced as a nation-wide issue. The recent Kings Fund report 'The Healthcare workforce in England: Make or Break' (November 2018) highlights that nationally across the NHS 1 in 8 nursing posts are vacant, which equates to a shortage of 36,000 nurses. There are increasing numbers leaving the profession, with 5,000 more nurses leaving in 2016/17 compared to 2011/12. The impact of Brexit has also seen a shift from an in-flow of nurses from the EU to an out-flow. Between July 2017 and July 2018, 1,584 more EU nurses left their roles than joined. There has also been an 18% drop in applications to nursing courses, largely to the loss of bursaries, with 11,750 fewer applicants to courses between 2016 and 2017. Across Cambridgeshire, this shortage is echoed with providers becoming increasingly reliant on recruitment from abroad from non-EU countries. This is resulting in significant recruitment costs for providers, impacting on the costs of care locally.

## 2.2 Financial Implications

2.2.1 Cambridgeshire County Council has experienced ongoing pressures associated with the rising costs of care, which is a symptom of a provider market where demand outstrips supply. The below graph shows the continued rising trend of average care costs.



2.2.2 Cambridgeshire has the second lowest ratio of care workers to population (aged 65 and over) with 919 care workers per 10,000 population. The challenge of recruitment and retention of staff impacts on available capacity and the costs of care, but this is coupled with additional provider financial pressures, including:

- The National Living wage increase of 4.9% on 1<sup>st</sup> April 2019.
- In November 2018 the RPI inflation rate was 2.9%.
- Increasing fees requested by the statutory regulator Care Quality Commission (CQC) are costing providers an extra £1.5m nationally.

## **2.3 Brexit Implications and Mitigations**

- 2.3.1 Nationality of the adult social care labour workforce varies by region, in England 83% of the workforce were British, while in the Eastern region this was 82%. An estimated 77% of the workforce in Cambridgeshire had a British nationality, 15% had an EU nationality and 8% had a non-EU nationality, therefore there was a higher reliance on EU than non EU workers, with c. 2,000 workers being EU nationals locally. This is even more evident in relation to nurses, 25% of which had an EU nationality.
- 2.3.2 According to the 'Government's EU Settlement Scheme: Statement of Intent' the rights of EU citizens living in the UK will not change after 31<sup>st</sup> December 2020. 18% of workers with an EU nationality already have British Citizenship and 58% will be eligible to apply for 'settled status'. The remaining 24% of EU workers will be eligible for 'pre-settled status'.
- 2.3.3 Cambridgeshire County Council is currently planning for a no-deal EU Exit. However the lack of clarity regarding national Brexit policy and plans has made it difficult for providers to fully understand the impact of Brexit and effectively plan for mitigations. To date we have had anecdotal feedback from providers that they are starting to see a 'drip effect' of some of their EU nationals leaving the workforce to return to their home countries. However, this feedback is not quantified, partly due to the complexity of high staff turnover rates in this sector. There is also a continued risk of fluctuating exchange rates post Brexit, which may have a knock on effect on the workforce. If the value of the pound drops, then it may become financially unviable for some EU nationals to remain.
- 2.3.4 The Local Authority is working with independent sector providers in a number of ways to manage the impact of Brexit, including:
- Communicating the latest information regarding EU settlement to providers, to enable them to support their workforce with application information. The EU settlement application fee has now been waived and additional support to complete applications is available at local libraries.
  - Seeking assurance from providers that they have adequate business continuity plans in place and offering support where required to share best practice and learning amongst providers to support identified gaps and issues.
  - Ongoing dialogue with providers, including via existing provider forums, to ensure provider concerns and issues can be identified.
  - Oversight and management of risks at a health and care system wide level via the Local Health Resilience Partnership (supported by the EU Preparedness Health and Social Care Task Group). This is also ensuring a coordinated response across the system to managing wider communications and responding to emerging issues.

## **2.4 Actions to support wider workforce planning and development**

- 2.4.1 Cambridgeshire County Council has been engaged in a significant level of partnership working with local independent sector providers and the wider health and care system, with the aim of tackling workforce challenges across the sector, including:

#### 2.4.2 ***Alternative models of delivering care***

To support workforce pressures across the independent sector, the local authority has looked at improved utilisation of resources and alternative models of delivering care. For example, to support the in-house reablement team as the provider of last resort, significant additional investment was agreed to increase the reablement offer. An effective recruitment campaign has expanded provision within the service by over 42% since April 2017 and the campaign has received national recognition, being highly commended at the MJ awards.

2.4.3 In addition, the Council is committed to building on the learning from the 'Neighbourhood Care Teams' in Soham and St Ives to develop neighbourhood place based care provision, linking closely with the Think Communities agenda. There is close working with health partners at a system level to align approaches to enable a wider integrated neighbourhood health and care offer, with primary care networks being a cornerstone of delivery. This way of working will facilitate more effective use of resources, skills sharing and the maximising of community assets.

2.4.4 The Council is also exploring alternative commissioned options for the delivery of care, including increasing the use of direct payments. The direct payments contract is being re-tendered, with a view that the successful provider will increase uptake and expand the base of personal assistants. Learning will be taken from the recent procurement of the service in Peterborough, where an increase of direct payments is being evidenced. As part of the Adults Positive Challenge programme, Technology Enabled Care is a key work stream. There is a focus on embedding a TEC First approach across the system, supported by an aligned single county wide offer for TEC incorporating new and innovative technologies.

#### ***Market Capacity and Demand***

2.4.5 The local authority has successfully commissioned additional domiciliary care capacity (13% increase) and residential care home capacity (5.6% increase) since April 2017. As part of the focused system wide work to manage Delayed Transfers of Care (DTOC) a detailed analysis of post hospital care demand and capacity was undertaken to inform future commissioning needs. The analysis focused on reablement, domiciliary care (including both social care and NHS); and further non-acute NHS care (including intermediate beds, intermediate care at home, residential and nursing care). The outcomes showed that, with the exception of reablement and intermediate care at home, we have adequate capacity at a global level. The issue is the way in which 'demand' presents itself. This means that we don't have the right capacity in the right place at the right time (**capacity mismatch**). There are a number of reasons for this, including; Flow in and out of services isn't 'average' or 'steady', we discharge in bunches, geographical variations, patient choice (e.g. male carers, time of calls), not all patients are eligible (e.g. ward design, entry criteria etc.), flow out services impacts on blockages in short term provision and 'Capacity' is hiding 'Process Delays' in some instances. The recommendations from this are that we need to think differently regarding how we match capacity to demand, including commissioning differently (e.g. better use of voluntary sector, increased use of personal budgets, place based commissioning). In turn, this means that we need to ensure that workforce developments are focused on supporting a sustainable workforce in the right areas, rather than just trying to do more of what we already have.

#### 2.4.6 **Education and Development**

Key recent developments to support workforce development amongst the social care workforce include:

- The Council is working with LGSS to implement the Social Work Degree Apprenticeship. Learning providers will design on-programme training and assessment to develop the knowledge, skills and behaviours required. In doing so they will work in partnership with employers. This will offer an opportunity for on the job training and development, supporting the development of qualified social workers.
- The Department of Health and Social Care (DHSC) launched a national recruitment campaign in February 2019 ('Every Day is Different'), with the aim of driving applications into the adult social care sector. The campaign includes national and regional media engagement and Google, online, radio and social media advertising. The adverts feature care professionals and the people they support, showcasing the wide range of rewarding and varied job roles in adult social care.

#### 2.4.7 **Wider System Partnership Working**

The Local Authority is working closely with NHS partners to develop joint approaches to workforce development to address the system wide challenges associated with recruitment and retention across the health and care sector. The Sustainability and Transformation Partnership (STP) is leading on the development of a system wide Workforce Strategy, which will articulate a clear vision and approach to developing a sustainable workforce across the system.

NHS England funding has been secured to develop and deliver a system leadership development programme which brings together some of the most enterprising and courageous clinicians and managers across the clinical, social care and public health systems to help redesign and lead changes for a better future for our local communities. This is built on the Frimley 20:20 programme and the programme is currently in design phase, with a view to launch the first cohort in January 2020.

### 3. **ALIGNMENT WITH CORPORATE PRIORITIES**

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

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

- Ensuring the labour workforce is sufficient and sustainable to deliver appropriate care to people, ensuring a good quality of life.

#### 3.2 **Thriving places for people to live**

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

- Supporting the future sustainability of the labour workforce, supporting the workforce to thrive and enabling people to have the right support available to them in their communities.

#### 3.3 **The best start for Cambridgeshire's Children**

There are no significant implications for this priority.

#### 4. **SIGNIFICANT IMPLICATIONS**

##### 4.1 **Resource Implications**

*There are no significant implications within this category.*

##### 4.2 **Procurement/Contractual/Council Contract Procedure Rules Implications**

*There are no significant implications within this category.*

##### 4.3 **Statutory, Legal and Risk Implications**

*There are no significant implications within this category.*

##### 4.4 **Equality and Diversity Implications**

*There are no significant implications within this category.*

##### 4.5 **Engagement and Communications Implications**

*There are no significant implications within this category.*

##### 4.6 **Localism and Local Member Involvement**

*There are no significant implications within this category.*

##### 4.7 **Public Health Implications**

*There are no significant implications within this category.*

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	N/A
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	N/A
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	N/A
Have the equality and diversity implications been cleared by your Service	N/A

<b>Contact?</b>	
<b>Have any engagement and communication implications been cleared by Communications?</b>	N/A
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	N/A
<b>Have any Public Health implications been cleared by Public Health</b>	N/A

<b>Source Documents</b>	<b>Location</b>
<b>Skills for Care Data</b>	<a href="https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Local-authority-area-summary-reports.aspx">https://www.skillsforcare.org.uk/NMDS-SC-intelligence/Workforce-intelligence/publications/Local-authority-area-summary-reports.aspx</a>

**SERVICE DIRECTORS REPORT: ADULTS AND SAFEGUARDING AND COMMISSIONING**

*To:* **Adults Committee**

*Meeting Date:* **4 July 2019**

*From:* **Charlotte Black, Service Director: Adults & Safeguarding  
and Will Patten, Service Director: Commissioning Director**

*Electoral division(s):* **All**

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

*Purpose:* **The report provides an update on progress on Adult  
Social Care across commissioning and operational  
delivery**

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

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	<b>Will Patten / Charlotte Black</b>	Names:	Councillor Bailey
Post:	Service Directors	Post:	Chair
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## 1. BACKGROUND

- 1.1 This paper provides an update on Adult Social Care - across commissioning and operational functions.

## 2. MAIN ISSUES

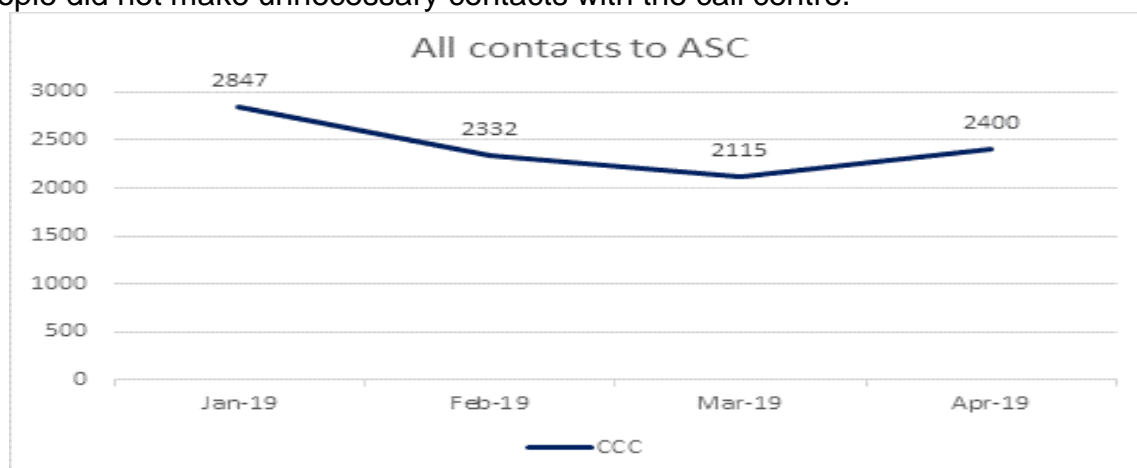
### 2.1 Overall Financial Position

- 2.1.1 In 2018/19, Adults Services had an outturn position of £1.15m overspent (0.8% of budget). Care budgets were around 3% overspent, driven mainly by increasing unit costs of residential & nursing care, the needs of disabled people increasing by more than predicted, and some slower than expected delivery of savings. Around £16.2m of savings were delivered out of a planned £16.5m. The pressure on care budgets was mitigated in-year by applying grant funding that the Council receives for care pressures, which has built up some reliance on one-off funding into 2019/20 which will need to be managed through utilisation of additional in-year grants announced by central government (including the 2019/20 Social Care Support Grant).
- 2.1.2 For 2019/20, the net budget for Adults Services has increased by around £4.7m to reach £142m. Budgets have been increased to reflect predicted demographic and demand changes, as well as pressures resulting from inflation and increases to the minimum wage, which can greatly increase the cost of care purchased. Within the overall budget increase, there is an expectation that Adults Services will deliver around £6.5m of savings, over half of which will be through the Adults Positive Challenge Programme. The first months of the year are suggesting that, while savings delivery appears on track, the increasing unit cost of care through the second half of 2018/19 and into this year are putting pressure on the budget.

### 2.2 Overall Performance

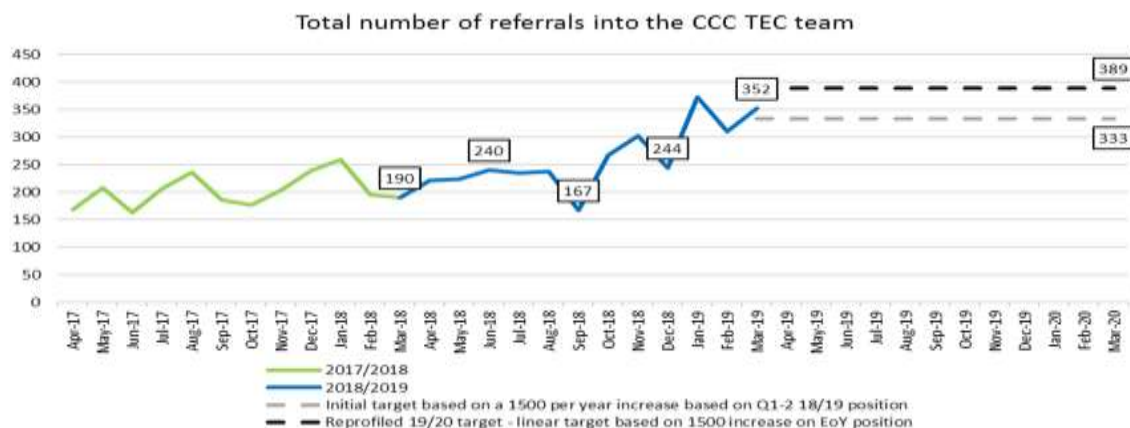
#### 2.2.1 Adult Social Care contacts

The various initiatives undertaken last financial year around strengths and assets and neighbourhood based approaches can be seen to be having some impact on service flows with a reduction in the number of contacts for Adult Social Care. This is felt to be a reflection of more accessible information and a better prevention offer, meaning that people did not make unnecessary contacts with the call centre.



## 2.2.2 Technology Enabled Care (TEC)

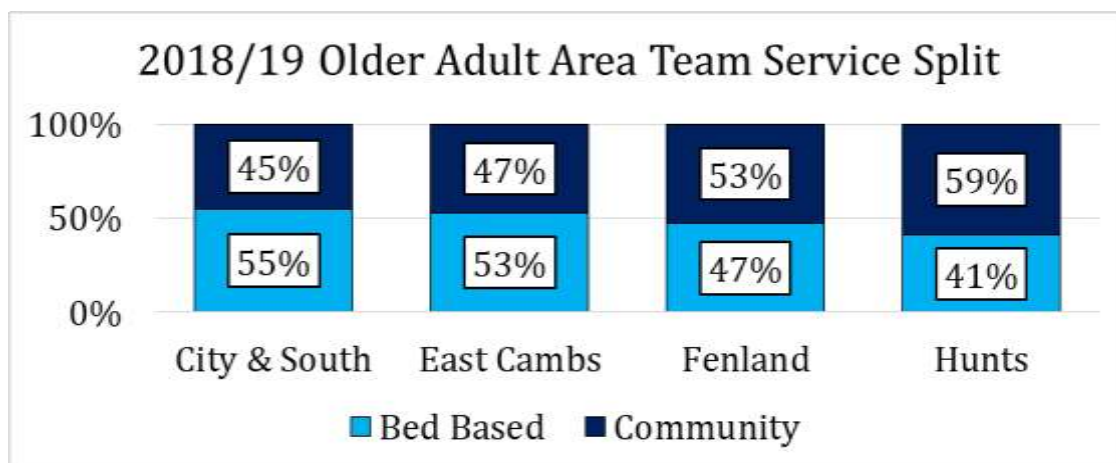
The TEC promotion and the enhancement of the TEC Team has led to a marked increase in the number of people referred to and receiving TEC, either as part of a care and support plan or in order to prevent care and support needs escalating.



This is beginning to be seen reflected in a reduction in numbers of Older People with Council funded care and support, particularly in Huntingdonshire and East Cambridgeshire localities where the work around Changing The Conversation is showing early evidence that numbers of people receiving council funded care is reducing. This is particularly evident for homecare (a reduction of 10%) and residential (a reduction of 11%) in forecast activity.

	Expected No. of Service Users	Budgeted Average Cost (per week) £	MARCH		Trend - Numbers	Trend - Unit cost
			Current Service Users	Current Average Unit Cost (per week) £		
Residential	514	£541	459	£584		
Residential Dementia	389	£554	403	£588		
Nursing	312	£592	309	£671		
Nursing Dementia	62	£646	99	£755		
Respite						
Community based						
~ Direct payments	538	£286	495	£332		
~ Day Care						
~ Other Care						
~ Homecare arranged	1,516	per hour £16.31	1,363	per hour £16.37		
Live in Care			52	£780.10		
	3,331		3,128			

Huntingdon has also been piloting outcome based commissioning of domiciliary care. There is early evidence of positive impact on spend, with less domiciliary providers requesting package increases. Both Huntingdon and Fenland localities have maintained a better balance of community based packages to care home packages, as shown in the diagram below.



### 2.2.3 *Reviews – Promoting Wellbeing Team*

Adults and Safeguarding operations implemented Mosaic, a new case management system in October 2018 and this has had a knock on effect on the number of reviews undertaken, as the initial set up of the review is more time intensive due to the need to create a full assessment. In order to ease the pressure, increased capacity has been put in place until June 2019 in the form of the Promoting Wellbeing Team. This team has been undertaking strengths and asset based reviews for those who are overdue, annual reviews and since January 2019 reviews for those discharged from hospital back into community care and support. This team has helped to reduce the pressure, although there will continue to be capacity issues until all service users have at least one review recorded on the system. We are working to come up with a model for prioritising reviews for those most likely to be a risk, or to benefit from a strengths and asset based conversation.

Key learning from the Promoting Wellbeing Team's work so far, includes:

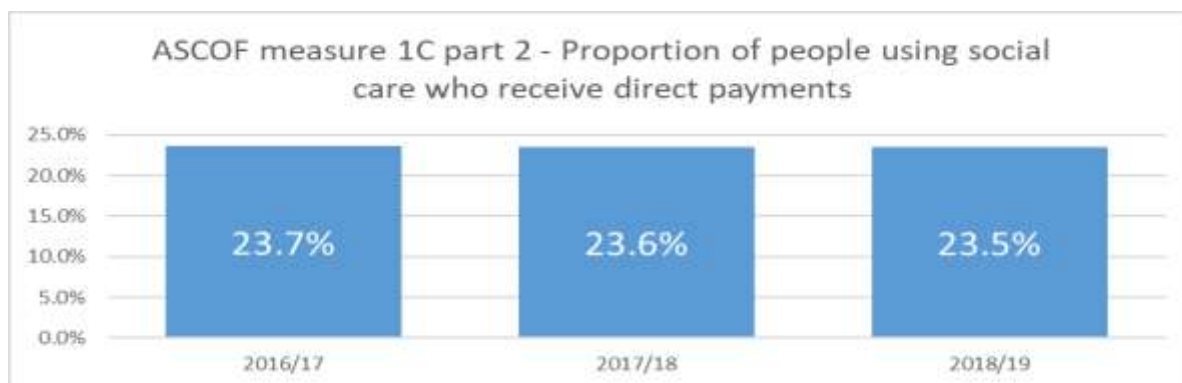
- Reviews of people who have been home for a small number of weeks since a hospital discharge are more likely to lead to a change in care and support provision.
- People receiving four or more home care calls per day are more likely to have a change in care and support following a review.
- Annual reviews of people in long term care homes are very unlikely to lead to a change in outcomes

Overall, for annual reviews carried out by the Promoting Wellbeing team the outcomes were as follows:

- *Change in outcome*
  - 48% No change/nothing required
  - 8.5% No changes/refused offer of support or changes
  - 21% Changed outcomes led to change in personal budgets
  - 22.5% No change in personal budgets but care and support plan changed to include other contributions to service to improve wellbeing.

#### 2.2.4 Direct Payments

The Council has continued to see Direct Payment recipient numbers below the levels we would wish them to be. The overall number of people receiving a direct payment has fallen slightly in 2018/19 from 985 to 976 (-9), however the overall number of people being supported with community based packages has also reduced which has meant that the percentage receiving a direct payment has remained comparatively stable at 23.5%.



ASCOF measure 1C part 2 - Proportion of people using social care who receive direct payments	2016/17	2017/18	2018/19
No. people receiving a direct payment	1,042	985	976
No people receiving community-based services	4,399	4,179	4,145
%	23.7%	23.6%	23.5%

#### 2.2.5 Neighbourhood Place Based Delivery

Models of neighbourhood place based delivery continue to be piloted in Soham and St Ives. The formal evaluation is currently being finalised and expected in September, however the initial findings have been shared and include the following:

- ‘the teams have prevented crises by preventing hospital admissions or readmissions, preventing carer breakdown and preventing a deterioration in mental health issues’
- the pilot has prevented the escalation of needs and impacted on clients’ quality of life and had a positive impact on the development of community assets
- the main benefit of working in the pilot has been improved job satisfaction’.

Those involved with the pilots have shared their positive experiences, some of which are quoted below:

- “I feel I belong here and I like that” - **local resident**
- “I honestly now have the best work-life balance I have ever experienced as a social worker” – **Neighbourhood Cares Worker**
- “I do not know what I would have done during the last 2 weeks of my father’s life, they really do care.” – **daughter**

“A complex patient with MS was referred by the Community matron to the Neighbourhood Care for support and guidance for the patient and her partner, who felt that they were not supported by specialist services locally. The Neighbourhood Cares

Worker worked alongside the District nurse in the delivery of care. This gave ongoing invaluable support to the patient and her family, especially during hospital admission and end of life. This level of support would not have been possible elsewhere.” - **CPFT Team**

“Two elderly sisters, when clinical need ended, were referred to the Neighbourhood Care. The support meant they both received a flu vaccination and maintained their independence.” We do not think this would have happened without the Neighbourhood Care - **CPFT team**

“A patient that used to need regularly GP appointments, now only visits when he has a specific clinical need, due to the level of support and advice he receives.” – **GP Practice Manager**

Work is underway to plan how we will maximise the benefits of the learning from the pilots, how this will inform the development of neighbourhood and place based working and how we will continue to build on the achievements of the pilots in Soham and St Ives.

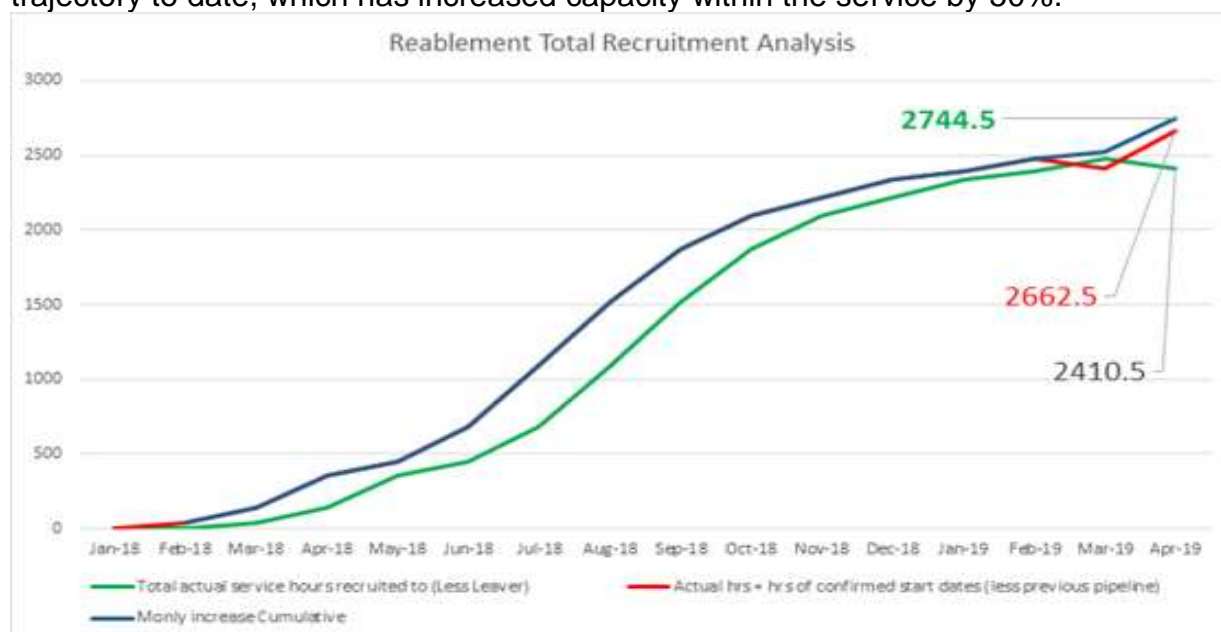
### *Mosaic Implementation*

- 2.2.6 Mosaic, a new case management system was implemented in October 2018. There are still some challenges in getting the reporting data from a new system which we are working through with business intelligence. The full implementation of the Mosaic Finance module has been delayed to September/October 2019 to ensure that the transition from the current to new process is as well managed as possible. This is the function that issues payments and invoices for residential nursing and domiciliary care.

## **2.3 Key Developments: Operations**

### **2.3.1 Recruitment - Reablement**

There has been significant investment to expand capacity in the reablement team, with £1.8m additional investment made in 2018/19. The below graph shows the recruitment trajectory to date, which has increased capacity within the service by 50%.



Despite relative success with the Reablement recruitment campaign we are currently feeling pressure from workers leaving as the result of a recruitment campaign for Intermediate Care Workers (ICW) being run by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). 11 Reablement Support Workers have left recently, with 9 leaving to join CPFT as ICWs. We did have 9 new starters join this month who are undertaking inductions, Care Certificate and statutory training. Currently we have 16 vacancies.

### 2.3.2 *Social Worker Recruitment*

Prior to the launch of the 'We love social workers campaign' there were 40 adult social work vacancies across all client groups, with an established workforce of 205 FTEs (full-time equivalents). We had 8 senior social workers, 24 social workers and 8 alternatively qualified practitioner vacancies. A group of social workers worked with human resources colleagues and a specialist marketing company to co-produce a campaign strategy based on what our staff told us about being a social worker in the Council and transforming our use of social media to generate interest in our vacancies.

HR colleagues have revised the recruitment process and created dedicated support to significantly reduce the timeline from submitting an application to an offer being made to a successful candidate. Operational managers have come together to agree a core selection process and are working collaboratively to support the process across all client groups. This means that we have confidence that candidates have consistently good experience through their initial contact with the Council. This approach enables us to plan selection sessions months in advance and has reduced the time some managers are involved in the selection process, as participation is shared across the whole operational managers group. The changes in the process and approach has been universally supported and valued by managers.

Since the campaign was launched we have received 120 applications, 80 from qualified social workers. Nineteen job offers have been made and accepted. Currently we have 3.72 FTE senior social worker vacancies and 17 FTE social worker vacancies.

### 2.3.3 *Continuing Health Care*

There has been good progress in relation to Continuing Health Care recently (CHC). The Clinical Commissioning Group (CCG) have been taking proactive steps to clear the back log of assessments. As at the end of May 2019, only four assessments exceeded the 28 day time limit, two were Cambridgeshire and Peterborough CCG assessments and two were the responsibility of other CCGs.

The dispute policy has also now been signed off by the CCG and work on the Joint Funding Tool is well underway. The Joint Funding Tool aims to support decision making about whether elements of a package should be health funded when the person does not meet the threshold for full Continuing Health Care but does have some elements of need that might be health funded.

#### 2.3.4 Quality and Practice and Mosaic implementation

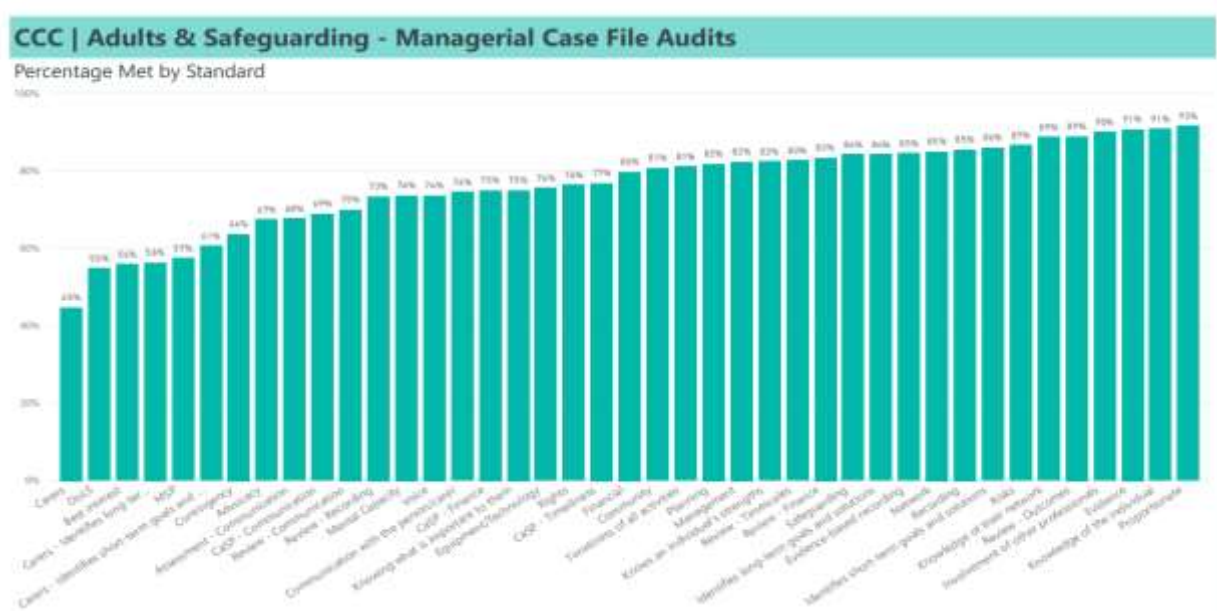
It is important to ensure we give practitioners the right tools to change the way we practice and measure the outcomes as we change the conversation across adult social care. The implementation of Mosaic has delivered an electronic recording system which allows practitioners to record the conversation with the person. Recording what is important to them. The new workflow creates a journey which reflects a proportionate response to individuals, exploring support from wider resources and recording in a less intrusive way.

This is balanced with now having all teams across Cambridgeshire adult social care using Mosaic, giving improved ease of transfer across teams and improved information sharing for the benefit of each person supported by the service, especially those with complex needs. This has been a welcome change for practitioners with feedback such as, “it is more intuitive as a recording system”, “It allows a more fluid conversation with the person” and “it aids a new way of working”. Front line managers’ report that it is much easier to manage workflow, workload and balance the demands on the teams on a day to day basis.

The new managerial audits programme has assisted in embedding the change in practice, giving clear measures in the audit tool used and the challenge to evidence the way we are working. This gives monthly data measuring our practice against the practice outcomes we want to achieve through the adults positive challenge programme. Measuring strength based and proportionate practice.

The data from the managerial audits and the recent thematic audit on assessment and care and support planning are being used to further support the change and improving practice. Including feeding back to operational teams on how we are working with carers, supporting people to explore community resources and the information we give people. This is all underpinned by ensuring we meet our legal obligations and fulfil our statutory duties.

The graph below illustrates the results from the first phase of manager audits in relation to the % of cases for which standards in particular categories were evidenced as met.



Standards relating to proportionality, evidence based decisions, knowledge of the individual and involvement of other professionals were all evidenced as met in over 90% of the audits. The results of the audits will be shared monthly with the Practice Governance Board to inform focus for the Quality and Practice work.

#### 2.3.5 *Reablement*

The reablement service continues to build capacity following the successful recruitment campaign in 2018/19. In April 2019, 240 people received a reablement intervention, however this activity might have been greater if there was additional domiciliary care capacity in the market, as the service also provided a bridging service to 77 people in the month who were waiting for mainstream domiciliary care.

In addition to the increased capacity from recruitment there has also been a reduction in days lost due to sickness absence.

The Occupational Therapy service is becoming more embedded within reablement, with better outcomes being achieved for service users as a result. There is good evidence that the service is avoiding hospital readmissions. Easter Bank Holiday hospital discharge pressures were managed well, with the service able to take on referrals during the long weekend.

Targeted reablement is one of the key work streams of the adult positive challenge programme. The initial priority of the work stream was to develop a shared specification for CCC and PCC Reablement services. The specification provides a basis for service delivery in relation to all elements of reablement, and includes key performance metrics against which services will report, so as to achieve aligned and consistent outcome reporting. The specification was agreed and signed-off by the March Adults Positive Challenge Programme Board.

The next stage of the work being undertaken is to maximise the impact of this service:

- An in-depth review to identify process and practice changes that will reduce bridging.
- A review to identify the opportunities to increase numbers of community referrals
- Making the best use of resources to maximise reablement impact.
- Taking forward early discussions about how roles and responsibilities could be adapted to better meet the needs of a place based approach in future, taking forward the learnings from Neighbourhood Cares.

#### 2.3.6 *Reablement Enhanced Response Service*

The Enhanced Response Service is reaching maximum capacity, undertaking their target referral rate of 400 per month. For the month of April, 390 referrals were received. For the first time, the greatest numbers of calls came from Cross Keys Homes rather than the usual top two which are Tunstall and Hereford Housing. This is probably as a direct consequence of increasing numbers of referrals for the TEC pilot – a 6 week lifeline and keysafe funded by TEC. The Ambulance Trust made 38 calls.

- Reasons for calls: 75 personal care, 119 silent calls and 161 for falls.
- Response times: 58% within target time, 21% exceeding target time, the remainder not applicable.

- Interventions: 90 assist from floor, 56 reassurance, 65 personal care, 146 no intervention needed
- Escalations: Ambulance 26, JET 5, GP 8, Police 1.
- Follow up referrals 14.

### 2.3.7 *Adult Early Help*

Adult Early Help continues to receive high number of referrals (approx. 400+per month). Outcomes for service users remain good. The satisfaction survey shows that 91% of respondents agree they were given the right level of help and support and that 94% would recommend the service to friends and family. One compliment stated: "I was treated with respect and they explained everything very clear treated with the utmost respect, very polite not sure you can improve on that."

We continue to successfully support over 75% of those who contact us in AEH away from long term care at point of contact.

Our specialist housing advisor has been in post for 11 months and interventions tracked and quantified where the work directly focuses on support relocations to reduce the need for major adaptations. To date the work has identified £196K cost avoidance/savings on adaption work and further cost avoidance/savings to Adult Social Care, including supporting two moves from residential care homes to extra care schemes. This has been achieved through working as part of a strong prevention and early intervention team.

The Welfare Benefit team is a key part of the AEH offer and continues to work as part of the team.

Statutory Carers Assessments transferred back to CCC from 1st April and are now managed through Adult Early Help. Three staff transferred over and corporate inductions will take place alongside "business as usual" work. They are working hard to remain on top of incoming work and are forward booking assessment meetings to avoid a waiting list. The main challenge is the reviews of existing carers which will require a new assessment implementing the revised approach. Additional funding has been identified through the transformation fund to complete these in a timely way and achieve a £250K identified saving target against carers direct payments.

There is a significant pressure on the Adult Early Help budget (approximately £145K) in 2019/20 due to the removal of fixed term funding that has been in place for the past 2 years. Solutions are being worked on with Finance to ensure Adult Early Help has sustainable funding.

### 2.3.8 *Technology Enabled Care (TEC)*

There has been a significant increase of referrals into the service over the last six months, which has taken the service above the Adult Positive Challenge Programme target. This is mainly attributed to the high profile of TEC, the 6 week lifeline trials and the move to MOSAIC. The most notable increases in referrals were from teams across Prevention and Early Intervention, Adult Early Help and Reablement.

The TEC Leaders pilot started on 1st May and was very positive, generating a lot of interesting conversations about the use of TEC and the possibilities. These first session

have been targeted at services where we know there is low uptake and so we should be able to demonstrate impact easily. Young Adults, Adults with Autism and Physical Disabilities managers are in the first cohort.

The technology elements of Sensory Services (deaf technologies) are now being delivered by TEC, as part of reducing complexity in the system and joining up the TEC/Sensory expertise within the services. This is excellent progress and should reduce duplication and enhance the individual's experience of services.

Next Generation Technology Project – NHS England. This project has been described by the Telecare Services Association as 'groundbreaking' However, we continue to have significant delays on this project due to the technical integration work that has been needed. This will alter the timeframes for the evaluation but we continue to be positive. We are now working with the Telecare Services Association TSA who provide industry support and standards to try and help negotiate this difficult transition to the newer technology.

We have been awarded funding from the LGA for a "discovery" phase to look at opportunities within disability and transition services to source solutions to maximise opportunities and independence. We will work with LGSS Digital to deliver this project. Internal kick-off event was held 30th April and this was to work with LD colleagues to identify priorities for the programme.

There is a continued focus to embed TEC and ensure an aligned offer across Cambridgeshire and Peterborough. This also includes the ongoing work to align the current commissioned multiple Lifeline contracts across Cambridgeshire. The TEC workstream of the Adults Positive Challenge will include focused modelling work to capture the impact of TEC and promote a TEC first approach with staff. Future commissioning opportunities to embrace new and emerging technologies is a key component of this work.

#### 2.3.9 *Making Safeguarding Personal*

Making Safeguarding Personal is critical to ensure safer outcomes for Adults at risk and their Carers. Assurance that the principles (stated below) are being embedded across all agencies is a priority for the Safeguarding Adults Board and work will be completed in 2019/20 to reassure statutory agencies that Making Safeguarding Personal is truly embedded.

Principles:

- Empowerment
- Protection
- Prevention
- Proportionality
- Partnership
- Accountability

From a Local Authority perspective the ASC IT system has been altered as part of the implementation of MOSAIC to ensure that we can both capture the outcomes that people want, but we have also included guidance to ensure staff are supported to truly

hear their voice. We are clear with practitioners about the importance of either gaining consent or if the risk is high, not requiring consent but ensuring the person is aware that the referral will be made to the Multi Agency Safeguarding Hub (MASH). Regular MASH audits will commence in June and will audit practice against these standards.

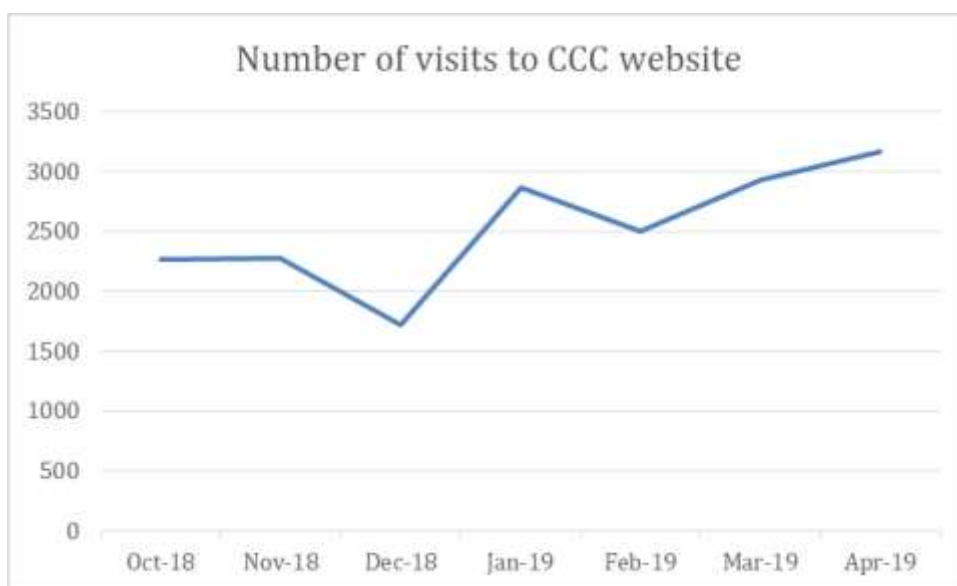
#### 2.3.10 *Information and Advice*

We continue to work on making information and advice more accessible to people and to ensure the focus wherever possible is on self-help. Building on the Guide To Independence we have also created a shorter Guide to Paying For Care leaflet for self funders in hospital, as a quick guide for those making their own arrangements for care and support.

In response to a number of complaints received around the lack of availability of information around client charges for care and support we have created some quick guides for staff and service users and are also reviewing the range of financial assessment letters to ensure they are clear.

We are also undertaking joint work with Peterborough City Council to develop easy read website content. A link to the content developed can be found [here](#)

There has been a trend of growing number of visits to the Cambridgeshire Adults web pages.



#### 2.2.11 *Carers Support*

The Adult Positive Challenge Programme has a work stream focused on improving the support provided to carers. This work stream has three key features:

- Return of statutory carers assessment services to the Council to aid the embedding of a holistic offer for carers. This transfer took place in April 2019.
- Embedding a strengths and assets approach to carers' assessments and support planning, via workshops and reinforcement from the core practice Huddles and new assessment and review tools. This was launched in April 2019.
- Review of the commissioned carers support offer to identify what works and where the gaps are in order to inform the recommissioning of these services. The review

has been completed and the tender process is due to begin. The procurement is currently on hold until July to await the outcome of the Clinical Commissioning Group (CCG) community contract review as this will inform whether the contract will proceed as a joint tender across PCC/CCC and the CCG.

Committee is scheduled to receive a deep dive report in the work being undertaken with carers in the Autumn.

## 2.4 **Key Developments: Commissioning**

### 2.4.1 *Recruitment*

The Commissioning department underwent a restructure, which has led to the integration of the commissioning function across PCC and CCC, as well as increasing capacity within teams to ensure we have the right resources to support a proactive approach to commissioning services across the county. The integration of teams has enabled us to reduce duplication, increase consistency and share best practice. The new structure launched in December 2018 and recruitment to additional posts has been successful, with Brokerage, Quality Improvement, Contract Management, Mental Health & Learning Disabilities and Adults commissioning now at nearly full capacity.

The Brokerage team commissioning team is now at nearly full capacity, with additional posts, including:

- Head of Brokerage, Quality Improvement and Contract Management – 1FTE
- Lead Brokers 2FTE
- Hospital based Brokers 3FTE
- Mental Health and Learning Disabilities Broker 2FTE

There is currently 1 FTE broker vacancy within the team.

The Contract management team is also now fully resourced with the addition of the following roles:

- Senior Contract Manager 1FTE
- Contract Officers 3FTE

In addition, 3FTE new Senior Commissioner posts were recruited to across adults commissioning, including mental health and learning disability commissioning.

### 2.4.2 *Market Management*

The Council complies with CQC regulations and in the autumn underwent a LGA Peer Challenge using the CQC Area Review methodology. Across Cambridgeshire, 8.5% of care homes have a CQC rating of 'requires improvement', 88.5% are good and 3% of homes are rated outstanding.

In November 2018, we had a contract handback from a residential and nursing provider. In January 2019 one of our residential providers experienced provider failure following quality issues raised by CQC. This was managed closely with the provider market and CQC during this time to ensure the safe transfer of people in their care. We are currently working with two providers as a result of one going into administration and one who has concerns over future sustainability to ensure appropriate support is available to them and residents.

#### *Brokerage, Quality Improvement and Contract Management*

2.4.3 The increased capacity within the Brokerage team is beginning to show a positive impact and there is early evidence of performance improvements, including:

- A reduction in the average time it takes to broker care
- An increase in the utilisation of block bed capacity
- Improved flow through reablement, intermediate care and block discharge cars

Work continues in conjunction with social work colleagues to further drive up performance.

The Brokerage team is now co-located with the CCG Continuing Health Care brokers and nursing staff, which is supporting strengthened multi-disciplinary team working and reducing duplication. There is ongoing work in conjunction with the CCG to determine the longer term approach to integration and alignment of health and social care brokerage, which will support development of a single coordinated point of access to the market.

The Contract Management and Quality Improvement Teams are now fully resourced and a reconfiguration of workload on a geographical basis is in process. In addition to supporting provider failure issues as outlined in 2.4.2, the team has worked with three providers to improve quality and delivery, including one inadequate CQC inspection site and two providers where operational concerns had been highlighted. The team has worked closely with these providers to develop turnaround action plans and provide regular support to achieve actions and embed practice. There is an ongoing focus on reviewing how the contract management and quality improvement function can work in a more cohesive manner, with opportunities for skill transfer and commercial skills development being identified and implemented.

#### *Adult Social Care Commissioning*

2.4.4 To promote joined up working and transparency with the local provider market, Cambridgeshire and Peterborough have recently produced a joint market position statement to give a clear indication of the Council's priorities and strategic direction over the coming months. ASC Commissioning Webpages on the CCC council website are currently being redeveloped around the new Joint Market Position Statement.

There has been continued work to increase capacity across the provider market to meet demand. This has resulted in the commissioning of increased capacity, including a 42% increase in reablement capacity, 13% increase in domiciliary care and 5.6% increase residential care since April 2017.

There are a number of commissioning reviews and re-tenders underway, including:

**Direct Payments:** As part of the strengths and assets approach to care and support planning there is a stated intention to increase the utilisation of Direct Payments. There are two key changes being made to support this, the introduction of pre-paid cards to lessen the administrative burden for recipients and a re-tender of the direct payment support service contract with a clear focus on the outcome of increasing the number of Personal Assistants in the market.

**Carers Support:** The provision of carers support has been reviewed and is in the process of being recommissioned (see section 2.3.11).

**Technology Enabled Care (TEC):** There is a focus on alignment of the multiple commissioned LifeLine contracts, as well exploring commissioning opportunities to embrace new and emerging technologies (see section 2.3.8)

**Homecare Discharge and Transition Cars:** The discharge and transition cars block contract has been re-tendered and awarded. The contract is a 2+1 year award and capacity will be maximised through close performance monitoring.

**Older People Residential Services:** We are working closely with the care home market to increase capacity in the market, including extending the provision of block bed capacity, supporting additional capacity into the market and exploring other options for accommodated support, e.g. care villages.

**Older People's Day Services:** Following a review of commissioned services, a re-design of services is being undertaken to inform the future commissioning recommendations for this model.

**Homecare review:** A review of homecare provision is currently underway, which will inform the future commissioning approach to re-procure this contract. The review will involve working closely with brokerage and reablement, to understand and address issues relating to capacity mismatch and supporting a reduction of bridging packages in the reablement service. Provider engagement is being planned, including a review of thoughts on the usage of the Dynamic Purchasing System ADAM.

**Housing Related Support:** A review of support is being undertaken to explore new models of delivery that promote best practice and ensure that people accessing Housing Related Support services get the best possible outcomes.

**Extra Care Housing:** The extra care housing schemes across Baird Lodge, Eden Place, Millbrook House, Ness Court and Somers Court contracts are due to expire in December 2019 and are being re-tendered.

**Prevention and Early Intervention:** As a key component of the Adult Positive Challenge Programme commissioning work stream, mapping of the current effectiveness and gaps in commissioned services is in progress. This will inform the future requirements and commissioning approach.

#### *Mental Health and Learning Disabilities Commissioning*

2.4.5 **Recovery and Community Inclusion contract:** (co-commissioned with the CCG and Peterborough City Council) has recently been awarded with a contract start date of 2<sup>nd</sup> of September 2019. This contract brings together a range of current services into a pathway designed to support mental health service users to access intensive 1:1 support, groups and peer support. The service will connect people with their local community assets as well as supporting people to improve their individual living skills, resilience and recovery. The contract has been awarded to CPSL Mind and implementation of 'The Good Life' service, which is the new branding for this contract,

is underway.

**Lifecraft:** a service-user led charity within Cambridge, has recently been successful in being granted £49,000 from the Innovate and Cultivate Fund to provide focused employment support to people currently living in Mental health Supported Accommodation, or receiving a Care Package. Aiming to support 48 beneficiaries, the project is hoping to achieve employment outcomes for at least 12 people, as well as moving the remaining individuals closer to the labour market through volunteering, training and development of employment skills. Initial recruitment for the project is currently taking place.

**Mental Health Supported and Residential Accommodation services:** a review has taken place across currently commissioned services within Cambridgeshire and Peterborough. There is an opportunity to develop a more consistent and robust framework for this area of support, which will improve competition, effectiveness and financial forecasting and efficiency. Further gaps have been identified around support for people with Autism and also an offer for Complex Mental Health service users whose needs are currently being met in residential or secure settings but could be provided for in a more supported environment within the community. Recommendations for this area are currently being developed and will be presented to Adults Committee in the coming months.

**Specialist Mental Health Employment Support:** A strategic review of these services will be undertaken during 2019/20, in conjunction with the CCG. A range of project and commissioned services are currently being delivered. Commissioners will draw together the range of employment based projects to ensure that there is a strategic approach to delivery and that commissioning intentions and strategy can be drawn from the projects. Qualitative and quantitative evidence will be collected to underpin future commissioning intentions around employment.

**Learning Disabilities and Autism:** Two innovate grants have been awarded to providers to appoint job coaches to bridge the journey from being work ready to securing a job. The models and pathways will be analysed to inform future commissioning with the intention being to put in place a Framework for Employment Support.

Development of further housing options for Adults with Learning Disabilities is underway. Several options are being scoped including using NHSE money and Property Investment companies who lease to Registered Social Landlords.

There is also work ongoing to develop accommodation options for Adults with Autism (not an LD). This work is happening in close collaboration with Mental Health commissioning, to enable both frameworks to be tendered alongside each other.

Re-tendering of the Post Diagnostic Support Service across both Cambridgeshire & Peterborough is a priority, so a consistent cross-county offering is available.

**Transforming Care Partnership (TCP):** Currently there are 3 Service Users in Specialist Commissioned Beds and additionally 2 Service Users who do not have a diagnosis of LD, these are Out of County. There are 5 Service Users in Assessment and Treatment

beds within County. There are 11 service users on the risk register, all with comprehensive risk plans in place. Although the numbers appear small the cost of care to deliver independence is disproportionately high and although there are contributions via the CCG and Continuing Health Care, the financial impact on the budget is significant. This situation has become increasingly critical as a result of a recent Panorama programme that documented further failings in Hospital settings (resulting in Ministerial oversight and weekly monitoring from the Department of Health and Social Care).

The Transforming Care Partnership is working on several commissioning streams to ensure there are services within Cambridgeshire & Peterborough that can meet the needs of this cohort, both in terms of stabilising and supporting existing placements, namely ensuring there is sufficient crisis response and forensic support, and also in developing new services which those in hospital placements and out of county placements can return to live in.

## **2.5 Partnerships with Health – Operations and Commissioning**

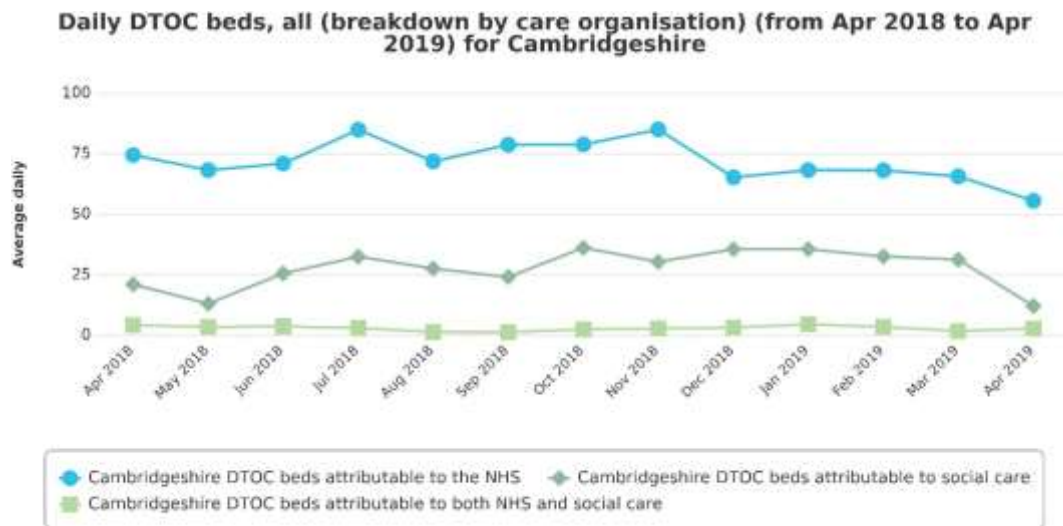
The Council has continued to work in close partnership with NHS Partners with a particular focus on joint commissioning to support prevention and early intervention, system working to address DTOCs and admission avoidance initiatives such as neighbourhood based care.

### **2.5.1 *Integrated Commissioning***

Integrated commissioning approaches support us to increase consistency in service provision and enable better engagement and market management. A number of jointly commissioned services have been established, including; the Better Care Fund (BCF) pooled budget which commissions a range of integrated initiatives, including community multidisciplinary neighbourhood teams, prevention and early intervention initiatives such as falls prevention and interventions to support the management of DTOCs; Support for people with mental health issues; Community Occupational Therapy Services; and Community Equipment Services

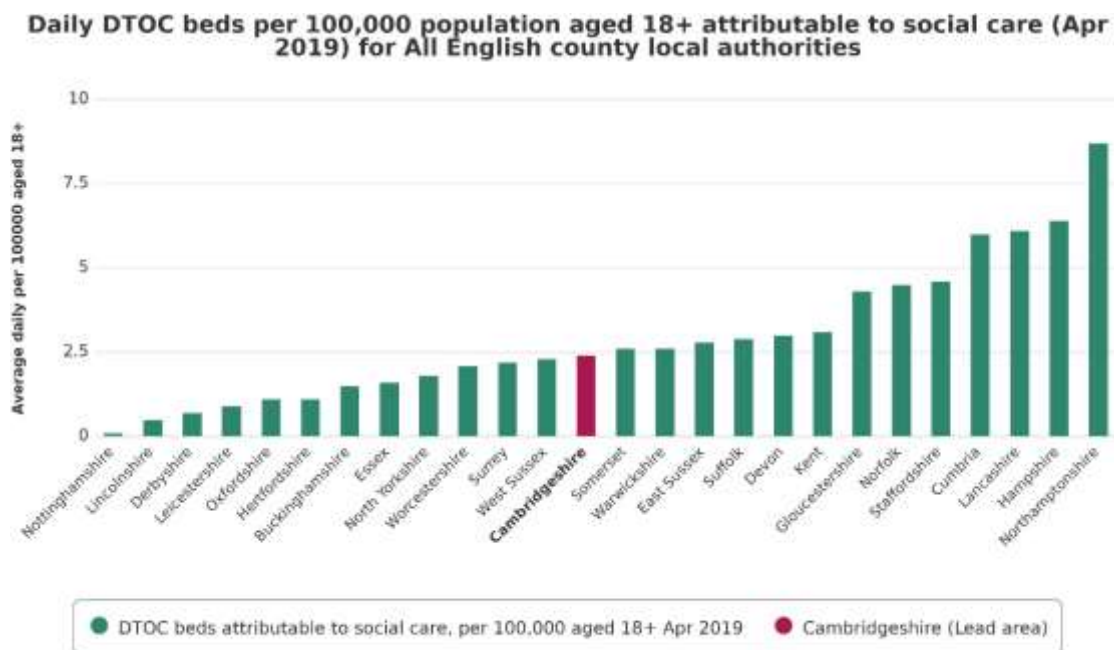
### **2.5.2 *System Working to Address DTOCS***

The council has worked in close partnership with NHS Partners at a strategic, commissioning and operational level through the Sustainability and Transformation Partnership (STP) and through our Joint Better Care Fund Plans, resulting in significant investment to reduce current DTOC challenges. That said it needs to be recognised that there are a number of major challenges, including a growing older population, greater acuity of need, workforce recruitment and retention and significant funding issues across the health and care system. DTOC performance has continued to be a challenge for the local system, but we have started to see a trend of improved performance since the beginning of the year. Based on the latest nationally published UNIFY data for April 2019, the below graph shows a breakdown of DTOCs by attributable organisation.



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For April 2019 Cambridgeshire, compared to all single tier and county councils in England, is ranked 125 (compared to 143 in March 2019) on the overall rate of delayed days per 100,000 population aged 18+, with a rank of 151 given to the area with the highest rate. It is ranked 137 (143 in March 2019) on the rate of delayed days attributable to the NHS, and 89 (133 in March 2019) on the rate of delayed days attributable to social care.



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### Local Performance since April 2019

Based on local recorded weekly validated DTOC data, the below provides a more recent overview of performance across Cambridgeshire since April 2019. This highlights that there have been significant improvements in closing the gap to the 3.5% national target.

	Cambridge and Peterborough System - Delayed Transfers of Care											
	C&P			H&P			PC&H			CP&T - Community		
	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance	Delay Patients (snapshot)	Total Delay Days Lost	% Performance
12/05/2019	44	265	4.2%	17	112	7.5%	51	145	3.7%	15	112	12.6%
19/05/2019	14	96	1.8%	17	117	8.0%	52	179	4.4%	12	59	8.0%
26/05/2019	78	350	5.8%	19	139	8.5%	55	161	4.0%	12	104	15.6%
02/06/2019	46	325	5.2%	26	219	15.0%	43	92	2.3%	15	106	15.9%
09/06/2019	32	284	4.5%	6	122	7.3%	34	101	2.5%	18	63	14.0%

Significant Improved Better Care Fund (IBCF) investment has been made to support DTOC pressures, including additional reablement capacity, social worker capacity to support discharge and prevent hospital admissions, investment in community equipment and occupational therapist support, the implementation of the trusted assessor model to support care homes to reduce assessment related discharge delays and investment in continuing healthcare resources to support implementation of a new CHC hospital discharge process.

The Discharge Programme continues to be the highest priority for the System. It is a joint priority programme of work, which has been agreed with health and social care partners to support delivery of the 3.5% target. A Discharge Programme Operational Group has been established to implement key operational changes to support delivery of the DTOC programme, with the key focus areas being:

- Following best practice learning from other areas, a review of validation processes i.e. being undertaken. This will support a consistent approach to reporting and reduce instances of over-reporting as a system.
- Referral and assessment pathways for discharge to assess pathway 1 (intermediate care and reablement at home provision) are being reviewed to support less handoffs and reduce unnecessary delays in discharges. This will ensure the use of light touch assessments and development trusted assessor models.
- Integrated Discharge Team (IDT) managers have been recruited to at Addenbrookes and Peterborough City Hospital, starting within May and June 2018. Hinchingsbrooke is currently being recruited to you. These roles will take the operational day to day lead on the multi-disciplinary IDT to ensure a co-ordinated response to complex discharges, holding individual organisations to account.
- Revisions to patient choice communications and policies has been undertaken and is in the process of being implemented across the hospital sites. This work is happening alongside continued culture change and confidence building amongst staff, supporting difficult conversations with patients to happen earlier.

Following the evidenced impact of post hospital discharge reviews it has been agreed that these will be the focus of the promoting wellbeing team.

### Admissions Avoidance

2.5.3

The system is committed to the development of place based delivery and the Council has been working closely with NHS Partners around the development of local Integrated Neighbourhoods. This work sits alongside the development of Primary Care Networks with populations of 30,000 – 50,000 and is being aligned to the Council led Think Communities programme and Adults Positive Challenge. The model of delivery is driven by a neighbourhood, 'place based' approach, and success will mean that people have greater independence and better outcomes via a greater focus on prevention, empowerment and building self-sufficient and resilient communities.

### **3. ALIGNMENT WITH CORPORATE PRIORITIES**

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

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

- Good quality, effective and appropriate services are provided to adults which are personalised and deliver care in the right setting at the right time supporting a good quality of life for people.

#### **3.2 Thriving places for people to live**

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

- 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 for this priority.

### **4. SIGNIFICANT IMPLICATIONS**

#### **4.1 Resource Implications**

*There are no significant implications within this category.*

#### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

*There are no significant implications within this category.*

#### **4.3 Statutory, Legal and Risk Implications**

*There are no significant implications within this category.*

#### **4.4 Equality and Diversity Implications**

*There are no significant implications within this category.*

#### **4.5 Engagement and Communications Implications**

*There are no significant implications within this category.*

#### **4.6 Localism and Local Member Involvement**

*There are no significant implications within this category.*

#### **4.7 Public Health Implications**

*There are no significant implications within this category.*

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

<b>Source Documents</b>	<b>Location</b>
None	



**FINANCE AND PERFORMANCE REPORT – MAY 2019/20**

*To:* **Adults Committee**

*Meeting Date:* **4 July 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 May 2019/20 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 May 2019.**

*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 is presented to committees at scheduled bi-monthly meetings.
- 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. Appendix A states which lines are the responsibility of Adults Committee, with the financial position summarised in the table below.

Directorate	Budget 2019/20	Actual May 2019	Forecast Outturn Variance
	£000	£000	£000
Adults & Safeguarding	144,162	36,823	2,419
Adults Commissioning (including Local Assistance Scheme)	14,212	696	0
<b>Total Expenditure</b>	<b>158,374</b>	<b>37,519</b>	<b>2,419</b>
Grant Funding	-15,163	-1,545	0
<b>Total</b>	<b>143,211</b>	<b>35,975</b>	<b>2,419</b>

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

## 1.4 Financial Context

- 1.4.1 As previously discussed at Adults Committee the major savings agenda continues with £75m of savings required across the Council between 2019 and 2024. People and Communities budgets are facing increasing pressures from rising demand and changes in legislation, with the directorate's budget increasing by around 3% in 2019/20.
- 1.4.2 Within Adults services, key demand areas are:
- In Older People's services where prices of residential and nursing care are increasing at above the rate of inflation, and where rising demand is being seen from the NHS as a result of improving performance in reducing delayed transfers of care.
  - In Learning Disability services and Physical Disability services where the needs of relatively static groups of people are continuing to increase.
- 1.4.3 These pressure areas are similar to those seen in previous years. Central government has continued to recognise pressures in the social care system through a number of temporary grants given to local authorities. For 2019/20, these are principally the Improved Better Care Fund and the Winter Pressures Grant (both part of the Better Care fund and therefore requiring a joint spending plan with the NHS), as well as the Social Care Support Grant. These grants are able to be used to offset pressures, make investments into social care to bolster the social care market or reduce demand on health and social care services. A substantial amount is spent in partnership with the NHS in reducing delayed transfers of care. Some of these grants were used in 2018/19 to directly mitigate increasing cost of and demand for care, and it is anticipated that the same will be the case in 2019/20, as well as continuing to spend in partnership with the NHS. These grants have not been confirmed beyond 2019/20.

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

### 2.1 Revenue

2.1.1 At the end of May, People and Communities is forecast to overspend by £3.7m (1.4 % of budget).

2.1.2 Within that, Adults services are forecast to overspend by £2.4m (1.5%), with budgets relating to care provision forecasting a £4.9m overspend and funding of around £2.5m applied from grants to mitigate in-line with their intended purpose. The pressures forecast at this stage are predominantly in Older People's services, along with Physical Disability services to a lesser extent. The other key care budget, the Learning Disability service, is forecasting a balanced position.

2.1.3 There are two main, related causes of the projected overspend.

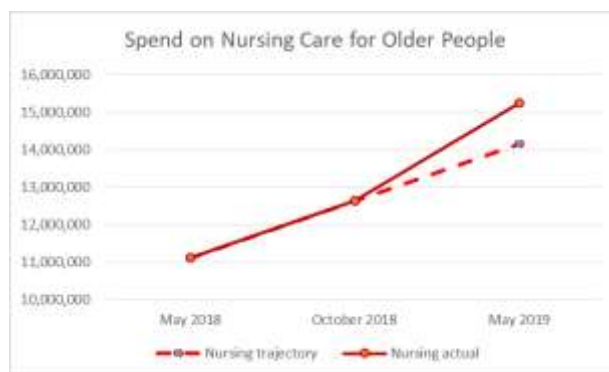
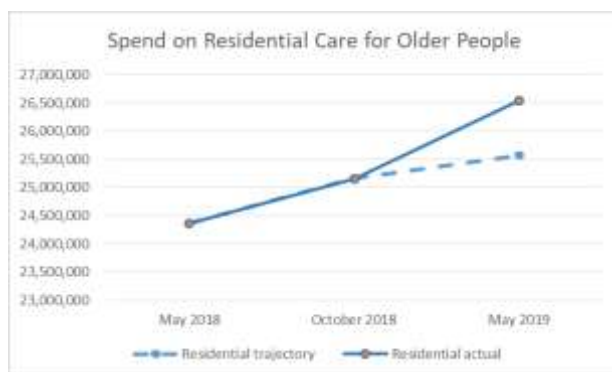
#### A. Pressures in the second half of 2018/19

2.1.4 In the Adults covering report for the outturn Finance and Performance Report for 2018/19, it was stated that increasing pressures in Older People's services:

*"... will continue to be a risk into 2019/20... as budgets were set based on projections of costs made much earlier in the financial year as part of the business planning process. These therefore omit part of the impact of 2018/19's overspend on the new year, and did not assume ongoing monthly increases in unit costs would be so high."*

2.1.5 Following a detailed review of care budgets for 2019/20 this risk has been confirmed. Budget requirements for each year are broadly based on projections of year-end expenditure made over the Autumn of the previous year as the business planning process is undertaken by committees. Within Older People's services, the unit cost of residential and nursing care, as well as the numbers of people in residential care, increased at a much greater rate in the last third of the year than expected – this had some impact on the position in 2018/19 and was reported to Committee, but the annual effect into 2019/20 is greater:

	Numbers				Unit costs				Total impact
	Projected May 2019 Numbers	Actual May 2019 Numbers	Difference	Annual impact	Projected May 2019 Unit Cost	Actual May 2019 Unit Cost	Difference	Annual impact	
Residential	852	865	13	£399,006	£577	£590	£13	£585,068	£984,074
Nursing	416	418	2	£72,883	£654	£701	£46	£1,008,634	£1,081,517
				£471,889				£1,593,702	£2,065,591



These graphs highlight the trajectory for expenditure on care homes when budget allocations for 2019/20 were being calculated in the Autumn, compared to the level of expenditure that actually resulted.

- 2.1.6 The increase in unit costs of care has had the biggest impact, particularly in nursing care, with the main causes being:
- Increased demand for care resulting from high winter pressures (recognised by the Winter Pressures Grant), improving delayed discharge performance and increasingly complex levels of need
  - Increasing competition for beds from people paying for their own care, and from the NHS who also commissioning nursing care
  - Constrained supply in the market, partly as a result of increasing numbers of people in care homes commissioned by local authorities and the NHS, as well as paying for it themselves.
- 2.1.7 The higher than expected number of people in residential care is thought to be due to:
- Successful work, such as through the Adults Positive Challenge Programme (APCP) and establishment of Adult Early Help and other services intended to support people to live independently at home and reduce the number of people deteriorating from residential into nursing care
  - An increase in referrals from acute hospitals to social care of patients with higher levels of need, complexity and multiple morbidity
- 2.1.8 The unit costs and numbers of people across most types of care are reported in the main report under the Key Activity Data section 2.5.

#### B. In-year projections

- 2.1.9 As a result of the increasing unit costs of care, we have revised our in-year projections of prices up, resulting in an additional pressure. These projections are for the whole year, and are based on the levels of past increases, so work to manage price increases would reduce the forecast pressure.
- 2.1.10 In addition, further cost pressures are anticipated due to:
- Higher prices experienced when block services are being recommissioned – the block contracts enabled us to maintain cheaper prices for a number of years
  - Workforce issues in care providers, particularly in terms of nurses
- 2.1.11 Projections around numbers of people in residential and nursing care have not been revised as we anticipate demand management work embodied in the APCP will keep numbers within the expected number overall.

#### Mitigations

- 2.1.12 There is a framework for monitoring care activity within Adults Services, and the increasing unit cost of care was identified and reported towards the end of the last financial year, enabling a mitigation plan to be in place. In particular, the extension of the Integrated Brokerage Service to cover care homes is key – the service currently commissions domiciliary care for Cambridgeshire, Peterborough and the local NHS and has been instrumental in keeping costs of that type of care down and preventing competition across the system.

2.1.13 In addition:

- The reablement service continues to operate at its expanded level, providing capacity for additional short-term care and maintaining people's independence
- Additional block capacity is being identified through the care homes project, both in the short- and long-term
- Winter Pressures funding is expected to continue to be spend on a large amount of block domiciliary care capacity, again ensuring people have the best chance of remaining independent in their own home

2.1.14 Approximately £2.5m of grant funding has been identified as a further mitigation and shown in the 'Strategic Management – Adults' line. This is mostly an allocation of the 2019/20 Social Care Support Grant earmarked for this purpose during business planning. This is shown separately to highlight the ongoing care pressures.

## 2.2 **Performance**

2.2.1 Key performance information is in Appendix 7 of the main report.

### **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.

<b>Source Documents</b>	<b>Location</b>
As well as presentation of the F&PR to the Committee when it meets, the report is made available online each month.	<a href="https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&amp;-performance-reports/">https://www.cambridgeshire.gov.uk/council/finance-and-budget/finance-&amp;-performance-reports/</a>

## **Appendix A**

### **Adults Committee Revenue Budgets within the Finance & Performance Report**

#### **Adults & Safeguarding Directorate**

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

#### **Learning Disability Partnership**

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

#### **Older People and Physical Disability Services**

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

#### **Mental Health**

Mental Health Central  
Adult Mental Health Localities  
Older People Mental Health

#### **Commissioning Directorate**

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

#### **Adults Commissioning**

Central Commissioning - Adults  
Integrated Community Equipment Service  
Mental Health Commissioning

#### **Executive Director**

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

#### **Grant Funding**

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



From: Martin Wade and Stephen Howarth  
 Tel.: 01223 699733 / 714770  
 Date: 10<sup>th</sup> June 2019

## People & Communities (P&C) Service

### Finance and Performance Report – May 2019

#### 1. SUMMARY

##### 1.1 Finance

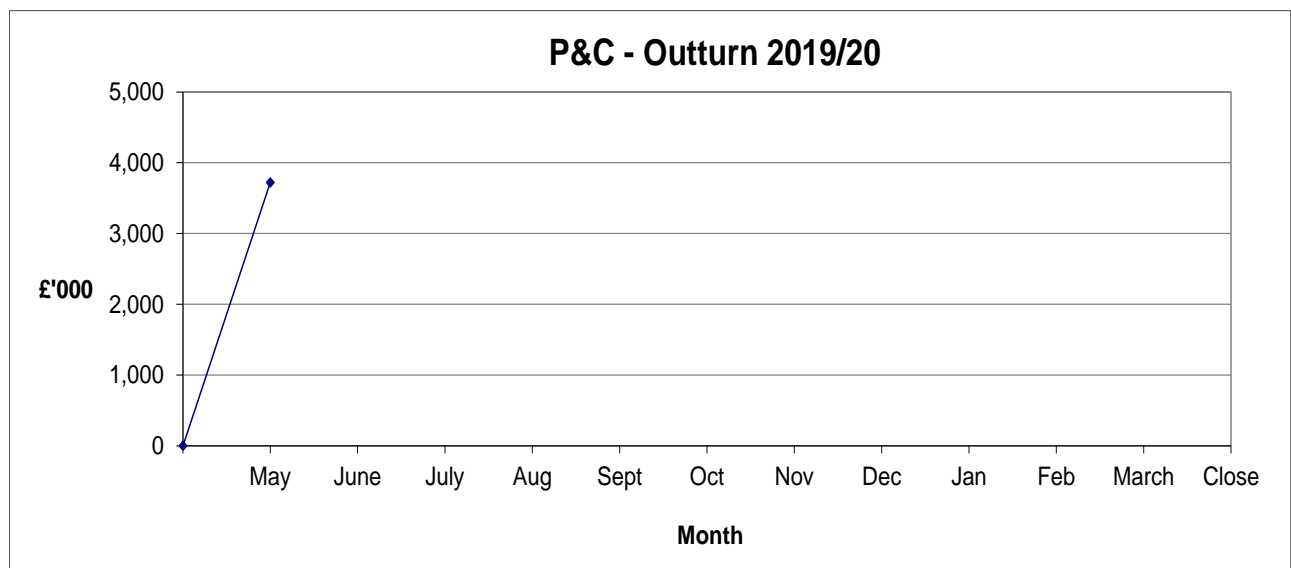
Previous Status	Category	Target	Current Status	Section Ref.
Red	Income and Expenditure	Balanced year end position	Red	2.1
Green	Capital Programme	Remain within overall resources	Green	3.2

#### 2. INCOME AND EXPENDITURE

##### 2.1 Overall Position

Forecast Variance Outturn (Previous) £000	Directorate	Budget 2019/20 £000	Actual £000	Outturn Variance £000	Outturn Variance %
0	Adults & Safeguarding	144,162	36,823	2,419	1.7%
0	Commissioning	53,008	3,998	650	1.2%
0	Communities & Safety	11,690	1,079	-0	0.0%
0	Children & Safeguarding	58,094	10,030	350	0.6%
0	Education	87,429	11,325	300	0.3%
0	Executive Director	4,599	109	0	0.0%
0	<b>Total Expenditure</b>	<b>358,981</b>	<b>63,364</b>	<b>3,719</b>	<b>1.0%</b>
0	Grant Funding	-99,245	-15,914	0	0.0%
0	<b>Total</b>	<b>259,737</b>	<b>47,450</b>	<b>3,719</b>	<b>1.4%</b>

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



## 2.2 Significant Issues

At the end of May 2019, the overall P&C position is an overspend of £3,719k.

Significant issues are detailed below:

### Adults

At the end of May, Adults Services are forecasting an overspend of £2.4m, which is 1.7% of budget. *Older People's and Physical Disability Services* (OP/PD) have experienced increases in the unit costs of, and the number of people in, the most expensive types of care since the start of the previous financial year (concentrated in the last five months). This has resulted in both an opening pressure, as costs by the start of 2019/20 were higher than assumed when budgets were set in the third quarter of 2018/19, and a projected increase in that pressure in-year as the unit cost trend is expected to continue. The overspend forecast is £4.9m in OP/PD.

Part of this pressure is as a result of a continuing focus on discharging people from hospitals as quickly as is appropriate, which can result in increasing numbers of people in expensive types of care, at least in the short-term. This has the further impact of increasing cost as supply in that sector is limited, exacerbated by competing in some areas with the NHS for similar types of high cost care placements. Improving discharge processes and integrated commissioning are key mitigations being worked on.

The opening pressure is addressed partly through application of grant funding received from central government, shown against the *Strategic Management – Adults line*. One of the specific purposes of these grants is to mitigate pressures in the adult social care system.

Children's

*Children in Care* is anticipating a pressure of c£350k across Staying Put (£125k) and Unaccompanied Asylum Seeking Children (Over 18) budgets (£225k). In both areas the central government grant does not match anticipated expenditure.

*Looked After Children Placements* is forecasting a year end overspend of £350k. Recent activity in relation to gang related crime has resulted in additional high cost secure placements being required. In addition, the numbers of children in care are yet to decrease to budgeted levels; though this is still expected in-year. To mitigate this the new Family Safeguarding programme fund will be used to offset the additional cost if required. Work is still ongoing across a number of initiatives resulting in a net increase in in house foster carers which is contributing towards planned savings. Alongside this the commissioning service has continued to work to reduce the unit costs of some of the higher cost placements.

Education

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

*SEND Specialist Services* has a forecast over spend of £300k within the Statutory Assessment Team due to the ceasing of a grant that has funded additional capacity in previous years, which is still required to meet demand for statutory deadlines for EHCP assessments and reviews.

Whilst not currently included in the figures, a significant pressure is expected on the High Needs Block of the Dedicated Schools Grant (DSG). This is a ring-fenced grant and as such overspends do not affect the Council's bottom line but are carried forward as a deficit balance into the next year. In 2018/19 we saw a total DSG overspend across SEND services of £8.7m which, combined with underspends on other DSG budgets, led to a deficit of £7.2m carried forward into 2019/20. Given the ongoing increase in numbers of pupils with EHCPs it is likely that a similar overspend will occur in 2019/20, however this will become clearer as we move towards the start of the new academic year.

## 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 May 2019 for **Looked After Children (LAC)** is shown below:

	BUDGET				ACTUAL (May)				VARIANCE		
Service Type	No of placements Budgeted	Annual Budget	No. of weeks funded	Average weekly cost per head	Snapshot of No. of placements May 19	Yearly Average	Forecast Outturn	Average weekly cost per head	Yearly Average budgeted no. of placements	Net Variance to Budget	Average weekly cost diff +/-
Residential - disability	3	£425k	52	2,980.70	3	2.22	£277k	2,452.41	-0.78	-£148k	-528.30
Residential - secure accommodation	1	£376k	52	5,872.95	4	2.06	£708k	6,308.67	1.50	£332k	435.72
Residential schools	19	£2,836k	52	2,804.78	17	17.14	£1,970k	2,674.20	-2.30	-£866k	-130.58
Residential homes	33	£6,534k	52	3,704.67	35	32.85	£6,321k	3,834.55	-0.15	-£213k	129.88
Independent Fostering	240	£11,173k	52	798.42	315	310.23	£13,104k	812.60	70.35	£1,930k	14.18
Supported Accommodation	26	£1,594k	52	1,396.10	24	16.75	£1,069k	1,325.15	-9.53	-£525k	-70.95
16+	7	£130k	52	351.26	9	4.07	£229k	662.44	-3.05	£98k	311.18
Growth/Replacement	-	£k	-	-	-	-	£k	-	-	£k	-
Pressure funded within directorate	-	£k	-	-	-	-	-£259k	-	-	-£259k	-
<b>TOTAL</b>	<b>329</b>	<b>£23,069k</b>			<b>407</b>	<b>385.32</b>	<b>£23,419k</b>		<b>56.03</b>	<b>£350k</b>	
In-house fostering - Basic	205	£2,125k	56	179.01	209	201.18	£2,037k	180.81	-3.82	-£88k	1.80
In-house fostering - Skills	205	£1,946k	52	182.56	217	209.28	£1,940k	186.77	4.28	-£6k	4.21
Kinship - Basic	40	£425k	56	189.89	42	40.91	£441k	196.99	0.91	£15k	7.10
Kinship - Skills	10	£35k	52	67.42	10	10.00	£35k	67.42	0	£k	0.00
<b>TOTAL</b>	<b>245</b>	<b>£4,531k</b>			<b>251</b>	<b>242.09</b>	<b>£4,453k</b>		<b>-2.91</b>	<b>-£78k</b>	
Adoption Allowances	107	£1,107k	52	198.98	109	109.00	£1,149k	200.76	2	£42k	2.26
Special Guardianship Orders	307	£2,339k	52	142.30	265	265.00	£2,087k	141.48	-42	-£251k	-0.59
Child Arrangement Orders	88	£703k	52	153.66	88	88.00	£703k	153.66	0	£k	0.00
Concurrent Adoption	5	£91k	52	350.00	1	1.00	£7k	140.00	-4	-£84k	-210.00
<b>TOTAL</b>	<b>507</b>	<b>£4,240k</b>			<b>463</b>	<b>463.00</b>	<b>£3,947k</b>		<b>2</b>	<b>-£293k</b>	
<b>OVERALL TOTAL</b>	<b>1,081</b>	<b>£31,840k</b>			<b>1121</b>	<b>1,090.41</b>	<b>£31,818k</b>		<b>55.12</b>	<b>-£21k</b>	

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 May 2019 for **SEN Placements** is shown below:

BUDGET				ACTUAL (May 19)				VARIANCE			
Ofsted Code	No. of Placements Budgeted	Total Cost to SEN Placements Budget	Average annual cost	No. of Placements May 19	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost	No of Placements	Yearly Average	Total Cost to SEN Placements Budget	Average Annual Cost
Autistic Spectrum Disorder (ASD)	102	£6,218k	£61k	104	92.59	£5,595k	£60k	2	-9.41	£623k	£k
Hearing Impairment (HI)	3	£117k	£39k	3	3.00	£121k	£40k	0	0.00	£4k	£1k
Moderate Learning Difficulty (MLD)	10	£200k	£20k	7	4.93	£321k	£65k	-3	-5.07	£121k	£45k
Multi-Sensory Impairment (MSI)	1	£75k	£75k	0	0.00	£0k	-	-1	-1.00	£75k	£k
Physical Disability (PD)	5	£89k	£18k	5	4.94	£111k	£23k	0	-0.06	£22k	£5k
Profound and Multiple Learning Difficulty (PMLD)	1	£68k	£68k	1	1.00	£67k	£67k	0	0.00	£1k	£1k
Social Emotional and Mental Health (SEMH)	45	£2,013k	£45k	42	34.33	£1,926k	£56k	-3	-10.67	£86k	£11k
Speech, Language and Communication Needs (SLCN)	3	£138k	£46k	3	3.00	£141k	£47k	0	0.00	£3k	£1k
Severe Learning Difficulty (SLD)	5	£445k	£89k	5	5.00	£430k	£86k	0	0.00	£15k	£3k
Specific Learning Difficulty (SPLD)	4	£138k	£35k	4	3.50	£167k	£48k	0	-0.50	£29k	£13k
Visual Impairment (VI)	2	£73k	£36k	2	2.00	£60k	£30k	0	0.00	£13k	£6k
Growth	-	£k	-	-	-	£633k	-	-	-	£633k	-
Recoupment	-	-	-	0	0.00	£k	£k	-	-	£k	£k
<b>TOTAL</b>	<b>181</b>	<b>£9,573k</b>	<b>£53k</b>	<b>176</b>	<b>154.29</b>	<b>£9,573k</b>	<b>£58k</b>	<b>-5</b>	<b>-26.71</b>	<b>£k</b>	<b>£5k</b>

**2.5.3 Adult Social Care**

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

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

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

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

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

Learning Disability Partnership	BUDGET			ACTUAL (May 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	274	£1,510	£22,062k	281		£1,435		£22,587k		£525k
~Residential Dementia										
~Nursing	7	£1,586	£591k	5		£1,585		£656k		£65k
~Nursing Dementia										
~Supported Living	411	£1,202	£26,347k	406		£1,197		£26,232k		-£115k
~Respite			£422k					£665k		£243k
Community based										
~Direct payments	415	£404	£9,224k	412		£404		£9,325k		£101k
~Live In Care	14	£1,953	£k	14		£1,943		£k		£k
~Day Care	469	£136	£3,414k	469		£159		£3,471k		£57k
~Other Care	175	£68	£749k	175		£75		£777k		£28k
~Homecare	474		£10,354k	449				£10,887k		£533k
Total In Year Expenditure			£73,162k					£74,598k		£1,436k
Care Contributions			-£3,407k					-£3,487k		-£79k
Health Income										
Total In Year Income			-£3,407k					-£3,487k		-£79k
Further savings included within forecast										-£1,234k
Forecast total In Year care costs										£122k

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

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

Older People	BUDGET			ACTUAL (May 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	446	£551	£11,432k	433		£557		£12,931k		£1,498k
~Residential Dementia	432	£586	£12,884k	398		£590		£12,591k		-£293k
~Nursing	289	£643	£9,948k	289		£650		£10,695k		£748k
~Nursing Dementia	113	£753	£4,391k	105		£771		£4,605k		£214k
~Supported Living			£1,733k					£1,676k		-£57k
~Respite			£k					£k		£k
Community based										
~Direct payments	116		£4,632k	116				£4,584k		-£48k
~Live In Care	208	£287	£3,185k	203		£287		£3,506k		£321k
~Day Care	27	£779	£1,101k	29		£792		£1,199k		£98k
~Other Care	43	£82	£833k	48		£87		£842k		£9k
~Homecare	6	£31	£57k	5		£34		£56k		-£1k
	1,127	Per Hour £16.43	£11,127k	1,137		Per Hour £16.40		£11,589k		£462k
Total In Year Expenditure			£61,323k					£64,273k		£2,950k
Care Contributions			-£17,857k					-£17,858k		-£2k
Health Income			-£86k					-£86k		£k
Total In Year Income			-£17,943k					-£17,945k		-£2k
Inflation and uplifts			£1,607k					£1,607k		
Forecast total In Year care costs			£44,987k					£47,935k		£2,949k

## Appendix 1 – Agenda Item: 7

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

Physical Disabilities	BUDGET			ACTUAL (May 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	41	£786	£1,680k	33		£1,031		£1,677k		-£3k
~ Residential Dementia	1	£620	£31k	1		£620		£31k		£k
~ Nursing	31	£832	£1,345k	23		£1,013		£1,288k		-£57k
~ Nursing Dementia	1	£792	£46k	1		£792		£44k		-£2k
~ Supported Living	7	£774	£258k	7		£712		£285k		£27k
~ Respite			£220k					£230k		£10k
Community based										
~ Direct payments	288	£357	£4,908k	288		£354		£4,728k		-£180k
~ Live In Care	29	£808	£1,224k	29		£820		£1,247k		£23k
~ Day Care	48	£70	£177k	49		£69		£167k		-£10k
~ Other Care	4	£39	£373k	4		£39		£314k		-£59k
~ Homecare	257	Per Hour £16.37	£2,707k	270		Per Hour £16.37		£2,891k		£184k
Total In Year Expenditure			£13k					£12,902k		-£67k
Care Contributions			-£1,062k					-£1,062k		£k
Health Income			-£561k					-£561k		£k
Total In Year Income			-£1,623k					-£1,623k		£k
Inflation and Uplifts			£263k					£263k		£k
Forecast total In Year care costs			£11,609k					£11,542k		-£67k

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

Older People Mental Health	BUDGET			ACTUAL (May 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages T	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~ Residential	25	£528	£690k	22		£564		£728k		£38k
~Residential Dementia	23	£539	£648k	20		£577		£678k		£30k
~Nursing	25	£638	£833k	22		£646		£770k		-£63k
~Nursing Dementia	80	£736	£3,079k	73		£768		£3,035k		-£44k
~Supported Living	5	£212	£55k	4		£262		£55k		£k
~Respite	1	£137	£7k	0		£0		£k		-£7k
Community based										
~Direct payments	7	£434	£149k	7		£368		£155k		£6k
~Live In Care	2	£912	£95k	3		£1,233		£91k		-£4k
~Day Care	2	£37	£4k	2		£70		£4k		£k
~Other Care	0	£0	£k	0		£0		£k		£k
~Homecare	42	Per Hour £16.49	£406k	38		Per Hour £17.35		£395k		-£11k
<b>Total Expenditure</b>			£5,966k					£5,911k		-£55k
Care Contributions			-£851k					-£851k		£k
Health Income			£k					£k		£k
<b>Total Income</b>			-£851k					-£851k		£k
Inflation Funding to be applied			£184k					£184k		£k
<b>Forecast total for care costs</b>			£5,299k					£5,244k		-£55k

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

Adult Mental Health	BUDGET			ACTUAL (May 19)				Forecast		
Service Type	Expected No. of Care Packages 2019/20	Budgeted Average Unit Cost (per week)	Annual Budget	Current Care Packages T	D o T	Current Average Unit Cost (per week)	D o T	Forecast Actual	D o T	Variance
Accommodation based										
~Residential	58	£654	£1,984k	56		£659		£2,030k		£46k
~Residential Dementia	5	£743	£194k	5		£744		£205k		£11k
~Nursing	16	£612	£512k	15		£607		£438k		-£74k
~Nursing Dementia	1	£624	£33k	1		£629		£30k		-£3k
~Supported Living	123	£162	£1,041k	123		£161		£1,043k		£2k
~Respite	0	£0	£k	0		£0		£k		£k
Community based										
~Direct payments	9	£355	£167k	10		£329		£212k		£45k
~Live In Care	0	£0	£k	1		£900		£k		£k
~Day Care	2	£77	£8k	4		£60		£12k		£4k
~Other Care	1	£152	£8k	1		£48		£8k		£k
~Homecare	140	£80.00	£586k	144		£104.34		£617k		£31k
<b>Total Expenditure</b>			£4,533k							£62k
Care Contributions			-£396k					-£395k		£1k
Health Income			-£22k					£k		£22k
<b>Total Income</b>			-£418k							£23k
Inflation Funding to be applied			£133k					£133k		£k
<b>Forecast total for care costs</b>			£4,248k							£85k

### 3. **BALANCE SHEET**

#### 3.1 **Reserves**

A schedule of the planned use of Service reserves can be found in [appendix 5](#).

#### 3.2 **Capital Expenditure and Funding**

##### 2019/20 Revised Capital Programme

The P&C Capital Plan for 2019/20 has reduced by £29.7m since the Business Plan was published, resulting in a revised budget of £96.4m. This significant reduction is due the combination of an unusually high number of schemes being delayed into future years, and savings made on the overall value of projects. The schemes with major variations of £1m or greater are listed below, with a more detailed explanation of the position given in [Appendix 6](#):

<b>Scheme</b>	<b>2019/20 change (£000)</b>	<b>Overall Scheme Change (£000)</b>
Fenland Secondary, Wisbech	-9,100	0
Buxhall Farm (Histon Additional Places)	-6,459	0
WING Development	-6,280	0
Eastfield Infant and Westfield Junior Schools	-5,530	-7,231
Sawtry Infant and Junior Schools	-4,450	0
North West Fringe Secondary	-2,618	0
Samuel Pepys Special School	-2,550	0
Northstowe Secondary	-1,000	-1,000

##### Funding

The following changes in funding for 2019/20 have occurred since the Business Plan was published:

<b>Funding Type</b>	<b>2019/20 change (£000)</b>	<b>Explanation</b>
Prudential borrowing	-23,443	Adjustment for savings and slippage on projects
S106	-8,662	Reduction to account for slippage on schemes funded by S106
Carry Forward Adjustment	2,624	Roll forward for slippage from 2018/19
School Conditions Allocation	-579	Reduction in government grant
SEN Funding	524	Increase in government grant
Devolved Formula Capital	-192	Reduction in government grant

##### Overall Capital Programme

Changes to the overall project cost of the capital plan total a reduction of £7.15m. The majority of this is due to the changes to the Eastfield/Westfield scheme (£7.2m) along with a £1m reduction in the overall cost of the Northstowe scheme. Future year changes will be managed through the 2019/20 Business Planning process.

Cultural and Community Services

The transfer of Cultural and Community Services into P&C includes the transfer of capital schemes totalling £5.2m in 2019/20, consisting of £3.1m expenditure as per the Business Plan, with £2.1m carried forward from 2018/19. A more detailed breakdown of these schemes is available in appendix 6.

**3. PERFORMANCE**

3.1 Performance information can be found in appendix 7.

## APPENDIX 1 – P&amp;C Service Level Budgetary Control Report

Forecast Outturn Variance (Previous)  £'000	Service		Budget 2019/20  £'000	Actual May 2019  £'000	Outturn Variance  £'000   %	
Adults & Safeguarding Directorate						
0	1	Strategic Management - Adults	-5,081	2,247	-2,475	-55%
0		Principal Social Worker, Practice and Safeguarding	1,600	274	0	0%
0		Autism and Adult Support	1,046	105	0	0%
0		Carers	416	58	0	0%
<u>Learning Disability Partnership</u>						
0		Head of Service	3,964	2,085	0	0%
0		LD - City, South and East Localities	36,056	6,639	0	0%
0		LD - Hunts & Fenland Localities	28,941	5,321	0	0%
0		LD - Young Adults	7,920	1,284	0	0%
0		In House Provider Services	6,318	1,065	0	0%
0		NHS Contribution to Pooled Budget	-19,109	0	0	0%
0		Learning Disability Partnership Total	64,089	16,394	0	0%
<u>Older People and Physical Disability Services</u>						
0	2	Physical Disabilities	11,932	3,069	436	4%
0	3	OP - City & South Locality	20,325	4,555	1,771	9%
0	3	OP - East Cambs Locality	6,456	1,373	943	15%
0	3	OP - Fenland Locality	7,977	1,928	804	10%
0	3	OP - Hunts Locality	10,700	2,572	991	9%
0	3	Neighbourhood Cares	748	166	-51	-7%
0		Discharge Planning Teams	1,868	374	0	0%
0		Prevention & Early Intervention	8,683	1,780	0	0%
0		Older People's and Physical Disabilities Total	68,690	15,819	4,894	7%
<u>Mental Health</u>						
0		Mental Health Central	1,973	212	0	0%
0		Adult Mental Health Localities	5,641	591	0	0%
0		Older People Mental Health	5,788	1,123	0	0%
0		Mental Health Total	13,402	1,925	0	0%
0		Adult & Safeguarding Directorate Total	144,162	36,823	2,419	2%
Commissioning Directorate						
0		Strategic Management –Commissioning	16	74	0	0%
0		Access to Resource & Quality	1,795	206	0	0%
0		Local Assistance Scheme	300	0	0	0%
<u>Adults Commissioning</u>						
0		Central Commissioning - Adults	9,358	-378	0	0%
0		Integrated Community Equipment Service	1,055	435	0	0%
0		Mental Health Commissioning	3,499	639	0	0%
0		Adults Commissioning Total	13,912	696	0	0%

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Forecast Outturn Variance (Previous) £'000	Service	Budget 2019/20 £'000	Actual May 2019 £'000	Outturn Variance £'000   %	
	<u>Childrens Commissioning</u>				
0 4	Looked After Children Placements	23,069	2,118	350	2%
0	Commissioning Services	2,090	298	-0	0%
0 5	Home to School Transport – Special	9,821	486	300	3%
0	LAC Transport	2,005	121	0	0%
<b>0</b>	<b>Childrens Commissioning Total</b>	<b>36,985</b>	<b>3,022</b>	<b>650</b>	<b>2%</b>
<b>0</b>	<b>Commissioning Directorate Total</b>	<b>53,008</b>	<b>3,998</b>	<b>650</b>	<b>1%</b>
	<b>Communities &amp; Safety Directorate</b>				
0	Strategic Management - Communities & Safety	15	23	0	0%
0	Youth Offending Service	1,777	957	0	0%
0	Central Integrated Youth Support Services	1,364	-932	0	0%
0	Safer Communities Partnership	880	317	0	0%
0	Strengthening Communities	495	146	0	0%
0	Adult Learning & Skills	2,438	-13	0	0%
<b>0</b>	<b>Community &amp; Safety Total</b>	<b>6,969</b>	<b>499</b>	<b>0</b>	<b>0%</b>
0	Strategic Management - Cultural & Community Services	163	20	0	0%
0	Public Library Services	3,409	491	0	0%
0	Cultural Services	107	-50	0	0%
0	Archives	440	69	0	0%
0	Registration & Citizenship Services	-516	-90	-0	0%
0	Coroners	1,117	140	0	0%
<b>0</b>	<b>Cultural &amp; Community Services Total</b>	<b>4,721</b>	<b>581</b>	<b>0</b>	<b>0%</b>
<b>0</b>	<b>Communities &amp; Safety Directorate Total</b>	<b>11,690</b>	<b>1,079</b>	<b>0</b>	<b>0%</b>
	<b>Children &amp; Safeguarding Directorate</b>				
0	Strategic Management – Children & Safeguarding	3,360	622	0	0%
0	Partnerships and Quality Assurance	2,271	315	-0	0%
0 6	Children in Care	15,760	2,430	350	2%
0	Integrated Front Door	1,974	357	0	0%
0	Children's Disability Service	6,548	1,654	0	0%
0	Children's Centre Strategy	35	4	0	0%
0	Support to Parents	2,590	544	0	0%
0	Adoption Allowances	5,772	1,068	-0	0%
0	Legal Proceedings	1,970	325	0	0%
	<u>District Delivery Service</u>				
0	Safeguarding Hunts and Fenland	3,710	580	0	0%
0	Safeguarding East + South Cambs & Cambridge	4,247	655	-0	0%
0	Early Help District Delivery Service –North	4,891	709	0	0%
0	Early Help District Delivery Service – South	4,966	767	-0	0%
<b>0</b>	<b>District Delivery Service Total</b>	<b>17,813</b>	<b>2,711</b>	<b>0</b>	<b>0%</b>
<b>0</b>	<b>Children &amp; Safeguarding Directorate Total</b>	<b>58,094</b>	<b>10,030</b>	<b>350</b>	<b>1%</b>

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Forecast Outturn Variance (Previous)  £'000	Service		Budget 2019/20  £'000	Actual May 2019  £'000	Outturn Variance  £'000   %	
Education Directorate						
0		Strategic Management - Education	3,883	-2,791	0	0%
0		Early Years' Service	1,238	234	0	0%
0		Schools Curriculum Service	290	8	0	0%
0		Schools Intervention Service	1,013	155	0	0%
0		Schools Partnership Service	537	224	-0	0%
0		Children's' Innovation & Development Service	0	-19	0	0%
0		Teachers' Pensions & Redundancy	2,910	259	0	0%
SEND Specialist Services (0-25 years)						
0	7	SEND Specialist Services	9,000	1,567	300	3%
0		Funding for Special Schools and Units	24,796	4,550	0	0%
0		High Needs Top Up Funding	19,116	3,549	0	0%
0		Special Educational Needs Placements	9,973	3,157	0	0%
0		Out of School Tuition	1,519	40	0	0%
0		SEND Specialist Services (0 - 25 years) Total	64,404	12,862	300	0%
Infrastructure						
0		0-19 Organisation & Planning	3,693	376	0	0%
0		Early Years Policy, Funding & Operations	94	-17	0	0%
0		Education Capital	178	-456	0	0%
0		Home to School/College Transport – Mainstream	9,189	489	0	0%
0		0-19 Place Planning & Organisation Service Total	13,154	392	0	0%
0		Education Directorate Total	87,429	11,325	300	0%
Executive Director						
0		Executive Director	4,508	109	0	0%
0		Central Financing	91	0	0	0%
0		Executive Director Total	4,599	109	0	0%
0		Total	358,981	63,364	3,719	1%
Grant Funding						
0		Financing DSG	-71,709	-11,952	0	0%
0		Non Baselined Grants	-27,536	-3,963	0	0%
0		Grant Funding Total	-99,245	-15,914	0	0%
0		Net Total	259,737	47,450	3,719	1%

**APPENDIX 2 – Commentary on Outturn Position**

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

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>1) Strategic Management - Adults</b>	<b>-5,081</b>	<b>2,247</b>	<b>-2,475</b>	
£2,475k of grant funding has been applied to partially mitigate opening pressures in Older People's and Physical Disabilities Services detailed in note 2 and 3 below, in line with one of the purposes of the grant funding.				
<b>2) Physical Disabilities Services</b>	<b>11,932</b>	<b>3,069</b>	<b>436</b>	<b>4%</b>
<p>An overspend of £436k is forecast for Physical Disabilities services, reflecting the carried forward pressure from 2018/19. This was due to an increase in client numbers and the number of people with more complex needs requiring more expensive types of care going up.</p> <p>The total savings expectation in this service for 2019/20 is £269k, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain service user independence.</p>				
<b>3) Older People's Services</b>	<b>56,757</b>	<b>12,750</b>	<b>4,458</b>	<b>8%</b>
<p>An overspend of £4,458k is forecast for Older People's Services, reflecting the full-year effect of the overspend in 2018/19 and additional pressures expected to emerge over the course of 2019/20.</p> <p>It was reported during 2018/19 that the cost of providing care was generally increasing, with the unit costs of most types of care increasing month-on-month and the number of people requiring residential care was also going up. The focus on discharging people from hospitals as quickly as possible to alleviate pressure on the broader health and social care system can result in more expensive care for people, at least in the shorter-term, and can result in the Council funding care placements that were appropriate for higher levels of need at point of discharge through the accelerated discharge process. The full-year-effect of the pressures that emerged in 2018/19 is £2.8m.</p> <p>Residential placements are typically £50 per week more than 12 months ago (8%), and nursing placements are typically around £100 per week more expensive (15%). Within this, there was a particularly stark increase particularly in nursing care in the last half of 2018/19 – around 75% of the increase seen in a nursing bed cost came between November and March, and so the full impact was not known when business planning was being undertaken by committees. The number of people in residential and nursing care increased over 2018/19 but around 30% more than anticipated, again concentrated in the second half of the year.</p> <p>This trend is expected to continue into 2019/20 and so 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 (£2.2m).</p> <p>The total savings expectation in this service for 2019/20 is £3.1m, and this is expected to be delivered in full through the Adults Positive Challenge Programme of work, designed to reduce demand, for example through a reablement expansion and increasing technology enabled care to maintain service user independence.</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"> <li>• Further development of the Council's integrated brokerage team to source care packages;</li> <li>• Providers at risk of failure are provided with some intensive support to maximise the continuity of care that they provide;</li> <li>• The Reablement service has been greatly expanded and has a role as a provider of last resort for care in people's homes;</li> <li>• The Care Homes project is working with providers to identify opportunities to increase residential and nursing home capacity across the county;</li> <li>• Maintaining investment from money announced for councils in the budget to purchase additional block capacity with domiciliary care and care home providers – this should expand capacity in the market by giving greater certainty of income to providers.</li> </ul>				

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>4) Looked After Children Placements</b>	<b>23,069</b>	<b>2,118</b>	<b>350</b>	<b>2%</b>

LAC Placements outturn position is a £350k, this is as a result of:

- An increase in the number of Children in Care in external placements [+20%] against a projected reduction. In real terms, as at 31 May 2019 we have a +16 number of children in external placements compared to 31 March 2019.
- Budgets were built on a placement mix reflective of a reduction, however to date we have an additional 75 in Independent Fostering Placements [at an average cost of £850.00 per child] and an increase in the use of Secure Unit placements [at an average weekly cost of £7000.00 per child].

External Placements Client Group	Budgeted Packages	30 Apr 2019 Packages	31 May 2019 Packages	Variance from Budget
Residential Disability – Children	3	-	3	0
Child Homes – Secure Accommodation	1	-	4	+3
Child Homes – Educational	19	-	17	-2
Child Homes – General	33	-	35	+2
Independent Fostering	240	-	315	+75
Supported Accommodation	26	-	24	-2
Supported Living 16+	7	-	9	+2
<b>TOTAL</b>	<b>329</b>	<b>-</b>	<b>407</b>	<b>+78</b>

- The recent activity in relation to gang related crime is, and continues to have a detrimental impact on the external placements budget, this financial year to date we have an additional 2 young people in secure with a third awaiting an offer of a bed. The circumstances these young people have been exposed to [and the associated behaviours] necessitate high cost placement options, as these young people are, or have the potential to be of risk to other children/young people and adults.
- The foster placement capacity both in house and externally is overwhelmed by demand both locally and nationally. The real danger going forward is that the absence of appropriate fostering provision by default, leads to children and young people's care plans needing to change to residential services provision.

Mitigating factors moving forward include:

- Monthly Placement Mix and Care Numbers meeting chaired by the Service Director and attended by senior managers. This meeting focuses on activity aimed at reducing the numbers in care, length of care episodes and reduction in the need for externally commissioned provision.
- Reconstitution of panels to ensure greater scrutiny and supportive challenge.

Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Looked After Children Placements continued</b>				
<ul style="list-style-type: none"> <li>• Introduction of twice weekly conference calls per Group Manager on placement activity followed by an Escalation Call each Thursday chaired by the Head of Service for Commissioning, and attended by each of the CSC Heads of Service as appropriate, Fostering Leads and Access to Resources.</li> <li>• Authorisation processes in place for any escalation in resource requests.</li> <li>• Assistant Director authorisation for any residential placement request.</li> <li>• 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).</li> <li>• Investment in children's social care commissioning to support the development of robust commissioning pseudo-dynamic purchasing systems for external spend. These commissioning models coupled with resource investment will enable more transparent competition amongst providers bidding for individual care packages, and therefore support the best value offer through competition driving down costs.</li> <li>• 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.</li> <li>• Regular High Cost Placement Review meetings to ensure children in externally funded placements are actively managed in terms of the ability of the provider to meet set objectives/outcomes, de-escalate where appropriate [levels of support] and maximizing opportunities for discounts (length of stay/siblings/ volume) and recognising potential lower cost options in line with each child's care plan.</li> <li>• Additional investment in the recruitment and retention of the in-house fostering service to significantly increase the net number of mainstream fostering households over a three year period, as of 2018.</li> <li>• 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.</li> <li>• Greater focus on those LAC for whom permanency or rehabilitation home is the plan, to ensure timely care episodes and managed exits from care.</li> </ul>				
<b>5) Home to School Transport – Special</b>	<b>9,821</b>	<b>486</b>	<b>300</b>	<b>8%</b>
<p>Home to School Transport – Special is forecasting an £300k overspend for 2019/20. We are continuing to see significant increases in pupils with Education Health Care Plans (EHCPs) and those attending special schools, leading to a corresponding increase in transport costs. Between April 2018 and March 2019 there was an 11% increase in both pupils with EHCPs and pupils attending special schools, which is a higher level of growth than in previous years. Alongside this, we are seeing an increase in complexity of need resulting in assessments being made by the child/young person's Statutory Assessment Case Work Officer that they require individual transport, and, in many cases, a passenger assistant to accompany them</p> <p>While only statutory provision is provided in this area, and charging is in line with our statistical neighbours, if growth continues at the same rate as in 2018/19 then it is likely that the overspend will increase from what is currently reported. This will be clearer in September or October once routes have been finalised for the 19/20 academic year.</p> <p>A strengthened governance system around requests for costly exceptional transport requests introduced in 2018/19 is resulting in the avoidance of some of the highest cost transports as is the use of personal transport budgets offered in place of costly individual taxis. Further actions being taken to mitigate the position include:</p>				

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Service	Budget 2019/20	Actual	Outturn Variance	
	£'000	£'000	£'000	%
<b>Home to School Transport – Special continued</b>				
<ul style="list-style-type: none"> <li>• An ongoing review of processes in the Social Education Transport and SEND teams with a view to reducing costs</li> <li>• An earlier than usual tender process for routes starting in September to try and ensure that best value for money is achieved</li> <li>• Implementation of an Independent Travel Training programme to allow more students to travel to school and college independently.</li> </ul>				
<b>6) Children in Care</b>	<b>15,760</b>	<b>2,430</b>	<b>350</b>	<b>2%</b>
Children in Care is anticipating a pressure of c£350k across Staying Put (£125k) and Unaccompanied Asylum Seeking Children (Over 18) budgets (£225k). In both areas the central government grant does not match anticipated expenditure. Work is underway to further refine this forecast.				
<b>7) SEND Specialist Services</b>	<b>9,000</b>	<b>1,567</b>	<b>300</b>	<b>3%</b>
<p>The Statutory Assessment Team (SAT) is reporting a £300k pressure this month. For a number of years the service has received the SEN Reform Grant, which enabled the team to increase their capacity in order to meet their statutory deadlines. This grant ceased in 2019/20, however, the additional capacity is still required within the team as the workload has not reduced. As a result, there is currently a pressure across the SAT establishment budget and ways to try and mitigate this are currently being considered.</p> <p>While not included in the figures, a significant pressure is expected on the High Needs Block of the Dedicated Schools Grant (DSG). This is a ring-fenced grant and as such overspends do not affect the Council's bottom line but are carried forward as a deficit balance into the next year.</p> <p>In 2018/19 we saw a total DSG overspend across SEND services of £8.7m which, combined with underspends on other DSG budgets, led to a deficit of £7.2m carried forward into 2019/20. Given the ongoing increase in numbers of pupils with EHCPs it is likely that a similar overspend will occur in 2019/20, however this will become clearer as we move towards the start of the new academic year.</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
<b>Grants as per Business Plan</b>		
Public Health	Department of Health	293
Improved Better Care Fund	Ministry of Housing and Local Government	12,401
Social Care in Prisons Grant	DCLG	318
Winter Funding Grant	Ministry of Housing and Local Government	2,324
Unaccompanied Asylum Seekers	Home Office	2,875
Staying Put	DfE	174
Youth Offending Good Practice Grant	Youth Justice Board	531
Crime and Disorder Reduction Grant	Police & Crime Commissioner	127
Troubled Families	DCLG	1,744
Opportunity Area	DfE	3,400
Opportunity Area - Essential Life Skills	DfE	978
Adult Skills Grant	Skills Funding Agency	2,252
Non-material grants (+/- £160k)	Various	120
<b>Total Non Baselined Grants 2019/20</b>		<b>27,536</b>

Financing DSG	Education Funding Agency	71,709
<b>Total Grant Funding 2019/20</b>		<b>99,245</b>

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

Directorate	Grant Total £'000
Adults & Safeguarding	15,163
Children & Safeguarding	4,963
Education	3,422
Community & Safety	3,988
<b>TOTAL</b>	<b>27,536</b>

**APPENDIX 4 – Virements and Budget Reconciliation**

**Virements between P&C and other service blocks:**

	Eff. Period	£'000	Notes
<b>Budget as per Business Plan</b>		<b>254,936</b>	
Partnerships and Quality Assurance	Apr	50	Transfer of LGSS Change Form Agreement for the Local Safeguarding Monies
Cultural & Community Services	May	4,721	Transfer of Cultural & Community Services from Planning & Economy
Legal Proceedings	May	30	Inflation allocation adjustment for Children's Services Legal from CS&LGSSMgd
<b>Budget 2019/20</b>		<b>259,737</b>	

## APPENDIX 5 – Reserve Schedule as at Close 2019

Fund Description	Balance at 1 April 2019	2019/20		Year End Forecast 2019/20	Notes
		Movements in 2019/20	Balance at May 2019		
	£'000	£'000	£'000	£'000	
<b><u>General Reserve</u></b>					
P&C carry-forward	-4,756	4,756	0	-3,719	Overspend £3,719k applied against General Fund.
<b>subtotal</b>	<b>-4,756</b>	<b>4,756</b>	<b>0</b>	<b>-3,719</b>	
<b><u>Equipment Reserves</u></b>					
IT for Looked After Children	8	0	8	8	Replacement reserve for IT for Looked After Children (2 years remaining at current rate of spend)
<b>subtotal</b>	<b>8</b>	<b>0</b>	<b>8</b>	<b>8</b>	
<b><u>Other Earmarked Reserves</u></b>					
<b>Adults &amp; Safeguarding</b>					
Hunts Mental Health	200	0	200	200	Provision made in respect of a dispute with another County Council regarding a high cost, backdated package
<b>Commissioning</b>					
Mindful / Resilient Together	0	0	0	0	Programme of community mental health resilience work (spend over 3 years)
Home to School Transport Equalisation reserve	116	0	116	116	Equalisation reserve to adjust for the varying number of school days in different financial years
Disabled Facilities	7	0	7	7	Funding for grants for disabled children for adaptations to family homes.
<b>Community &amp; Safety</b>					
Youth Offending Team (YOT) Remand (Equalisation Reserve)	10	0	10	10	Equalisation reserve for remand costs for young people in custody in Youth Offending Institutions and other secure accommodation.
<b>Education</b>					
Cambridgeshire Culture/Art Collection	153	0	153	153	Providing cultural experiences for children and young people in Cambs
<b>Cross Service</b>					
Other Reserves (<£50k)	0	0	0	0	Other small scale reserves.
<b>subtotal</b>	<b>486</b>	<b>0</b>	<b>486</b>	<b>486</b>	
<b>TOTAL REVENUE RESERVE</b>	<b>-4,262</b>	<b>4,756</b>	<b>494</b>	<b>-3,225</b>	

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

(+) positive figures represent surplus funds.

(-) negative figures represent deficit funds.

## APPENDIX 6 – Capital Expenditure and Funding

6.1 Capital Expenditure

2019/20					TOTAL SCHEME	
Original 2019/20 Budget as per BP £'000	Scheme	Revised Budget for 2019/20 £'000	Actual Spend (May 19) £'000	Outturn Variance (May 19) £'000	Total Scheme Revised Budget £'000	Total Scheme Variance £'000
51,085	Basic Need – Primary	34,294	1,133	0	273,607	0
64,327	Basic Need - Secondary	51,096	5,522	0	320,279	0
100	Basic Need - Early Years	2,173	236	0	5,718	0
7,357	Adaptations	1,119	-40	0	13,428	0
6,370	Specialist Provision	3,873	-84	0	20,128	0
2,500	Condition & Maintenance	3,623	44	0	27,123	0
1,005	Schools Managed Capital	2,796	0	0	9,858	0
150	Site Acquisition and Development	150	29	0	600	0
1,500	Temporary Accommodation	1,500	28	0	12,500	0
275	Children Support Services	275	0	0	2,575	0
5,565	Adult Social Care	5,565	0	0	30,095	0
-16,828	Capital Variation	-12,776	0	0	-61,000	0
2,744	Capitalised Interest	2,744	0	0	8,798	0
<b>126,150</b>	<b>Total P&amp;C Capital Spending</b>	<b>96,432</b>	<b>6,870</b>	<b>0</b>	<b>663,709</b>	<b>0</b>

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

Scheme	2019/20 change (£000)	Overall Scheme change (£000)	Notes
Fenland Secondary, Wisbech	-9,100	0	Fenland Secondary, Wisbech is expecting a reduction in spend in 2019/20 of £9.1m due to the start date on site slipping from September 2019 to January 2020. Ongoing highways issues have meant that work cannot progress at the expected rate, with a reduction in scope from 8FE to 4FE necessitating re-design.
Buxhall Farm (Histon Additional Places)	-6,459	0	The Planning application for the relocation of Histon & Impington Infant School to the Buxhall Farm site and its corresponding change in age range to become an all-through primary school providing 420 places has been deferred until July 2019 resulting in £6.5m slippage.
WING Development	-6,280	0	Delays in housing development has meant that the WING development has slipped by a year and as such there will be a reduction in spend in 2019/20 of £6.4m.
Eastfield Infant and Westfield Junior Schools	-5,530	-7,231	An overall cost reduction of the scheme to amalgamate Eastfield Infant and Westfield Junior School as requested by the Children and Young People's Committee of £7.2m is expected, with £5.5m of this being seen in 2019/20.

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Scheme	2019/20 change (£000)	Overall Scheme change (£000)	Notes
Sawtry Infant and Junior Schools	-4,450	0	The schemes at Sawtry Infant and Junior Schools have slipped by a total of £4.5m. These projects are being re-scoped on the back of new information on housing development and demography.
North West Fringe Secondary	-2,618	0	Housing delays have meant that the North West Fringe Secondary project has been delayed by at least a year, with an in-year effect of £2.6m.
Samuel Pepys Special School	-2,550	0	The scheme at Samuel Pepys has been delayed resulting in a reduction in spend in 2019/20 of £2.5m. A detailed feasibility study of the site has established that either additional site area needs to be acquired or the school needs to be relocated to a new site in order to enable the school to expand to meet the increased demand for places for children and young people with complex SEND in the local area. The associated costs of these options need to be reviewed to inform a decision on next steps in liaison with the Head teacher and governing body.
LA Maintained Early Years Provision	2,073	0	Slippage on schemes in 2018/19 has resulted in an increased spend assumption for Early Years in 2019/20 of £2.1m.
School Devolved Formula Capital	1,791	-192	DFC is a three year rolling balance with £1.8m carry forward from previous years resulting in an increased budget for 2019/20.
School Condition, Maintenance & Suitability	1,123	1,123	A combination of increases feed into this line, including work previously approved by GPC of £599k at Abbey Meadows school and an increase in SEN Funding which will be used for suitability works linked to SEN provision.
Northstowe Secondary	-1,000	-1,000	Accelerated work on the Northstowe site in 2018/19 and a saving on the overall scheme cost of £1m has resulted in a decrease in 2019/20 spend of £1m.
Sawtry Village Academy	-711	0	Accelerated spend in 2018/19 has resulted in a lower than budgeted spend expectation in 2019/20
Cambourne VC	-705	150	Reduction in in-year spend due to higher than anticipated spend in 2018/19. Overall scheme cost has increased as agreed previously by GPC.
Cambridge City Secondary	400	0	Additional in-year spend is expected due to a slippage in 2018/19
Fulbourn Phase 2	-257	0	Accelerated spend in 2018/19 has resulted in a lower than budgeted spend expectation in 2019/20
Cambourne West	-270	0	Slippage on schemes in 2018/19 has resulted in an increased spend assumption in 2019/20

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Scheme	2019/20 change (£000)	Overall Scheme change (£000)	Notes
Capital Variations Budget	4,052	0	The Capital Variation budget for 2019/20 has been adjusted by £4.1m to ensure that it reflects likely variation in the new total scheme cost, rather than the initial Business Plan figures.
Other changes (<£250k)	773	0	The remaining changes to the capital programme are below the de-minimus limit of £250k
<b>Total</b>	<b>-29,539</b>	<b>-7,150</b>	

### Cultural and Community Services

The transfer of Cultural and Community Services into P&C includes the transfer of capital schemes totalling £5.2m in 2019/20, consisting of £3.1m expenditure as per the Business Plan, with £2.1m carried forward from 2018/19. A more detailed breakdown of these schemes is given below:

Original 2019/20 Budget as per BP (£000)	Scheme	Budget B/forward (£000)	Revised Budget for 2019/20 (£000)
957	Cambridgeshire Archives	397	1,354
0	New Community Hub / Library Provision Cambourne	190	190
0	New Community Hub / Library Provision Clay Farm	42	42
0	New Community Hub / Library Provision Darwin Green	0	0
0	Milton Road Library	431	431
0	Cambridge Central BIPC	51	51
0	Replace two existing Mobile Libraries	275	275
914	Community Hubs - Sawston	689	1,603
567	Libraries - Open access & touchdown facilities (hub libraries)	0	567
74	Library Service - Card payments in Libraries	0	74
605	Libraries - Open access & touchdown facilities - further 22 Libraries	0	605
<b>3,117</b>	<b>Total C&amp;CS Spending</b>	<b>2,075</b>	<b>5,192</b>

In future months these schemes will be consolidated into the overall P&C capital programme

## P&C Capital Variation

The Capital Programme Board recommended that services include a variation budgets to account for likely slippage in the capital programme, as it is sometimes difficult to allocate this to individual schemes in advance. The allocation for P&C's negative budget has been calculated as below. There is currently no forecast variance for 2019/20.

2019/20					
Service	Capital Programme Variations Budget £000	Forecast Outturn Variance (May 2019) £000	Capital Programme Variations Budget Used £000	Capital Programme Variations Budget Used %	Revised Outturn Variance (May 2019) £000
P&C	-12,776	0	0	0%	12,776
<b>Total Spending</b>	<b>-12,776</b>	<b>0</b>	<b>0</b>	<b>0%</b>	<b>12,776</b>

## 6.2 Capital Funding

2019/20				
Original 2019/20 Funding Allocation as per BP £'000	Source of Funding	Revised Funding for 2019/20 £'000	Funding Outturn (May 19) £'000	Funding Variance - Outturn (May 19) £'000
6,905	Basic Need	6,905	6,905	0
4,126	Capital maintenance	3,547	3,547	0
1,005	Devolved Formula Capital	2,796	2,796	0
4,115	Adult specific Grants	4,146	4,146	0
14,976	S106 contributions	6,314	6,314	0
2,052	Other Specific Grants	2,576	2,576	0
0	Capital Receipts	0	0	0
10,100	Other Revenue Contributions	10,100	10,100	0
71,273	Prudential Borrowing	47,024	47,024	0
11,598	Prudential Borrowing (Repayable)	13,024	13,024	0
<b>126,150</b>	<b>Total Funding</b>	<b>96,432</b>	<b>96,432</b>	<b>0</b>

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### APPENDIX 7 – Performance Indicators (April data)

Monthly Indicators	Red	Amber	Green	No Target	Total
April 19/20 Performance (No. of indicators)	9	9	11	9	38

The detailed Service performance data can be found below along with comments about current concerns.

The performance measures included in this report have been developed in conjunction with the People & 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. In February 2019 Full Council agreed a new strategy as part of the Business Plan papers. The new strategy sets out 3 outcomes instead of the previous 7. Key performance indicators will be re-arranged to be grouped by the new outcome areas in the next report.

The latest available benchmarking information has also been provided in the performance table where it is 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.

#### Nine indicators are currently showing as RED:

- Percentage of children whose referral to social care occurred within 12 months of a previous referral**

Re-referrals to children's social care decreased this month. This indicator is in line in comparison with statistical neighbours and above the England average

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

In April the number of children with a Child Protection plan increase from 528 to 581.

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 April there were 18 children subject to a child protection plan for the second or subsequent time.

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

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At the end of April there were 783 children who were looked after by the Local Authority and of these 72 were unaccompanied asylum seeking children and young people. Cambridgeshire is above statistical neighbours but below the national average. 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.

- **Average monthly number of bed day delays (social care attributable) per 100,000 18+ population**

In March 2019, there were 970 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 701 delays – a 38% 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 Adults with Learning Disabilities in paid employment**

Performance is below target but has improved significantly, almost doubling compared to the end of year figure for last year. 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.

- **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, but shows a modest increase recently.

- **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 0.3 percentage points and the national figure has increased by 0.3 percentage points.

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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	95.0%	87.0%	95.3%	2018/2019	↑	On Target (Green)	n/a	n/a	Performance is improving as the 'Making Safeguarding Personal' agenda become imbedded in practice. (Provisional Year End Figures)
% of people who use services who say that they have made them feel safer	Adults & Safeguarding	83.2%	86.3%	85.0%	2017/2018	↑	Within 10% (Amber)	n/a	n/a	Performance has increased slightly compared to last year's survey, however it is still below target.
Rate of referrals per 10,000 of population under 18	Children & Safeguarding	40.8	n/a	33.7	Apr	↑	No target	37	46	The referral rate decreased this month.
% children whose referral to social care occurred within 12 months of a previous referral	Children & Safeguarding	27.7%	20.0%	22.5%	Apr	↑	Off Target (Red)	22.6%	21.9%	Re-referrals to children's social care decreased this month. It is in line in comparison with statistical neighbours and above the England average.

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Appendix 1 – Agenda Item: 7										
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	39.2	30.0	43.2	Apr	↓	Off Target (Red)	41.6	45.3	In April the number of children with a Child Protection plan increase from 528 to 581.  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 Plan for the second or subsequent time (within 2 years)	Children & Safeguarding	8.5%	5%	17.9%	Apr	↓	Off Target (Red)	N/A	N/A	In April there were 18 children subject to a child protection plan for the second or subsequent time.
The number of looked after children per 10,000 population under 18	Children & Safeguarding	57.1	40	58.2	Apr	↓	Off Target (Red)	46.3	64	At the end of April there were 783 children who were looked after by the Local Authority and of these 72 were unaccompanied asylum seeking children and young people.
Number of young first time entrants into the criminal justice system, per 10,000 of population	Community & Safety	1.13	n/a	0.98	Q3	↑	No target			Awaiting comparator data to inform target setting

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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
compared to statistical 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	93.0%	77.8%	93.1%	2018/2019	↑	On Target (Green)	n/a	77.8%	Performance continues to improve, and is well above the national average. (Provisional Year End Figures)

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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	169	114	171	Mar-19	↓	Off target (Red)	n/a	n/a	<p>In March 2019, there were 970 ASC-attributable bed-day delays recorded in Cambridgeshire. For the same period the previous year there were 701 delays – a 38% increase. The Council is continuing to invest considerable amounts of staff and management time into improving processes, identifying clear performance targets and clarifying roles &amp; 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	44.1%	55.0%	59.2%	2018/2019	↑	On Target (Green)	n/a	n/a	<p>Performance at this indicator has improved significantly this year, this is likely to be a reflection of the more accurate recording processes for early interventions in the Mosaic system, particularly in relation to Adult Early Help. (Provisional Year End Figures)</p>
Number of new people receiving long-term care per 100,000 of population	Adults & Safeguarding	289.6	408	237.1	2018/2019	↑	On Target (Green)	n/a	n/a	<p>The number of requests for support resulting in long-term support fell compared to the previous year. The numbers also compare favourably to target which is based on average rate for local authorities in the Eastern region. (Provisional Year End Figures)</p>

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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	468	564	384	2018/19	↑	On Target (Green)	n/a	n/a	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. (Provisional Year End Figures)

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	50.61	n/a	50.59	Q4	↑	No target	55.81	69.23	New measure, in development

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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	2.59%	6.0%	4.79%	2018/19	↑	Off Target (Red)	n/a	n/a	Performance is below target but has improved significantly, almost doubling compared to the end of year figure for last year. 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.
Proportion of adults in contact with secondary mental health services in paid employment	Adults & Safeguarding	15.2%	12.5%	15.1%	Apr 19	↓	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%	78.6%	2018/19	↑	On Target (Green)	n/a	n/a	Performance has improved significantly compared to last year, and this likely to be caused in part by the cleansing of data during the migration from AIS to the new Mosaic system.
Proportion of adults in contact with secondary mental health services living independently, with or without support	Adults & Safeguarding	82.5%	75.0%	82.7%	Apr 19	↑	On Target (Green)	n/a	n/a	Performance is above target.

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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 receiving Direct Payments	Adults & Safeguarding	23.0%	27%	23.5%	Apr 19	↑	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, but shows a modest increase recently.
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	35.1%	38.9%	38.9%	2018/2019	↑	On Target (Green)	38.9%	39.0%	Performance at this indicator has improved compared to the last survey's results 2 years ago, however it still lower than the figure from the survey 4 years ago. Performance is now on target and in line with statistical neighbours.  Performance at this indicator is calculated using data from the biennial carer survey.

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	87.5%	70.0%	83%	Apr	↑	On Target (Green)			Performance reduced in April, but remains above target
Number of young people who are NEET, per 10,000 of population compared to statistical neighbours	Children & Safeguarding	269.0	n/a	263	Apr	↓	No target	204	284	The rate decreased against the previous reporting period. The rate remains higher than statistical neighbours.

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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	620	n/a	684	May 2019	↓	No target	Data supplied is from May monthly NCCIS XML data. No end of March data due to technical issues.		Data supplied is from monthly data and therefore not comparable to statistical neighbour quarterly data.
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.  2018/19 results will be available mid-July 2019.
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)	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.  Cambridgeshire is currently 1.5 percentage points above the England figure which remained the same as the 2016/17 figure.  The 2017/18 statistical neighbour average increased by 0.7 percentage points.

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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	8.9%	8.5%	9.6%	2017/18	↓	Within 10% (Amber)	10.5%	10.8%	<p>The annual absence figures were released by the DFE at the end of March 2019 for the 2017/18 academic year.</p> <p>2017/18 persistent absence has increased from 8.9% to 9.6% in Cambridgeshire.</p> <p>The statistical neighbour average has increased from 10.0% to 10.5% (0.5 percentage points) and the national figure has increased from 10.8% to 11.2% (0.4 percentage points).</p> <p>The 2016/17 Persistent absence has reduced from 9.2% to 8.9%</p>
% Fixed term exclusions (All children)	Education	3.47%	3.7%	3.76%	2016/17	↓	On target (Green)	4.30%	4.76%	<p>The % of fixed term exclusions rose by 0.5 percentage points in 2016/17 in comparison to the previous year. This is still well below the statistical neighbour average and the national figure.</p> <p>The 2017/18 data release is anticipated July 2019.</p>
% receiving place at first choice school (Primary)	Education	94.7%	93.0%	92.8%	Apr-19	↓	Within 10% (Amber)	91.1%	90.6%	<p>Annual performance decreased by 1.9 percentage points in comparison to the previous year though it is still above both the statistical neighbour average and the national figure.</p>

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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
% receiving place at first choice school (Secondary)	Education	87.8%	91.0%	89.5%	Apr-19	↑	Within 10% (Amber)	85.1%	80.9%	Annual performance increased by 1.7 percentage points in comparison to the previous year and is now only 0.5 percentage points away from target. Cambridgeshire is well above both the statistical neighbour average and the national average.
% of 2 year olds taking up the universal entitlement (15 hours)	Education	70.7%	75.0%	68.0%	Spring term 2019	↓	Within 10% (Amber)	73.3% (2018 academic year)	71.8% (2018 academic year)	Performance decreased by 2.7 percentage points in comparison to the previous figure for the Autumn 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%.  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 entitlement. 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 schools that are judged as Good or Outstanding (Primary Schools)	Education	82.6%	90%	82.4%	May-19	↓	Within 10% (Amber)	87.9%	87.6%	Performance has decreased by 0.2 percentage points since the previous month. The national figure has increased by 0.2 percentage points and the statistical neighbour figure has increased by 0.3 percentage points.

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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%	92.6%	May-19	↑	On target (Green)	84.3%	80.3%	<p>Performance has increased 1.6 percentage points since last month and is now well above the target and 12.3 percentage points above the national average.</p> <p>The statistical neighbour figure has decreased by 0.4 percentage points and the national figure has decreased by 0.1 percentage point.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Special Schools)	Education	87.0%	100%	87.0%	May-19	→	Off target (Red)	93.1%	94.1%	<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 0.3 percentage points and the national figure has increased by 0.3 percentage points.</p>
Ofsted - Pupils attending schools that are judged as Good or Outstanding (Nursery Schools)	Education	100%	100%	100%	May-19	→	On target (Green)	100%	98.1%	<p>Performance is high and has remained the same as the previous month.</p> <p>Both the national figure and the statistical neighbour average have also remained unchanged.</p>

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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



# ADULTS POLICY AND SERVICE COMMITTEE AGENDA PLAN

Published on 3<sup>rd</sup> June 2019  
Updated on 25<sup>th</sup> June 2019



Cambridgeshire  
County Council

## Notes

Committee dates shown in bold are confirmed.

Committee dates shown in brackets and italics are reserve dates.

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

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

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

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

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

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

- Minutes of previous meeting and Action Log;
- Finance 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
<b>04/07/19</b>	Adults Positive Challenge Programme - Reablement	C Black / W Patten	Not applicable	21/06/19	26/06/19
	Deep Dive – Workforce (include Brexit implications)	C Black / W Patten	Not applicable		
	Service Director Update Reports	C Black/W Patten	Not applicable		
	The Haven (Includes an exempt appendix)	F Adley	Not applicable		
<i>15/08/19 Provisional meeting</i>				<i>02/08/19</i>	<i>07/08/19</i>

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<b>Committee date</b>	<b>Agenda item</b>	<b>Lead officer</b>	<b>Reference if key decision</b>	<b>Deadline for reports</b>	<b>Agenda despatch date</b>
<b>12/09/19</b>	Ditchburn Place Contract	L O'Brien	2019/049	30/08/19	04/09/19
	Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) Annual Report and Section 75 Agreement	F Adley	2019/042		
	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable		
	Annual Complaints Report	C Black / Jo Collinson	Not applicable		
	Update on Carers Workstream within Adults Positive Challenge	O Hayward	Not applicable		
	Risk Register	C Black	Not applicable		
	Increasing Care Home Capacity – Work Stream 2	W Patten	Not applicable		
<b>10/10/19</b>	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	27/09/19	02/10/19
	Think Communities	A Chapman	Not applicable		
<b>07/11/19</b>	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		
	Annual Safeguarding Board Report	R Waite	Not applicable		
	Carers Recommissioning Update	L McManus	Not applicable		
<b>12/12/19</b>	Business Planning	Tom Kelly / W Ogle-Welbourn	Not applicable	29/11/19	04/12/19

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Committee date	Agenda item	Lead officer	Reference if key decision	Deadline for reports	Agenda despatch date
	Full Evaluation of Neighbourhood Cares	L Tranham / C Black	Not applicable		
	Service Directors Report – Commissioning / Health / Financial	W Patten	Not applicable		
<b>16/01/20</b>	Adults Social Care - Service User Survey Feedback	H Duncan / C Black	Not applicable	03/01/20	08/01/20
	Delayed Transfers of Care (DTC) Progress Report	C Black	Not applicable		
	Adults & Safeguarding Service Directors Report Update (includes Self-Assessment)	C Black	Not applicable		
<i>13/02/20 Provisional date</i>				<i>31/01/20</i>	<i>05/02/20</i>
<b>12/03/20</b>	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>
<b>21/05/20</b>	Deep Dive - TBC	C Black / W Patten	Not applicable	08/05/20	13/05/20

To be programmed:

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



**Draft Adults Committee Training Plan 2019/20**

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

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

## Agenda Item: 8

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

Reserve Committee dates for 2019/20

- April
- June

- August
- February

## GLOSSARY OF TERMS / TEAMS ACROSS ADULTS & COMMISSIONING

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

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

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

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

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

*To:* **Adults Committee**

*Meeting Date:* **4 July 2019**

*From:* **Commissioning**

*Electoral division(s):* **Queen Ediths**

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

*Purpose:* **To update the Committee on Mental Health Supported Accommodation Service at the Haven and approval for future commissioning arrangements and proposals.**

*Recommendation:* **The Committee is asked to approve the following. The:**

- i) Council continues to work with all remaining residents living at the Haven, monitoring any changes in need and, where applicable, waiting for each individuals' preferred placement to become available**
- ii) Support contract with Metropolitan should cease on 31<sup>st</sup> July and new individual spot purchased arrangements are put in place with Cambridge Housing Society to be managed from Dunstan Court.**
- iii) The potential to use the accommodation for young people with a learning disability should be explored, with further discussions between the Learning Disability Commissioning Manager, Landlord, local Councillor and community representatives. (See Section 2.3 below)**

<b><i>Officer contact:</i></b>		<b><i>Member contacts:</i></b>	
Name:	Sarah Bye	Names:	Councillors Anna Bailey and Mark Howell
Post:	Commissioning Manager–Mental Health	Post:	Chair/Vice-Chair
Email:	<a href="mailto:Sarah.bye@cambridgeshire.gov.uk">Sarah.bye@cambridgeshire.gov.uk</a>	Email:	<a href="mailto:anna.bailey@cambridgeshire.gov.uk">anna.bailey@cambridgeshire.gov.uk</a> <a href="mailto:mark.howell@cambridgeshire.gov.uk">mark.howell@cambridgeshire.gov.uk</a>
Tel:	07468 718793	Tel:	01223 706398

## **1. BACKGROUND**

- 1.1 The Haven Mental Health Supported Accommodation Service provides supported housing for up to 8 older people with mental health problems (contract value £169,000p.a) The current provider is Metropolitan Housing Association. The service no longer forms part of either the mental health or older people's pathways as individuals are better supported at home or within purpose built Older People's care settings. There have been no new referrals to the service for over 2 years and a reducing number of residents within the service. The service has met the needs of the people who are current tenants, although through the passage of time, their age has led to increasing physical needs that make the service less appropriate.

Cambridgeshire County Council are responsible for the commissioned support contract for this service. The current contract, held by Metropolitan is due to end on 31<sup>st</sup> July 2019. Aldwyck Housing (previously King Street Housing) are the Landlord for the accommodation in Wulfstan Way (known as The Haven) and have tenancy agreements with each of the residents. The Landlord is also responsible for issues in relation to the communal areas of the building, housing management (repairs etc) and utility services into the building.

Commissioners have explored the option of support being provided by Cambridge Housing Society (CHS), from the 1<sup>st</sup> of August 2019. CHS have confirmed that they will be able to support any remaining tenants at the Haven, including providing personal care, reassurance calls, meals and laundry, access to the Day Centre located at Dunstan Court, emergency response and potentially overnight support if this was deemed necessary. This provision would be provided on an individual costed basis and will ensure that value for money is provided for the reduced number of residents requiring support at The Haven as opposed to a further commissioned block arrangement.

The Haven was previously discussed at Adults Committee in January 2019 and this report provides an update on the on-going work being undertaken at The Haven and recommendations for the future of the commissioned contract.

## **2. MAIN ISSUES**

- 2.1 There have been no referrals to the Haven for the past 2 years and there are no imminent referrals to the service. This demonstrates that there is limited/ or no need for this type of supported setting within the Older People's Mental Health pathway, with individuals being better supported at home or within purpose built Older People's care settings. It is very unlikely that there would be referrals to the Haven in the future.

The property provides 8 units of accommodation which is currently at 40% occupancy with alternative support settings being considered, and applied for, for several of the current residents due to their increasing support needs. Further information is detailed in Appendix 1. Appendix 1 to this report is exempt from publication under paragraph 3 of Part 1 of Schedule 12A of the Local Government Act because it contains information which is likely to reveal the identity of an individual

- 2.2 The current support provider is Metropolitan Housing Association. The contract governance, under the current terms and conditions, is in place until 31<sup>st</sup> July 2019.

Following the natural end of this current contract on the 31<sup>st</sup> of July, Commissioners have explored the option of support being provided by Cambridge Housing Society, who provide the Extra Care service at Dunstan Court which is located over the road from The Haven. Provision was made in the service specification for Dunstan Court for the provider to offer support to The Haven at an hourly rate. CHS have confirmed that they will be able to support any remaining tenants at The Haven, including providing personal care, reassurance calls, meals and laundry, access to the Day Centre located at Dunstan Court, emergency response and potentially overnight support if this was deemed necessary.

This provision would be provided on an individual costed basis and will ensure that value for money is provided for the reduced number of residents requiring support at The Haven as opposed to a further commissioned block arrangement.

- 2.3 Suitable accommodation in Cambridge City for people supported by the Council is scarce. Therefore, commissioners have been exploring the potential to make use of the accommodation at The Haven. This has led to the identification of young adults with a learning disability as potential beneficiaries of the accommodation. The cohort are likely to be under the age of 25 and are currently still living at home with parents but wanting to move on to further independence.

From initial scoping, the service would require 24 hour support which would take the form of sleep-in support throughout the night and day-time support focussing on skill development. The young adults identified have mild to moderate learning disabilities and may have associated conditions including autism. Local people may have concerns about new people moving into schemes such as this, particularly in relation to potential anti-social behaviour and noise, Commissioners are clear that, with the correct level of support for each individual within, and across the scheme, there will be minimal issues relating to anti-social behaviour, high levels of noise and disruption etc. without the need to adapt the building without significant adaptation of the building. It is therefore recommended that as part of the way forward for the service, commissioners are supported to continue to explore the use of the Haven for young people with learning disabilities to enable them to move towards independence.

If the option to make use of the accommodation at The Haven for an alternative cohort is not taken up then it is likely that the remaining units within the building could be used to appropriately house Cambridge City residents who are on the Housing Register. Cambridgeshire County Council has no nomination rights within this process and would not be able to determine who would be housed at the property.

- 2.4 Local Member Engagement

Officers have met with the Local Member for Cambridgeshire County Council, Amanda Taylor and the local members of the community. A meeting was held with officers in February 2019. A further meeting took place on Wednesday 19<sup>th</sup> of June to update Cllr Taylor and local community representatives with the areas outlined in this paper. Local Council members from Cambridge City Council were also been invited to attend this

meeting but were unable to attend.

## **2.5 Options and Recommendations**

The current support contract is subject to an exemption and is due to end on the 31<sup>st</sup> of July 2019. Agreements have been reached with an alternative local provider to provide care and support as part of a contingency arrangement for the remaining residents after 31<sup>st</sup> July 2019.

There is a need for more accommodation for young adults with learning disabilities in Cambridge who want to move from their parental home into more independent living and it is recommended that this is explored further in the first instance between the Commissioners for Learning Disabilities and KSH/Aldwyck.

A number of options relating to the future use of the Haven were identified and appraised and are contained within Appendix 1. Appendix 1 to this report is exempt from publication under paragraph 3 of Part 1 of Schedule 12A of the Local Government Act because it contains information which is likely to reveal the identity of an individual.

Therefore it is recommended that the:

- 1) Council continues to work with all remaining residents, monitoring any changes in need and, where applicable, waiting for each individuals' preferred placement to become available.
- 2) Support contract with Metropolitan should cease on 31<sup>st</sup> July and new individual spot purchased arrangements are put in place with Cambridge Housing Society to be managed from Dunstan Court.
- 3) The potential to use the accommodation for young people with a learning disability should be explored, with further discussions between the Learning Disability Commissioning Manager, Landlord, local Councillor and community representatives.

This offers the best outcome for the current residents whilst also maintaining the Council's ability to access the accommodation for potential future use.

## **3. ALIGNMENT WITH CORPORATE PRIORITIES**

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

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

The report above sets out the implications for this priority in 2.1, 2.3 and 2.4

### **3.2 Thriving places for people to live**

There are no significant implications for this priority

### **3.3 The best start for Cambridgeshire's Children**

There are no significant implications for this priority

## **4. SIGNIFICANT IMPLICATIONS**

### **4.1 Resource Implications**

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

- With the reducing number of residents and no new referrals identified the current service offer does not provide value for money
- There are alternative services available which can meet the needs of this cohort within the Older People's pathway
- The Council is not currently liable for void costs within the accommodation. however if the service were to continue with significant voids, then the Landlord may wish to renegotiate this
- The landlord has indicated that they are not willing to invest in any capital works within the service at this time

### **4.2 Procurement/Contractual/Council Contract Procedure Rules Implications**

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

- The commissioned support contract with Metropolitan Housing Association has received previous exemptions, with the contract currently ending on 31<sup>st</sup> July 2019.
- The current provider is keen to end their involvement in the service at this date. Contingency arrangements have been made with Cambridge Housing Society under the terms and conditions of their current support contract for Dunstan Court which includes provision for delivery of community care and support.
- If the Council wished to extend the current service contract, there would be a requirement for a further exemption. Depending on the length of the exemption this may exceed the threshold value for a key decision in relation to the service contract.
- In light of Metropolitan's reluctance to continue beyond the current contract end date there would also be limited time to deliver a competitive procurement exercise for the commissioned services.

### **4.3 Statutory, Legal and Risk Implications**

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

- Tenancy rights for each of the residents are the responsibility of KSH/Aldwyck under Housing Legislation
- Residents have been made aware of their rights and offered an Advocate to support them if they wish
- Contingency arrangements have been agreed with Cambridge Housing Society to mitigate any risk related to the current support contract ending

#### 4.4 Equality and Diversity Implications

There are no significant implications within this category.

#### 4.5 Engagement and Communications Implications

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

- A petition from the local community was submitted to Adults Committee in January 2019 asking that The Haven remain open.
- Work was done with the local Councillor and members of the Community who were expressing concerns. This aimed to ensure that there was a better understanding of the service, the 'generalised' needs of those living there and what it aims to achieve and also to allay fears that there was a drive to close the service rather than to ensure that the needs of those living at the service were being met appropriately and are, indeed, at the heart of the decision making about the service.

#### 4.6 Localism and Local Member Involvement

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

- A meeting was held with the Local Member for Cambridgeshire County Council, Amanda Taylor and local members of the community in February 2019.
- A further meeting took place on Wednesday 19<sup>th</sup> of June to update Cllr Taylor and local community representatives with the areas outlined in this paper. Local Council members from Cambridge City Council were also been invited to attend this meeting but were unable to attend.

#### 4.7 Public Health Implications

There are no significant implications within this category.

Implications	Officer Clearance
Have the resource implications been cleared by Finance?	Yes Name of Financial Officer: Stephen Howarth
Have the procurement/contractual/ Council Contract Procedure Rules implications been cleared by the LGSS Head of Procurement?	Yes or No Name of Officer:
Has the impact on statutory, legal and risk implications been cleared by LGSS Law?	Yes Name of Legal Officer: Fiona McMillan
Have the equality and diversity	Yes or No

<b>implications been cleared by your Service Contact?</b>	Name of Officer:
<b>Have any engagement and communication implications been cleared by Communications?</b>	Yes Name of Officer: Matthew Hall
<b>Have any localism and Local Member involvement issues been cleared by your Service Contact?</b>	Yes or No Name of Officer:
<b>Have any Public Health implications been cleared by Public Health</b>	Yes Name of Officer: Tess Campbell

<b>Source Documents</b>	<b>Location</b>
None	None

